



CONSULTANT PAEDIATRICIAN (with an interest in Neonatology)

NHS FIFE

INFORMATION PACK

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Fife

Information for Candidates

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Summary Information

POST: Consultant Paediatrician with an interest in Neonatology

BASE: Victoria Hospital, Kirkcaldy

This is a replacement post and the successful applicant will allow the organisation to maintain its current staffing levels of 7 individuals (6.5 WTE). This will enable the service to meet the standards laid out by the British Association of Perinatal Medicine (BAPM) guidance and Scottish Government's document "*The best start: five-year plan for maternity and neonatal care*".

The post-holder will join an established team of senior clinicians providing clinical neonatal services in NHS Fife. The unit functions as a Local Neonatal Unit within the Scottish Perinatal Managed Clinical Network. The Neonatal and Maternity services are located in the Victoria Hospital in Kirkcaldy. There are approximately 3500 deliveries annually which generate 400 – 450 admissions to the unit. The unit currently has 4 intensive care cots, 2 high dependency cots and 14 special care cots.

Healthcare in Fife

Healthcare in Fife is provided by an Acute Services Division and three Health and Social Care Partnerships (one covering the east of Fife, one covering the west and a third is Fife-wide):

Acute Services Division – Acute services for Fife. This includes Acute Paediatrics and the Neonatal service

Health & Social Care Partnerships – Community, Learning Disability and Mental Health Services for Fife. This includes Community Children's Services

Corporate Services are based at the Board's Headquarters, Hayfield House, adjacent to Victoria Hospital, Kirkcaldy.

Medical Paediatrics in Fife

Following a review of services in Fife an integrated medical management structure has been implemented and a Child Health Strategy was developed. The extensive reorganisation of hospital services has created the following opportunities for paediatric services:

- a) Rationalisation of all paediatric in-patient services to the main DGH site at Victoria Hospital, Kirkcaldy.
- b) Development of a combined (community and acute) children and young person's outpatient facility at the Queen Margaret Hospital site in Dunfermline.
- c) Driving forward the "*Balance of Care*" agenda by moving outpatient work into the community.

The following achievements have been put in place in working towards the single Paediatric and Child Health Service:

- Joint pathways for common conditions where care was shared across the teams, for example, ADHD, autistic spectrum disorders, asthma, epilepsy, allergy and constipation
- ADHD and ASD services are now almost entirely delivered in a community setting
- Joint education and training opportunities for doctors in training
- Appointments for General and Community consultant posts with clinical responsibilities in both acute and community settings
- Agreement on an integrated nursing model for the service

NHS Fife has a single medical management structure for Paediatricians of all grades, hosted within the Women, Children & Clinical Services Directorate.

These posts, as with others across Fife, support the seamless provision of service across a number of localities in Fife.

Neonatal and Paediatric Medical Staffing

Consultants:

| | |
|--------------------|---|
| Dr K Aniruddhan | [Special interest – Respiratory / Cystic Fibrosis / Asthma] |
| Dr H Brotherton | [Special interest – Neonatology] |
| Dr A Cockburn | [Special interest – ID/allergy/immunology] |
| Dr J Cruden | [Special interest – Neurology / Epilepsy] |
| Dr R Forrest | [Special interest – Community Child Health] |
| Dr K Healy | [Special interest – Rheumatology /ID] |
| Dr S Hiremath | [Special Interest – Child Protection] |
| Dr J Klein | [Special interest – Community Child Health] |
| Dr J MacDonnell | [Special interest – Child Protection] |
| Dr J Morrice | [Special interest – Gastroenterology] |
| Dr A Pawliszewska | [Special interest – Neonatology] |
| Dr B Poszwinska | [Special interest – Neonatology] |
| Dr S Shearer | [Special interest – Neurodisability] |
| Dr H Sheridan | [Special interest – Respiratory / Cystic Fibrosis / Asthma] |
| Dr A Sherjil | [Special interest – Neonatology] |
| Dr L Stewart | [Special interest – Neonatology] |
| Dr A Tasker | [Special interest – Endocrinology / Diabetes] |
| Dr J Tucker | [Special interest – Community Child Health] |
| Dr J Watt | [Special interest – Endocrinology / Diabetes] |
| Dr A Yasmeen | [Special interest – Neonatology] |
| <i>Vacant post</i> | [Special interest – Neonatology] |

Specialty Doctors (formerly Associate Specialists and Staff Grades):

| | |
|--------------|---|
| Dr J Fusaro | [Special Interest – Child Protection] |
| Dr H Graham | [Special Interest –Community Child Health] |
| Dr B Quinn | [Special Interest – Community Child Health] |
| Dr A Stewart | [Special Interest – Adoption & Fostering] |
| Dr M Thanoon | [Special interest – Cardiology] |
| Dr K Wade | [Special Interest – Community Child Health / Renal] |

Middle Grades Trainees: Currently there are 7-8 middle grade doctors, a mix of ST3 grade and higher, rotating from the South East Scotland paediatric training programme. There has been GMC approval provided for training one of the STs in level 2 (ST4-5) CCH. The rota is a full-shift system with 24 hour cover in both neonatal and general paediatrics. Compliance with EWTD is maintained with a number of Advanced Neonatal Nurse Practitioners (ANNPs) and Paediatric Nurse Practitioners (PNPs) who participate in the rota.

Junior Rota: This is a full-shift system staffed by FY2 and GPST doctors in operation with separate rotas in general and neonatal paediatrics. They are also supported by Advanced Neonatal Nurse Practitioners (ANNPs) and Paediatric Nurse Practitioners (PNPs).

General Paediatrics & Neonatology

(Directorate Women, Children & Clinical Services)

Management Team

| | |
|---|----------------------|
| Associate Medical Director | Dr John Morrice |
| Directorate Manager | Ms Donna Galloway |
| Clinical Lead for Neonatology | Dr Laura Stewart |
| Clinical Lead for Paediatrics | Dr Anthony Tasker |
| Clinical Lead for CCH | Dr Juliet Tucker |
| Service Manager (Paediatrics) | Ms Lynette MacKenzie |
| Paediatric & Neonatal Nurse Manager (interim) | Ms Lynn Kuz |
| Associate Director of Midwifery | Ms Aileen Lawrie |

Neonatal Unit, Victoria Hospital

The neonatal unit functions as a Local Neonatal Unit (LNU) within the Scottish Neonatal Managed Clinical Network (MCN). In doing so, the unit is fulfilling this role as part of the national reorganisation of neonatal units in the Scottish Government document "*The best start: five-year plan for maternity and neonatal care*" that aims to concentrate neonatal intensive care in, initially five, and then ultimately three centres in Scotland. Early work on that began with NHS Fife pairing with NHS Lothian, and with NHS Ayrshire & Arran with NHS Greater Glasgow and Clyde in early implementation in September 2019.

Currently all infants born at less than 27 weeks gestation are cared for initially in the tertiary centre, ideally after antenatal transfer. Once stable, babies are repatriated to Fife for on-going care and follow-up. Intensive care for all other gestational ages takes place in Fife, including inhaled nitric oxide, HFOV and therapeutic hypothermia. Babies of these other gestations may be transferred to Fife for their care as part of the working arrangements in the MCN.

The neonatal unit in Fife has 14 Special Care cots, 4 intensive care and 2 high dependency care cots. The design of the new unit is highly flexible allowing additional HD infants to be cared for according to need; thus the numbers of intensive care and high dependency cots can be quite fluid. There is a Consultant of the Week 'attending' rota to provide a degree of continuity of care. Both the maternity and neonatal services use Badgernet for records purposes.

Follow-up takes place in both the Victoria and Queen Margaret Hospitals with two 'high risk' neonatal clinics supplementing routine follow-up clinics. There is a dedicated physiotherapist led hip dysplasia service with an extended-role physiotherapist able to undertake hips scans and initiate treatment.

There are approximately 3,500 deliveries per year in Fife, including high-risk pregnancies, in a consultant-led obstetric unit and an "alongside" midwifery-led unit. A small number of home deliveries also take place. Transfers of babies are undertaken by the national ScotSTAR neonatal transport service.

The unit has, since 2003, run a Resuscitation Council UK recognised Newborn Life Support (NLS) course and there are 7-8 courses taught every year. There are local instructors among the consultants, the neonatal nurses and midwives. All the neonatal nurses at band 5 level and higher have current NLS provider status, as are an increasing number of midwives on the delivery floor in keeping with Scottish Government Health Department policy on midwifery mandatory training.

Children's Ambulatory Care Unit, Victoria Hospital

A busy Children's Ambulatory Care Unit at Victoria Hospital, supported initially by funding from the Innovation Fund for Children's Services, holds a Charter Mark for the quality of its services. Around 6000 children a year attend the unit for planned investigations, ward follow up, consultant reviews, GP

assessments, etc. The ward also admits paediatric surgical and paediatric ENT daycases and inpatients. ENT has dedicated paediatric theatre lists operating from the children's ward. Mr P Cullis and Ms Eleni Papageorgiou (Consultant Paediatric Surgeons) from Edinburgh Royal Hospital for Children and Young People (RHCYP) run a day case theatre list on a weekly basis.

Children's ward, Victoria Hospital

A 26 bed in-patient ward is integral to the children's services. The ward has a dedicated High Dependency Bay, a separate Short Stay Paediatric Assessment area and a ground floor resuscitation room. There are around 4300 medical paediatric 'admissions' per annum (1800 of these are acute referrals, with approximately 75% discharged after assessment). A 'consultant of the week' system is in operation. Surgical (older children between 12-16 years), orthopaedic and ophthalmology cases are also cared for the children's ward.

Paediatric intensive care is provided at the RHCYP and there is a national retrieval service (ScotStar). Adult intensive care facilities (which may include children between 13-16 years) are based at the Victoria Hospital next to the maternity wing, with high dependency care (including the use of non invasive ventilation) provided in the High Dependency Bay in the children's ward.

Paediatric Outpatient Services

Within the Acute Services division, 5300 new and 11000 review paediatric outpatients are seen annually in both an out-patient and ambulatory care setting. There is a 'paediatrics only' outpatient department at the Victoria Hospital and a Children and Young Person's outpatient department at the Queen Margaret Hospital. There are regular visiting paediatric specialist consultants in the following subspecialties: clinical genetics, cardiology, metabolic, endocrine, epilepsy, gastrointestinal, surgery, orthopaedics, urology, renal.

Community Child Health (HSCP)

Non-medical staff in Community Paediatrics, Child Health and Child Protection are managed as part of the Fife-wide Health and Social Care Partnership (HSCP).

Management team

| | |
|--|-----------------|
| Interim Operational Lead (Children's Services) | Mr Jim Crichton |
| Senior Manager for NHS Children's Services | Ms Heather Bett |
| Lead Nurse | Ms Lynn Mushet |

NHS Fife Child Protection Team

The NHS Fife Child Protection service covers clinical services within the Victoria Hospital in Kirkcaldy and a number of other locations across the NHS Fife health board area. The Child Protection Team is comprised of both medical and nursing teams and is based in Flat 5, Willow Drive, Whyteman's Brae Kirkcaldy. The service is designed to serve all children in Fife up to the age of 16 years, or 18 years where a young person is looked after by the Local Authority.

The Child Protection Team is currently comprised of the following staff members.

Medical team:

- Consultant Lead Paediatrician for Child Protection and a Community Paediatric consultants with special interest in child protection provide much of the complex care and support
- Consultant General Paediatricians

Nursing Team:

- Lead Nurse Child Protection, 3 Senior Child Protection Nurse Advisors and 2 Child Protection Nurse Advisors who are supported by the secretary to the nursing team and an admin support worker.

The medical led service contributes to multi-agency investigations of non accidental injury in a co-ordinated way that aims to minimise any distress to children and families. The service also aims to provide the best possible evidence and advice required by other agencies to protect children and contribute to criminal proceedings.

The medical led service aims to ensure that children who are presented to this service, who have suffered abuse, receive the necessary medical, diagnostic and therapeutic services and have their health needs met in a holistic manner.

Outside office hours the children presenting with possible physical abuse will be seen by the on-call acute paediatrician (based at the Victoria Hospital). Children who present with possible sexual abuse will be assessed as part of the regional MCN rota (this may entail the child travelling to Edinburgh if the examination cannot be conducted locally).

In addition to the above, the medical team support the overarching NHS Fife Child Protection Team key functions which are: staff support, training and quality assurance in relation to child protection.

Child Development Centres

There are 4 Child Development Centres (CDCs) in Fife in High Valleyfield, Kelty, Leven and Glenrothes. The CDCs provide co-ordination of services, support for families and play sessions incorporating therapy for pre nursery age children with additional support needs. The CDC's are currently undergoing a service review.

Access to the CDCs is through referral to the Pre School Community Team (PSCT). Children with significant additional support needs which are likely to be ongoing and require input from two or more non universal

services can be referred to the PSCT. The CDC Team Leaders pick up these referrals and visit the family at home to begin co-ordination of services.

AHPs input into the CDC sessions as appropriate to assess the children and discuss intervention strategies with the parents and CDC staff. Clinical Psychology and Sensory impairment services also input on a needs-led basis. CDCs work closely with the designated Community Paediatrician(s) in assessing the child's development and are now using the Schedule of growing skills assessment tool.

Developmental Follow-Up

A Community Paediatrician reviews children in their nearest community clinic. Developmental assessments, including Griffiths assessments, are carried out and referrals made to appropriate therapists, education officers and counsellors. Referrals are from nursery school teachers, school teacher, health visitors, AHP's, CAMH including Psychology services, hospital Paediatricians and General Practitioners.

General Duties and Responsibilities of the post

The main duties and responsibilities for the post include the following:

Provision of Service:

Provide neonatal services and have a special interest that is complementary to the existing post-holders (this can include interests in general paediatrics). This includes:

- To diagnose and treat patients referred to and born within NHS Fife.
- To carry continuing clinical responsibility for the patients.
- To supervise and professionally manage junior staff.
- To contribute to the planning of service developments.
- To manage resources efficiently within NHS Fife policies and to work towards targets and waiting times guarantees.
- To develop close contacts with local General Practitioners and multi-disciplinary teams in NHS Fife and Fife Council.

The successful candidates will contribute to the existing team of neonatologists. At the present time the paediatric service attaches particular importance to enhancing training opportunities and teaching for our junior medical team and nurse practitioners and maintaining a high quality of teaching for attached medical students.

Job Planning

The successful candidate's job plan will be negotiated between the Consultant, the Clinical Lead for Neonatology and the Service Manager annually.

Cover for Consultant Colleagues

Successful candidates will be required to provide emergency cover for Consultant colleagues during his/her absence on sick leave. If for any reason such deputising is not practicable, the Acute Services Division undertakes to authorise immediate Consultant locum cover.

Research

Interest in research is welcomed and would be supported. The Department has been involved in a number of recent multi-centre trials including the PREDNOS, BOOST-II, ELFIN and FEED1 studies.

Clinical Governance

NHS Fife is committed to maintaining a high quality of services to patients, with particular regard to patient safety, by continual development of practice in the light of research evidence and by audit based against relevant standards. The Neonatal and Paediatric services have an active approach to local Clinical Governance and Clinical Risk Management.

Teaching

There are opportunities to develop reciprocal clinical working arrangements with the Paediatric Services in Tayside and Lothian regions. Substantive consultants currently in post also hold honorary Clinical Tutorship in the Department of Child Life and Health at Edinburgh University, honorary Senior Lectureships at St Andrews University (to acknowledge our clinical teaching activities), and honorary Senior Lectureships in Maternal & Child Health Sciences at University of Dundee; it is anticipated that this arrangement will continue.

There are undergraduate and postgraduate teaching and clinical guideline setting and audit responsibilities. The department attaches particular importance to the training of its staff members with a weekly timetable of teaching sessions (see below) which has been modified given the current COVID-19 restrictions on face-to-face meetings:

| | | |
|------|----|---|
| Mon | AM | General Paediatric Grand Round – held on the children’s ward and on TEAMS. This provides the opportunity to discuss complex and interesting general paediatric cases |
| | PM | |
| Tues | AM | Neonatal Grand Round – held on the Neonatal Unit. This provides the opportunity to discuss neonatal cases |
| | PM | |
| Wed | AM | ST (middle grade) teaching – general paediatric topics. Led by the COW in General Paediatrics. |
| | PM | Radiology MDT meeting – held via TEAMS. Led by the visiting paediatric radiologist from RHSC-Ed. Journal club – general paediatric or neonatal topics Monthly regional child protection peer review-TEAMS |
| Thu | AM | GPST / FY2 teaching – general paediatrics (led by the middle grade doctors with consultant supervision) Perinatal meeting (3 rd Thursday of the month) |
| | PM | Department Teaching – open to everyone. Education centre and on TEAMS. Mix of local and invited speakers, journal club, M&M, audit and other presentations, regular local child protection peer review |
| Fri | AM | GPST / FY2 teaching – neonatal paediatrics (led by the middle grade doctors with consultant supervision) |

There are monthly education meetings for Community Paediatricians – the exact day and time changes on a month-to-month rolling basis.

All consultants are expected to take an active role in the weekly education meetings along with other members of the team. There is an ongoing audit programme to which all consultants contribute. The most recent GMC survey of trainees showed that NHS Fife provides its paediatric trainees and undergraduate students with an excellent opportunity for learning in a supportive environment.

Continuing Medical Education

The Board supports and will require the successful candidate to participate in continuing medical education (CME). Consultants are entitled to 30 days paid study leave within any 3-year period, with expenses for the purposes of CME.

Managerial and external responsibilities:

Work with local managers and professional colleagues in the efficient running of services and share with consultant colleagues in the medical contribution to management. Subject to the provisions of the Terms and Conditions of Service to observe NHS Fife’s agreed policies and procedures drawn up in consultation with the profession on clinical matters and follow the standing orders and financial institutions of NHS Fife. In particular where formally managing employees of NHS Fife there will be an expectation that local and national employment and personnel policies and procedures are followed.

It is understood that consultants may be required to attend committees at the behest of NHS Fife or Royal Colleges or National Committees. NHS Fife accepts that commitments to undertake such duties may involve cancellation or alteration of fixed commitments.

Post Specific Duties and Responsibilities

- a) **Direct Clinical Care (DCC):** The appointee will be responsible for the following weekly programmed activities dedicated to direct patient care.
 - i. Programmed activities covering duties in Neonatal Paediatrics (neonatal unit, labour and postnatal wards)
 - ii. Programmed activities covering outpatient duties (both follow-up of neonatal unit patients and 'new' referrals of children aged under 2).Depending on the interests of the successful candidate, the post may also offer opportunities to care for patients in the Paediatric Ambulatory Care Unit and paediatric in-patient ward. If the successful applicant determines that they wish to work part-time, the scheduled clinical commitments would be revised in the agreed job plan.
- b) **Supporting Professional Activity (SPA)** will be incorporated in the agreed job plan. Two SPAs will be the default allocation, however at the time of appointment additional SPA time may be negotiated for specific additional activities acceptable to the candidate and required by the Board.
- c) The undertaking of research or further continuance or development of an additional area of speciality interest will be encouraged. An appointee would be expected to have an area of special interest, which they would be responsible for developing (including audit, protocols and management of the service).
- d) The appointee will have a continuing responsibility for the care of patients in his/her care and will undertake the administrative duties associated with the care of his/her patients and an appropriate share in the running of the clinical department.
- e) Depending on interest, the appointee may take an active part in undergraduate and postgraduate teaching. The service has a regular commitment to the Department of Child Life and Health of the Universities of Edinburgh, St Andrews and Dundee, to take undergraduate students for 4-week attachments throughout the year.

The post holder is required to agree a detailed job plan with the Clinical Lead for Neonatology supported by the Child Health Manager. Efforts will be made to complete job planning prior to the date of commencement in post, or, where this is not possible, as soon as possible following this date.

The detail of fixed sessions, including any special interest, will be finalised following appointment of the successful applicant. It is expected initially that 8 programmed activities per week will be devoted to Direct Clinical Care (including on-call), with 2 programmed activity allocated for Supporting Professional Activities (including audit, professional development, teaching and administration). Attendances at multi-disciplinary team meetings etc., are included within the 8 programmed activities of direct clinical care and will be appropriately timetabled. Following commencement in post, depending on the needs of the service and the particular attributes of the post holder, it may be possible to negotiate additional time for Supporting Professional Activities.

Adjustments will be made to the day-time commitments to accommodate the on-call component of this post to keep within 10 PAs.

The Neonatal CotW rota is currently 1 in 7 but this could alter depending on this recruitment process.

On-call and Out of Hours Responsibilities:

Participation in the neonatal rota at the Victoria Hospital (this does **not** involve cover of general paediatrics or child protection) is expected. This is currently a 1 in 6.5 frequency rota and involves covering the neonatal unit and emergencies within the hospital's maternity areas. This currently attracts 2 PAs per week and is the subject of an ongoing diary exercise review.

On-call availability supplement

| | |
|--|---|
| Agreed on-call rota frequency * | 1 in 6.5 * (Neonatal Paediatrics) <i>with prospective cover</i> |
|--|---|

| | |
|------------------------|----------------|
| Agreed category | Level 1 |
|------------------------|----------------|

| | |
|-----------------------------|-----------|
| On-call supplement * | 5% |
|-----------------------------|-----------|

* the final on-call rota frequency and on-call availability supplement will be dependent on successful recruitment

Weekly timetable:

This is for illustration only; any job plan would be negotiated with the successful candidate and the clinical lead and would be dependent on a number of factors e.g. any special interest, whether working full time and on call arrangements.

| | Morning | Afternoon |
|-----------|---|--|
| Monday | COW (every 7 weeks) off | COW (every 7 weeks) off |
| Tuesday | COW (every 7 weeks) Clinical Admin | COW (every 7 weeks) Baby clinic |
| Wednesday | COW (every 7 weeks) Radiology meeting | COW (every 7 weeks) Supervision of junior staff |
| Thursday | COW (every 7 weeks) Clinical Governance Activities | COW (every 7 weeks) SPA (consultant meetings, teaching) |
| Friday | COW (every 7 weeks) Service development | COW (every 7 weeks) Admin/SPA |

Person Specification

| Requirements | Essential | Desirable |
|---------------------------------------|---|--|
| Qualifications | <p>Full GMC registration with a licence to practise</p> <p>Completion of (or be within 6 months of completion of) specialist registrar training in an approved rotational programme (or have attained CESR)</p> <p>MRCPCH (or equivalent)</p> <p>Enhanced clearance by Disclosure Scotland and Membership of the Protecting Vulnerable Groups Scheme</p> <p>NLS provider status (or equivalent)</p> | <p>Higher qualification in an area of specialist interest</p> <p>Relevant SPIN module</p> <p>ARNI provider status</p> <p>NLS and/or ARNI instructor status</p> |
| Clinical Skills and Experience | <p>Clinical experience in Neonatal Paediatrics</p> <p>The ability to deal with a wide range of neonatal emergencies independently with back up remotely from tertiary specialists</p> | <p>Extensive neonatal experience in variety of settings</p> |
| Teaching | <p>Evidence of formal or informal teaching, training and supervision of junior medical staff, medical students and other clinical staff.</p> | <p>NLS and/or ARNI instructor status</p> <p>Clinical tutor status, Clinical Educator approval (or similar)</p> |
| Clinical Governance | <p>Proven experience of all aspects of clinical governance including for example, clinical audit, clinical guidelines, significant event reviews, perinatal morbidity & mortality reviews.</p> | <p>Evidence of leadership in clinical governance roles.</p> <p>Postgraduate qualification.</p> <p>Proven use of audit as a tool to manage change in clinical practice.</p> |
| Research and Publication | <p>Able to undertake critical appraisal of clinical research.</p> | <p>Postgraduate research qualification / experience would be advantageous. Evidence of research and publication in peer reviewed journals is desirable</p> |
| Management | <p>An understanding of basic management issues</p> | <p>Desire to develop services for patients.</p> |
| General Attributes | <p>Able to work in a team with colleagues in own and other disciplines.</p> <p>An ability to organize time efficiently and effectively.</p> <p>Good communication skills.</p> | <p>Ability to travel</p> |

| | | |
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| | Adaptable and open to new ideas. | |
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Terms and Conditions of Service

The post is covered by the Hospital Medical and Dental Staff and Doctors in Public Health and The Community Health Service (Scotland), Consultant Grade, Terms and Conditions of Service.

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| TYPE OF CONTRACT | Permanent |
| GRADE AND SALARY | Consultant: £ 87,534 - £116,313 per annum (pro rata for staff who are less than full time). 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. |
| HOURS OF DUTY | Full Time (10 PAs per week) Less than full time applications will be considered |
| SUPERANNUATION | New entrants to NHS Fife who are aged sixteen but under seventy five will be enrolled automatically into membership of the NHS Pension Scheme. Should you choose to "opt out" arrangements can be made to do this via: www.sppa.gov.uk |
| REMOVAL EXPENSES | Assistance with removal and associated expenses may be given and would 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. |
| SMOKING POLICY | NHS Fife operates a No Smoking Policy in all premises and grounds. |
| DISCLOSURE SCOTLAND | This post is considered to be in the category of "Regulated Work" and therefore requires an 'Enhanced' Disclosure Scotland Protection of Vulnerable Groups Scheme (PVG) Membership. |
| CONFIRMATION OF ELIGIBILITY TO WORK IN THE UK | NHS Fife is legally obliged to ensure all its employees are legally entitled to work in the United Kingdom. If you are not a United Kingdom (UK) or Irish National, you are required to confirm your right to work in your application. Non UK nationals will be required to show evidence that either Entry |

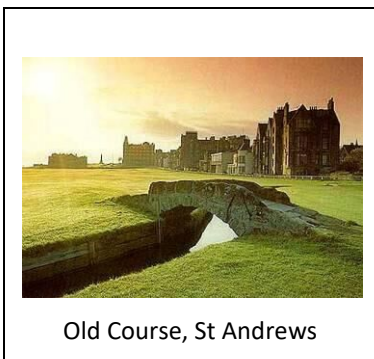
| | |
|--|--|
| | <p>Clearance or Leave to Remain in the UK has been granted for the work which they are applying to do. Where an individual is subject to immigration control under no circumstances will they be allowed to commence until the right to work in the UK has been verified. ALL applicants regardless of nationality must complete and return the Confirmation of Eligibility to Work in the UK Statement with their completed application form. You will be required provide appropriate documentation prior to any appointment being made.</p> |
| <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 Fife. Any information given will be completely confidential.</p> |
| <p>DISABLED APPLICANTS</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. NHS Fife guarantees to interview all applicants with disabilities who meet the minimum criteria for the post. 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>EQUAL OPPORTUNITIES</p> | <p>The post holder will undertake their duties in strict accordance with NHS Fife’s Equality Diversity and Human Rights Policy.</p> |
| <p>NOTICE</p> | <p>The employment is subject to three months’ notice on either side, subject to appeal against dismissal.</p> |
| <p>MEDICAL NEGLIGENCE</p> | <p>In terms of NHS Circular 1989 (PCS) 32 dealing with Medical Negligence the Health Board does not require you to subscribe to a Medical Defence Organisation. Health Board indemnity will cover only the post holder’s Health Board responsibilities. It may, however, be in your interest to subscribe to a defence organisation in order to ensure you are covered for any work, which does not fall within the scope of the indemnity scheme.</p> |

Additional Information for Candidates

FIFE REGION

The Region of Fife is bounded in the north by the Firth of Tay, in the east by the North Sea and in the south by the Firth of Forth. The Region spans an area of 130,700 hectares and has a population of 360,000. There is a highly developed agricultural part in east and north-east Fife, and in the west there is an extensive cross-section of highly skilled and scientifically orientated industry.

The largest towns are Dunfermline, Kirkcaldy and Glenrothes. The cathedral city of St Andrews is the seat of Scotland's oldest university and the UK's third oldest university.



Old Course, St Andrews

Fife is an area of considerable scenic and historical interest. The usual range of sporting facilities are available locally including golf, swimming, fishing, curling, football, rugby, sailing, motor sport and gliding. The Cairngorm Mountains are within easy reach providing access to skiing, mountaineering, orienteering and salmon fishing.

Wide ranges of cultural activities are available in Fife, and in the cultural centres of Edinburgh and Glasgow. The main urban and leisure centres of central Scotland are within easy reach and there are excellent air, rail and motorway links to the major centres in the UK. Edinburgh Airport is within easy reached by road.



The Howe of Fife



Crail harbour

General Demographic Details

Fife has had a rising birth rate, with a slight decline in 2013, and overall population increase particularly in the west. This is mainly due to the expansion of businesses around Edinburgh and an increasing commuter belt. There is also a significant population of Eastern European workers in the north and east of Fife. The 0-15 population is projected to continue to increase, by 7.9% (5,110) by 2037.

In terms of deprivation unemployment varies significantly within Fife, ranging from 1% at best, up to 14% in the Levenmouth and Kirkcaldy areas.

The average life expectancy of residents of central Fife is less than that of those living in the East of Fife. The

proportion of residents suffering premature death is markedly greater in some parts of Fife compared with others. In North and East Fife 2/3 of school leavers go on to further education compared with only 1/3 in central and west Fife.



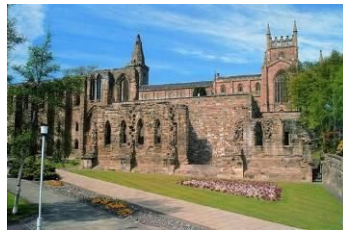
Culross, Fife

Substance abuse is particularly prevalent in areas of deprivation. It is estimated that approximately 1.4% of the Fife population are problem drug users with 18% of the 13 – 15 year old age group and 38% of the 16 – 24 year old age group report having used a controlled drug. Fife has the second highest rate of children and young people diagnosed with ADHD in Scotland, and has a robust pathway for autism diagnosis. NHS Fife’s excellent relationships with education and social work colleagues has supported the development of agreed multi-agency pathways for diagnosis and supporting children with these conditions.

Fife currently has one of the highest teenage pregnancy rates in Scotland for the under 20 age group, however recent data shows a significant reduction (from 64.2 per 1,000 in 2007 to 48.4 per 1,000 in 2012). The rate of terminations in Fife is 12.5 per 1,000 (2013) for women aged 15 – 44 years, the same as Lothian, only Tayside has a higher rate.



The beach at
Pettycur Bay



Dunfermline Abbey



Falkland Palace

Contacts for further information:

Prospective applicants wishing to visit Fife or requesting further information should contact one (or both) of the following:

- Dr Laura Stewart, Clinical Lead for Neonatology, via neonatal secretary (01592 729119)
- Dr John Morrice, AMD for Women & Children's Services, via paediatric secretary (01592 728828)