



Applications are invited from enthusiastic and forward thinking intensivists / anaesthetists for a post as a Consultant in Intensive Care Medicine (ICM) and Anaesthesia based in NHS Ayrshire and Arran.

The successful applicant will be joining a Critical Care Team of 12 consultants based within University Hospital Crosshouse (UHC). The critical care team forms part of a wider Department of Anaesthesia and Critical Care in NHS Ayrshire and Arran operating across University Hospital Crosshouse (UHC) and University Hospital Ayr (UHA). The wider department comprises 43 Consultants, 15 SAS doctors and 15 Trainee Doctors.

The post will involve day-time sessions in Critical Care and contribution to the Intensive Care Medicine (ICM) on-call rota. If the successful candidate holds a Certificate of Completion of Training (CCT) in anaesthesia then anaesthetic sessions would be included in the job plan, however applicants from a non-anaesthesia training background are equally welcomed. The job plan agreed would be adjusted accordingly. The post holder will have the opportunity to develop sub-specialty interests to complement the existing expertise and interests of the department.

UHC is a 539-bedded general hospital located on the outskirts of Kilmarnock, which was opened in 1982, and has been expanded and upgraded regularly since then, including the co-location of the Ayrshire Maternity Unit in 2006. The hospital serves the population of North and East Ayrshire, a base population of 225,000.

UHC provides a comprehensive range of surgical services and has recently begun to offer robotic-assisted surgery (RAS) for gynaecology, colorectal and urology. The hospital also hosts several area-wide services, including Ayrshire’s trauma unit, Paediatrics (Medical and Surgical), Obstetrics and Gynaecology, ENT, Maxillofacial and one national service – the Cochlear Implant Service. UHC has 9 funded Level 3 (ICU) beds, and 6 Level 2 (SHDU) beds currently co-located in a temporary Critical Care facility which is a legacy from changes that were made in response to the Covid Pandemic. There are additionally Level 1 (Surgical High Care / ERAS) beds located separately.

Adjoining UHC, is the Ayrshire Maternity Unit (AMU). There are approximately 3900 deliveries per year. The Labour Suite has two theatres with dedicated anaesthetic assistance from a team of anaesthetic nurses and ODPs.

UHA lies just to the east of Ayr, and serves the population of South Ayrshire. Surgical specialties on site include general surgery, urology, ophthalmology and all in-patient elective orthopaedics for Ayrshire. A focus on elective surgery is being developed, with expertise and innovative practice being used to drive improved quality and efficiency. UHA has 8 critical care beds with out-of-hours cover provided by the anaesthetists on the UHA rota.

This post involves a contribution to the UHC, ICU on-call rota which is a 1:12 rota (plus prospective cover). Out-of-hours the consultant in ICM must be available to attend with-in 30 minutes. A trainee anaesthetist / intensivist or SAS grade doctor is resident 24 hours a day on a full shift pattern dedicated to covering the ICU. In addition there is an anaesthetist covering the maternity unit 24 hours a day. Another junior anaesthetist is dedicated to emergency theatre until 9pm, 7 days a week.

In addition, this post involves participation on a 1:25 rota (plus prospective cover) for inter-hospital transfer of critically ill patients, with a 1 hour response time.

Both UHC and UHA are easily accessed by road, with the M77 providing access to Glasgow within 30 - 45 minutes. Rail services also link Ayr and Kilmarnock to Glasgow and other surrounding towns, and Prestwick Airport lies approximately a 15 minute drive away. Both sites provide free car parking facilities. The hospitals lie close to the stunning Ayrshire coastline, with many beaches and golf courses among other attractions.



**Theatre Facilities**

**University Hospital Crosshouse**

The theatre complex comprises of 11 theatres, which are used for a combination of in-patients and day cases. There is a co-located same-day admission facility for elective surgery. A dedicated, fully-staffed Emergency Theatre is available 24 hours of the day. There is also a dedicated Trauma Theatre operating seven days a week.

**University Hospital Ayr**

The theatre complex, comprises of 6 main theatres, 1 Interventional theatre, 3 Day Surgery Theatres and 2 Outpatient procedure rooms. The critical care facility is immediately adjacent to the theatres. A dedicated Emergency Theatre is available 24 hours a day.

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| --- | --- | --- |
| **No. of Facilities** | **University Hospital Ayr** | **University Hospital Crosshouse** |
| Main Theatres | 6 plus interventional theatre | 8 |
| Day Surgery Theatres | 3 | 3 |
| DSU Treatment Room | 2 | 1 |
| Endoscopy Procedure Rooms | 4 | 4 |

**The following table provides a breakdown of the bed complement within the Surgical Unit:**

|  |  |  |
| --- | --- | --- |
| **Surgical Specialty** | **University Hospital Ayr** | **University Hospital Crosshouse** |
| General Surgery | 22 | 84 |
| Vascular Surgery | 17 | - |
| Orthopaedic / Trauma | 38 | 70 |
| Ophthalmology | 2 | - |
| Urology | 23 | - |
| ENT / Max Fax Surgery | 0 | 17 |
| Plastic Surgery | 0 | 0 |
| Paediatrics | - | 18 |
| Oncology | 0 | 12 |
| High Dependency | 4 | 14 (including 8 MHDU) |
| ICU | 3 | 9 |

# **Critical Care in Ayrshire**

There are two critical care facilities in Ayrshire, one in UHC and the other in UHA.

The 3 ICU beds currently located in on the UHA site will be transferred to UHC in early 2014. Thereafter a critical care facility offering HDU care will be maintained on the UHA site with all 12 of Ayrshire’s ICU beds being maintained on the UHC site.

In UHC the critical care facility will thus comprise of 12 level 3 beds and 6 level 2 beds. These beds are currently operating from a temporary facility created as part of our covid response. There is a recognition that significant investment in the Critical Care estate is a priority.

The critical care facilities are equipped with a range of modern equipment. There is cardiac output monitoring, US machines with linear, curvilinear and phased array probes as well as a dedicated TTE and TOE. There are bronchoscopes and videoscopes widely available within the ICU.

We have recently completed procurement of a Clinical Information System (CIS) which now under development and will be live within the next year.

We are committed to training and are accredited to train from stage 1 through to stage 3 ICM training.

We have an active quality improvement (QI) programme in place which is delivered collaboratively by our Multidisciplinary team (MDT). Our MDT comprises of pharmacy, physiotherapy, speech and language, occupational therapy, and psychologist in addition to our medical and nursing teams. We operate an “InSPIRE” programme and continue to prioritise how we provide post-ICU follow-up and rehabilitation according to “Life After Critical Illness” (LACI) principles. We have two recovery coordinators to support this work.

Our engagement with the organ donation programme is reflected in our excellent referral rate. This sits within a holistic approach to end of life care and feedback via patient and family surveys.

We have representation on a variety of national forums including the SICSAG steering group and SICS council. A member of the ICU consultant team has close ties with the Scottish Paediatric retrieval service and this helps foster good relations with local and tertiary paediatric services. As such, on a rotational basis, we have senior paediatric intensive care medicine (PICM) trainees working in the department.

# **Obstetric Anaesthesia**

The Ayrshire Maternity Unit (AMU), on the UHC site, has approximately 3900 deliveries. There is an epidural service provided 24 hours a day, 7 days a week. In addition the use Remifentanil Patient Controlled Analgesia can be offered. We provide an elective caesarean section service, with an overall caesarean section rate of 30%.

# **Imaging**

An extensive range of imaging facilities are available including spiral CT with 3D reconstruction, MRI, MRA, radio-isotope facilities and digital subtraction angiography. Ability to undertake MRI under general anaesthesia is well established which allows us to provide MRI for our critical care patients when necessary.

# **Educational Centres**

Excellent post-graduate facilities are provided at both hospitals, with the Alexander Fleming Education Centre based at UHC and the MacDonald Education Centre based at the UHA. Both centres include a full size lecture theatre, classrooms and a number of tutorial rooms.

There is a Medium Fidelity (SimMan based) Simulation Room with adjacent Debriefing Room within the Education Centre at University Hospital Crosshouse which is used by all acute specialties for training.

The facilities are supported with modern audio visual and information technology, including teleconferencing facilities and both centres incorporate an excellent up-to-date library with a resident librarian. We have an enthusiastic faculty of trained simulation facilitators from anaesthesia, general medicine, emergency medicine and paediatrics.

**Medical Photography**

The Medical Illustrations Department can provide a full service at both hospitals for clinical photography, preparation of slides, PowerPoint etc, for lecture purposes.

**Medical Staff Resources**

**Consultant Intensivists**

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| --- |
| **University Hospital Crosshouse (ICM on call rota)** |
|  |
| Dr J Allan (Clinical Director – Critical Care) |
| Dr G Brannan (Specialist Doctor) |
| Dr D Finn |
| Dr T Geary |
| Dr G Houston |
| Dr (Locum) |
| Dr J Selfridge |
| Dr P Korsah |
| Dr A Meikel |
| Dr P O’Brien |
| Dr A Spiers |

**Consultant Anaesthetists**

|  |
| --- |
| **University Hospital Crosshouse (on call rota)** |
|  |
| Dr I Anderson (Deputy CD - Anaesthetics) (Trauma) |
| Dr A Bielinska (Trauma) |
| Dr R Bonar |
| Dr N Brown |
| Dr A Clark |
| Dr A Clyde |
| Dr J Collie (Trauma) |
| Dr K Flatman |
| Dr L. Hunter |
| Dr P Jacobs |
| Dr R Junkin |
| Dr C Johnstone (CD - Anaesthesia) (Trauma) |
| Dr E. Kerr |
| Dr L McGarrity |
| Dr E. Neale |
| Dr C Pow |
| Dr J. Robertson |
| Dr KW Tan |
| Dr M Watson (Trauma) |
| Dr C Whymark |

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| --- |
| **University Hospital Ayr (on call rota)** |
|  |
| Dr N Alaouabda |
| Dr S Bhatt (Deputy CD Anaesthetics) |
| Dr K Dick |
| Dr P Hamilton |
| Dr K Kerr |
| Dr D McLaughlan |
| Dr R McRobert |
| Dr J Mitchell |
| Dr J Ramsey |
| Dr G Scott |
| Dr K Walker |
|  |



NHS Ayrshire and Arran is committed to delivering the highest possible health care for its citizens. This will be delivered as part of our “Caring for Ayrshire” approach. Aligned to this we continue to develop our Critical Care Service to ensure we are delivering the highest possible quality of care, ensuring the needs of our patients and service users are met. Over recent years key areas of development have been in:

* Appointment of ACCPs. We see ACCPs as key to supporting our staffing model and envisage further expansion and development in this area.
* Building on a strong training record with a cohort of Clinical Development Fellows being employed working alongside our ICM and anaesthetic trainees.
* Enhancing the research profile of the department through the appointment of Clinical Research Fellows to the Critical Care team.
* Striving to continuously develop and enhance the quality of the service delivered through an MDT QI framework. We have embedding occupational-, speech and language-, physio-therapist within our MDT.
* Procurement of a critical care clinical information system (CIS) - ICCA

Our critical care team is cohesive and forward thinking. We recognise the importance of our medical workforce and are committed to development of the “Best Medical Workforce” through recruitment, training and staff support. We work cohesively with the wider anaesthetic department and maintain a good working relationship with all specialties.

Creating an environment to support the delivery of high quality critical care is something the Health Board are committed to. Significant investment in our critical care estate is recognised as a priority.

Reconfiguration of trauma and elective inpatient orthopaedics, has seen all Ayrshire trauma services delivered from the UHC site with a centre-of-excellence for elective orthopaedic surgery delivered in UHA.

Robotic assisted surgery (RAS) has begun in UHC with some gynaecology, colorectal and urological surgery being delivered robotically.

The national Cochlear implants service operates form UHC, with patients down to age 1year undergoing investigation and operations.

An established Cardio-Pulmonary Exercise Testing service alongside consultant-led pre-operative assessment service is in operation.

The department has been building links with the Academic department of anaesthesia to facilitate research opportunities.



# **Proposed Weekly Programme**

ICM consultants work on an annualised job plan. The day-time ICM DCC activity is delivered in (hot) weeks to ensure continuity of care for patients. These weeks follow a flexible rolling pattern. The non-ICM weeks have proportionately less DCC. The proposed weekly programmes shown below for non-ICM weeks are indicative examples of DCC and SPA activities. The specifics of the weekly programme and will be discussed with the appointee.

**Notes on the Programme**

**Flexible sessions:** Any flexible sessions in the job plan will usually be worked during the period of time between 08:30 – 18:00 Monday to Friday.

**Patient Administration**. This activity covers the management of individual patients including Out Patient administration, results reporting, letters/phone calls to patients, carers, GP’s and members of the wider multidisciplinary team involved in the patients care.

**Ward Rounds**: the time allocated is indicative and will be discussed with the appointee. Ward work will include teaching ward rounds as required.

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

**On call arrangements:** The post will involve participation on a 1:12 ICU rota and a 1:25 patient-transfer rota, both plus prospective cover, based in UHC.

**Supporting Professional Activities**: NHS Ayrshire and Arran recognise the important role Job Planning has in ensuring consultants are supported in delivering high quality, safe, sustainable clinical care to patients. It is therefore important to ensure there is an adequate balance between direct clinical care activities and activities which support both the personal and professional development of the consultant workforce and facilitates agreed contribution to activities including:

* Under and post graduate teaching/training
* Clinical Governance
* Quality and Patient Safety
* Research and Innovation
* Service management and planning
* Work with professional bodies

All consultants will have 1 SPA as a minimum to support job planning, appraisal and revalidation. However the final balance of SPA and DCC activity will be agreed between the appointee and clinical manager prior to contracts being agreed. This posts will commence with 1.5 SPA. There may be an opportunity for addition SPA to be incorporated into the job plan depending on any pre-existing work streams that the successful candidate may have. Additional SPA sessions will be tied to specific responsibilities as agreed with the clinical manager but are likely to include development work for the critical care service.

There may be a requirement to vary the DCC outlined in the indicative timetable below when the final balance of DCC and SPA is subsequently agreed. There may also be opportunities to contract for Extra Programmed Activities (EPAs) subject to service requirements and in accordance with national terms and conditions of service.

If the post-holder will be responsible for the formal training and supervision of post-graduates and under-graduates, a suitable additional allocation of SPA time will be made in accordance with national guidance.

**Job Plan Review**

New appointees will discuss the indicative job plan with the Clinical Director, prior to commencement and will at that time review the balance of activities. Where it is possible to agree a revision to the indicative plan in advance of commencement this will be acted upon. In any event however, there must be an interim Job Plan review conducted at 3 months post commencement to agree and finalise the Job Plan. The consultant at time of induction should ask for an interim review date to be scheduled. The agreed job plan will include all the consultant’s professional duties and commitments, including agreed Supporting Professional Activities. Thereafter Job Planning will be carried out annually as part of the Boards Job Planning process.

**Private Practice:** If the post-holder wishes to undertake any private practice, they are obliged to inform their employer at the time of appointment of their intentions to do so. This should be submitted in writing to the Clinical Director. The conduct of private practice will be in accordance with the Consultant Contract (Scotland) Terms and Conditions.

The post-holder shall be free to undertake private practice without approval provided such work is undertaken outside the time agreed in the job plan for programmed activities. (Refer Section 6 of the New Consultant Contract).

**Annualised Job Plan**

ICU weeks worked 1:6, total of 8.4 ICU weeks/year

Non–ICU weeks 33.6 weeks/year

ICU week day-time DCC: 94.5 PAs/year

Day-time planned DCC on ICU Mon-Fri: 9 hours/day (2.25 PAs) = 11.25 PAs/week

Non-ICU week day-time: 178 PAs/year

Day-time planned DCC on non-ICU weeks = 5.3 PAs/week (see timetable below)

NB: If appointee was not trained in anaesthesia, non-ICU weeks would be timetabled differently but the balance of DCC delivered would be the same. The exact nature of the DCC being dependent on the training and experience of the appointee.

DCC for on-call (out-of-hours work) work: 84 PAs/year (2PAs/week)

SPA: 1.5 PAs/week (NB delivered during non-ICU weeks as 1.8 PA’s/week)

**Proposed Weekly Programme WEEKS 1-5**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Work Timetable** | | **Direct Clinical Care (hours)** | | | | |  | **Supporting Professional Activities (hours)** | | | | | |
|  | Description | On-  Call | Theatre | OPC | Admin | Ward  Work | **Total** | Teaching | Audit | CPD | Research | ICUM&M | **Total** |
| Mon am | Emergency Theatre |  | 5 |  |  |  | **5** |  |  |  |  |  |  |
| Mon pm | Emergency Theatre |  | 4 |  |  |  | **4** |  |  |  |  |  |  |
| Tues am |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tues pm |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Wed am | Fixed Flexible |  | 5 |  |  |  | **5** |  |  |  |  |  |  |
| Wed pm | Fixed Flexible |  | 5 |  |  |  | **5** |  |  |  |  |  |  |
| Thurs am | SPA |  |  |  |  |  |  |  | 1.25 | 4 |  |  | **5.25** |
| Thurs pm | ICU MDT |  |  |  | 1 | 1 | **2** |  |  | 2 |  |  | **2** |
| Fri am |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fri pm |  |  |  |  |  |  |  |  |  |  |  |  |  |
| On call |  | 8 |  |  |  |  | **8** |  |  |  |  |  |  |
| **TOTALS** |  | **8** | 19 |  | 1 | 1 | **29** |  | 1.25 | 6 |  |  | **7.25** |

**WEEK 6: ICU MonDAY - FriDay 08:30 – 17:30**

9 hours x 5 = 45 hours DCC / wk, plus 10 hours on-call, total 55 hours DCC.



The post holder will be accountable to the Clinical Director, who will agree the job plan.

He/she will be expected to work with local managers and professional colleagues in the efficient running of services and will share with Consultant colleagues in the medical contribution to management. Subject to the provisions of the Terms and Conditions of Service, he/she is expected to observe NHS Ayrshire and Arran’s agreed policies and procedures, drawn up in consultation with the profession on clinical matters, and to follow the standing orders and financial instructions of NHS Ayrshire & Arran.

In particular, where he/she formally manages employees of the organisation, the post holder will be expected to follow the Local and National Employment and Personnel Policies and Procedures.

He/she will be expected to make sure that there are adequate arrangements for hospital staff involved in the care of patients to be able to make contact with the post holder when necessary.

The post holder is required to comply with NHS Ayrshire and Arran’s Health and Safety Policies.

He/she will be responsible for the training and supervision of Junior Medical Staff who work with the post holder and will be expected to devote time to this activity on a regular basis. In addition, he/she will be expected to ensure that Junior Staff have access to advice and counselling. If appropriate, the post holder will be named in the Contracts of Doctors in training grades as the person responsible for overseeing their training, and as the initial source of advice to such Doctors on their career.

**Resources**

The staff resources of the Directorate are listed elsewhere. The post holder will have access to such general administrative support as is required for the discharge of his/her duties and responsibilities.

This will include the provision of adequate secretarial and clerical support and the availability of accommodation, equipment etc.

The post holder will receive support from such other professional staff as are employed within the organisation and are deployed to his/her area of patient care.

**Duties and Responsibilities**

The main duties and responsibilities of the post include:

* Continuing responsibility for the care of patients in his/her care and for the proper functioning of the department.
* Administrative duties associated with the care of his/her patients.
* Responsibility for continuing care of patients as scheduled in job plan / programmed activities.
* Provision of cover for consultant colleagues during periods of annual and study leave.
* Professional supervision and management of Junior Medical Staff.
* Responsibilities for carrying out teaching, accreditation and examination duties as required, and for contributing to undergraduate andpostgraduate medical education. The post holder will be expected to comply with College recommendations on Continuing Medical Education.
* The post holder will be required to comply with NHS Ayrshire and Arran’s Policies on Clinical Governance.
* The successful applicant will be encouraged to participate in research and to develop a subspecialty interest, subject to resources and local priorities.
* Requirements to participate in medical audit and in continuing medical education.
* Managerial, including budgetary, responsibilities (where appropriate).

**Annual Appraisal & Job Planning**

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



Are those determined by the Terms and Conditions of the New Consultant Grade (Scotland) as amended from time to time. The distance that a consultant can reside from the principal base hospital, where travel time is seen as more important than mileage, is subject to the agreement of the Medical Director.



Applicants wishing further information about the post are invited to contact Dr John Allan, Clinical Director for Critical Care, Tel 01563 827172 (Secretary) or 01563 521133 (Switchboard) with whom visiting arrangements can also be made.



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**Post of: Consultant in Intensive Care Medicine (and Anaesthesia)**

**Location: NHS Ayrshire and Arran**

## Qualifications:

|  |  |  |
| --- | --- | --- |
| Requirements | Essential | Desirable |
| GMC Post-graduate qualifications | Full GMC Registration with a current Licence to Practice Fellowship of the Royal College of Anaesthetists or Equivalent  AND / OR  Fellowship of the Faculty of Intensive Care Medicine  Advanced (FICM Stage 3) or equivalent competencies in Intensive Care Medicine | Post graduate diploma or equivalent in Intensive Care Medicine |
| Specialist Register | Inclusion on the GMC Specialist Register  Certificate of Completion of Training (CCT)/CESR or Evidence of Higher Speciality Training leading to CCT  OR  Be within 6 months of confirmed entry to the Specialist Register from the date of interview.  Additional intensive care as a specialist interest area (SIA) within stage 3 of the anaesthetics curriculum. | CCT (or equivalent) in Intensive Care Medicine |

**Skills/Knowledge/Competence:**

|  |  |  |
| --- | --- | --- |
| **Requirements** | **Essential** | **Desirable** |
| **General Experience**  **Expertise in Critical Care and Anaesthesia for Adults and Children** | Knowledge & skills relevant to delivery of Critical Care and /or Anaesthesia for Adults and Children.  Experience of managing patients in ICU and HDU at a senior level.  Demonstrable training in accredited Intensive Care Units.  Ability to communicate effectively with all levels of staff and patients.  Ability to work efficiently and timeously.  IT literacy. | Advanced training in Intensive Care Medicine  Knowledge of and skills relevant to the management of elective and emergency anaesthesia.  Knowledge of and skills relevant to the management of elective and emergency anaesthesia for children. |
| **Team Working** | Effective Team Player |  |
| **Development** | Evidence of audit and involvement in clinical improvement activities within anaesthesia or critical care. |  |
| **Teaching & Training** | Experience in teaching | Proven ability to deliver high quality teaching.  Interest in and knowledge of advances in medical education and training. |
| **Research & Publications** | Evidence of practicing evidence based medicine.  Understanding and application of recent evidence to clinical practice. | Evidence of publications in a Peer-reviewed Journal. |
| **Clinical Audit** | Evidence of previous audit activity relating to Anaesthesia / ICM | Peer reviewed publications and presentations |
| **Management and Administration** | Commitment to effective departmental management and the organisation and management of a multidisciplinary team. | Proven ability to lead a clinical team.  Proven management experience.  Understanding of resource management and quality assurance.  Proven organisational skills. |
| **Personal and Interpersonal Skills** | Effective communicator and negotiator.  Demonstrate effective team leadership.  A willingness to develop special interests which conform to the needs of NHS Ayrshire and Arran.  Ability to operate on a variety of different levels.  The ability to work flexibly and constructively with a team of colleagues. | Knowledge of recent changes in the NHS in Scotland.  A willingness to accept flexibility to meet the changing needs of the NHS in Scotland. |