**Specialty Doctor VOL GIM**

**Summary Information**

**POST: SpecialTY Doctor inTERNAL medicine (1 WTE)**

**Base: VALE OF LEVEN HOSPITAL**

This is an exciting opportunity designed to support the Internal Medicine Department in the small, but busy unit at the Vale of Leven Hospital in Alexandria. The post holder will need to be able to work flexibly and perform both in-patient and out-patient medical duties at a senior level. The in-patient work will include oversight of the management of patients in Lomond Ward, and as skill set develops, afternoon post receiving selected take. Outpatient work can be arranged to support the interests of the candidate, and will link with ambulatory care developments on site for rapid reviews.

There is flexibility to accommodate the interests of applicants with opportunities for development.

For further information contact Dr Claire Harrow, Chief of Medicine or Dr Martin Perry, Clinical Director and Lead Clinician VOL via the hospital switch board on 0141 887 9111

Applicants must have GMC registration and a licence to practice.

**Background**

The Vale of Leven Hospital (VoL) is situated in Alexandria, an area of outstanding natural beauty and serving a population in excess of 88,000 largely from Dumbarton, Alexandria and Helensburgh. The Vale of Leven Hospital has undergone a period of re-configuration following the conclusion of NHS Greater Glasgow and Clyde’s consultation on the vision for the Vale of Leven Hospital and acceptance of the recommendations in February 2009. This vision includes the retention of unscheduled medical care at the Vale of Leven Hospital, led by the Consultant Physician team based at the Royal Alexandra Hospital (RAH) and supported by 6 Middle Grade doctors and 3 FY1 doctors. In addition there are inpatient medicine for the elderly beds, day surgery, a renal dialysis unit, 2 psychiatry wards, interventional diagnostics such as bronchoscopy, gastroscopy and a full range of diagnostic and support services. The department of medicine has outpatient clinics in rheumatology, respiratory, neurology, renal medicine, oncology, gastroenterology, cardiology, endocrine and diabetes and dermatology.

**The Role**

In response to changing clinical demands, new ways of working are required. The GGC policy document ‘Moving Forward Together’ highlights many of these. In particular at VOL the provision of specialty doctors would allow progression of both the inpatient & ambulatory services and quality improvement work.

The role would be different from the existing middle grade rota in a number of ways:

1. Provide senior support and oversight to inpatient work, initially in Lomond ward and subsequently in AMRU, with an aim of relieving the Consultant from afternoon on site duties for 3 weekday afternoons in due course. The resulting stability would reduce length of stay ([Continuity of care for older hospital patients (kingsfund.org.uk)](#))
2. Progressing ambulatory services for medical assessment. These might include low risk chest pain, VTE, OPAT as admission avoidance
3. Out-patient specialty/GIM clinics
4. Membership of the governance team and participation in the quality agenda
5. Opportunities for undergraduate special study component supervision

The option remains to be part of the out of hours evening rota should this be of interest to the successful candidate

**Commitment to training**

In recognition of the role as one which would suit candidates seeking to further develop skills, a number of training opportunities would be encouraged

1. Progression to MRCP (UK)
2. Dedicated annualised time off site at other acute assessment unit to maintain/develop skills
3. Study Leave
4. Supervisory support from the Lead Clinician for clinical decisions. While the POW model usually requires a weekly rotation, latterly this has been changing to have fewer physicians but attending more frequently and this model is likely to progress to enhance continuity of care.

**Quality Improvement**

The department has monthly QI and governance meetings with a collaborative approach and includes primary and secondary care leads, managers, frailty practitioners, lead nurses and physiotherapy, hospital at nights ambulance service and resuscitation leads.

Extending and developing the QI agenda in line with where the QI group identifies need is a responsibility of all members and this post would be integral to progressing.

**Example of activities for the post**

|  |  |  |
| --- | --- | --- |
| **Day** | **AM** | **PM** |
| Monday | Facilitate Consultant reviews on Lomond/admin | OPD/hot clinic |
| Tuesday | Review & Consultant discussion of Lomond cases/admin | Post receiving cover\* |
| Wednesday | Ambulatory work | Hospital Teaching  Lomond MDT  Post receiving cover\* |
| Thursday | Review & Consultant discussion of Lomond cases | Post receiving cover\* |
| Friday | Review & Consultant discussion of Lomond cases | CPD/SPA |

\*As experience permits in line with role progression

AMRU post receiving rounds daily for training initially

Monthly Governance meeting

Annualised minimum 2 weeks off site for training

**Hospital Activity – ECMS and RAD**

The following details the function and daily activity of ECMS and RAD

|  |  |  |  |
| --- | --- | --- | --- |
|  | Function | Capacity | Average Daily Activity |
| Medical Assessment Unit | ‘Front Door’ for GP referred and self presenting medical patients. | 9 Trolley Bays | 15-20 attendances over 24 hour period. |
| Acute Medical Receiving Unit | Inpatient receiving ward for all medical admission to Vale of Leven Hospital. | 12 Beds | 7 admissions per day |
| Lomond Ward | Downstream medical ward for Vale of Leven Hospital. | 27 Beds |  |
| Ward 14 | Rehab/Assessment (Stroke/Parkinsons) | 20 Beds |  |
| Ward 15 | Rehab/Assessment (Ortho Rehab) | 21 Beds |  |

**Integrated Care GPs**

In the evenings and at weekends, the Clinical Fellows are supervised on site by Integrated Care GPs (ICGPs). These are a group of 18 experienced GPs with additional experience and training in acute medicine, who provide senior on-site cover for patients in the Medical Unit at the hospital. They cover the out-of-hours period of time. Their role is to provide senior assistance when required, either for reasons of workload or complexity.

During the out-of-hours period the Hospital-at-Night (HAN) team provide emergency cover in the hospital. This is consists of a middle grade doctor, HAN Nurse Practitioner (who acts as co-ordinator) and led by the ICGP.

**Consultant Physician Input**

Each week, a Consultant Physician from the Royal Alexandra Hospital (RAH) will act as ‘Physician of the Week’ (PoW). They are on-site from 0900 – 1700 Monday to Friday.

They will lead a ward round of all the patients in the Acute Medical Unit (AMU, Ward 3), then twice weekly half of the patients in Lomond Ward. The PoW will see the new patients admitted to AMU on a ward round starting at 4pm, then will leave the hospital. After 5pm, another consultant from the RAH will be on-call from home covering both the VoL or RAH. It is anticipated that the postholder will permit the Consultant 2 sessions per week to undertake outpatient/remote clinics at the VOL by being the senior support for clinical advice.

On Saturdays and Sundays a consultant from RAH will do a ward round in AMU at RAH then come to VoL (usually around 12-1pm) to do a ward round in AMU. The main aim is to see new admissions and patients and review any patients causing concern.

**Medical Receiving**

The Vale of Leven Hospital MAU (Medical Admissions Unit) accepts unscheduled medical patients referred by GPs or brought by the Scottish Ambulance Service (SAS) from Alexandria, Dumbarton and Helensburgh.

There is no on-call Anaesthetist or Surgeon on site at VoL. Patients requiring (or potentially requiring) level 2 (HDU) or level 3 (ITU) care or surgical input need to by-pass the VoL (via the ambulance service or GP) or be identified early and transferred (usually) to the RAH. The local GPs are familiar with the selected medical take categories at the VoL Medical Unit. The MAU Senior Nursing Staff take GP referral calls (using SBAR) and if an alternative option to admission to the VOL MAU would appear better for the patient, they can discuss or advise as necessary. It is important that high-risk patients (as per protocols) are appropriately diverted to another hospital.

**By-pass/Transfer Protocols**

It is important to note that the Vale of Leven Hospital has a Medical Admissions Unit *without* on-site Anaesthetic / Critical Care cover. The safety of this system relies upon higher risk patients being directly admitted to RAH from home. These patients are identified by GPs and Ambulance crews with the use of “bypass protocols” which allow scoring of patients using “PreAMBLE” (derived from BP, HR, RR, AVPU and O2 saturation. It is expected that around 60-70 of local acute medical admissions can be safely managed at the Vale of Leven.

Patients arriving at MAU and considered high risk should be discussed with the on-call Consultant with a view to transferring to RAH.

If a patient needs transferred, but needs stabilised (or intubated) or is too unwell to transfer in an ambulance, then the Emergency Medical Retrieval Service (EMRS) can be activated to retrieve the patient, but this needs discussed with the on-call Consultant Physician in the first place.

**Emergency Response Team**

The Vale of Leven Emergency Response Team consists of appropriate medical and nursing staff. There is no on-site Anaesthetist. During the day any critically unwell patient would require input from the on-site Consultant (Physician of the Week) and OOH the lead ICGP. Patients requiring or likely to require High-Dependency or Intensive Care should be transferred to the RAH as per protocols described once agreed by the Consultant Physician. Patients suitability for transfer should be assessed – if too unstable for transfer they may require on-site stabilisation and transfer by the Emergency Medical Retrieval Service (EMRS).

**Teaching**

There is lunchtime teaching on Wednesdays 12.30 – 1.30pm. This involves all grades of doctors including the FY1s, middle grade doctors and consultants, but also includes other health professionals and developments in 2024 are implementing a monthly ‘grand round’ of topics relevant for all healthcare workers in the hospital.

IT access to NHS linked knowledge network and other medical search engines is available.