

Working for NHS Shetland

Locum Appointment for Service (General Medicine/A&E)



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This post requires the post holder to have a PVG Scheme membership/record. If the successful applicant is not a current PVG member for the required regulatory group i.e. child and/or adult, then an application will need to be made to Disclosure Scotland and deemed satisfactory before the successful post holder can commence work.

Section 1: HOW TO APPLY

All applicants must submit the following documentation in order to apply: Job Train Application Form

Section 2: Person Specification Locum Appointment for Service (General Medicine/A&E)

REQUIREMENTS	ESSENTIAL	DESIRABLE	WHEN EVALUATED
Qualifications and Training	Successful completion of UK Foundation Programme	Distinction, prizes or honours during Postgraduate training ALS/ATLS Instructor Status	Application Form
Experience	Recent experience in areas of acute care e.g. ED, Acute Medicine, surgery etc	Well-presented log book or professional portfolio	Application Form Interview
Eligibility	Eligible for full registration with the GMC at time of appointment and hold a current licence to practice Evidence of achievement of postgraduate medical training in line with GMC standards/Good Medical Practice Eligibility to work in the UK	Evidence of research and publications in peer reviewed journals	Application Form Interview
Teaching	Enthusiastic in teaching clinical skills in the workplace or training environment Evidence of contributing to teaching & learning of others	Experience of simulation based teaching Has successfully completed a 'training the trainers' or 'teaching skills' course	Application Form Interview

Fitness To Practise	Is up to date and fit to practice safely		Application Form References
Health	Meets professional health requirements (in line with GMC standards/ Good Medical Practice)		Application Form Pre-employment health screening
Academic/ Research Skills	<p>Research Skills:</p> <p>Demonstrates understanding of the basic principles of audit, clinical risk management & evidence-based practice</p> <p>Demonstrate an understanding of basic research principles, methodology & ethics, with a potential to contribute to research</p> <p>Audit:</p> <p>Evidence of active participation in audit</p>	<p>Evidence of relevant academic & research achievements</p> <p>e.g. degrees, prizes, awards, distinctions, publications, presentations, other achievements</p> <p>Evidence of participation in risk management and/or clinical/laboratory research</p>	Application Form Interview
Personal Skills	<p>Judgement Under Pressure:</p> <p>Capacity to operate effectively under pressure & remain objective In highly emotive/pressurised situations</p> <p>Awareness of own limitations & when to ask for help</p> <p>Communication Skills:</p> <p>Capacity to communicate effectively & sensitively with others</p> <p>Able to discuss treatment options with patients in a way they can understand</p> <p>Excellent written and verbal communication skills</p> <p>Problem Solving:</p> <p>Capacity to think beyond the obvious, with analytical and flexible mind</p> <p>Capacity to bring a range of</p>	Motivated and able to work unsupervised as well as within a small team under appropriate guidance	Application Form Interview References

	<p>approaches to problem solving</p> <p>Situation Awareness: Capacity to monitor and anticipate situations that may change rapidly</p> <p>Decision Making: Demonstrates effective judgement and decision- making skills</p> <p>Organisation & Planning: Capacity to manage time and prioritise workload, balance urgent & important demands, follow instructions</p> <p>Understands importance & impact of information systems</p> <p>Excellent interpersonal skills</p> <p>Evidence of ability to present oneself in an organised, professional manner</p> <p>Evidence of understanding of the importance of team work</p> <p>Experienced with Microsoft Word including PowerPoint, word-processing and spreadsheet software</p>		
Probity	<p>Professional Integrity:</p> <p>Takes responsibility for own actions</p> <p>Demonstrates respect for the rights of all</p> <p>Demonstrates awareness of ethical principles, safety, confidentiality & consent</p>		<p>Application Form</p> <p>Interview</p> <p>References</p>

Section 3: Introduction to Appointment

Job Title: Locum Appointment for Service (General Medicine/A&E)

Department: Medical department

Base: Gilbert Bain Hospital, Lerwick, Shetland

Post Summary:

Based at the Gilbert Bain Hospital in Lerwick, this post would suit doctors who have just completed FY2 training and are considering a medical or surgical career or a core medical or core surgical trainee waiting for a StR position. Alternatively a doctor interested in a future career in general practice waiting for a StR position/a GP trainee who had completed training but who wished further medical/A&E experience. Full GMC registration with a current licence to practice is essential for these roles.

The successful applicant will work as a part of the medical team. The rotation covers:

- Ward work – providing continuity of care for admitted patients
- Assessment of acute unselected emergency medical patients presenting to A&E (including paediatric review)
- General medical clinic experience
- Night shifts involve three or four nights at a time covering surgical and medical A & E, as well as the wards.

Section 4: Main Duties and Responsibilities

Clinical Duties: The successful candidate will work as part of the Medical Unit and duties will include:

- Participation in ward rounds and the provision of continuity of care to inpatient as well as being involved in discharge planning
- Emergency medical receiving (which happens via A&E) – unselected acute medical presentations of children and adult.
- Night shifts involve three or four nights at a time covering surgical and medical A & E, as well as the wards.
- Attendance at medical outpatient clinics
- Float shifts
- Supervision of more junior medical staff, such as FY1
- Teaching of medical students
- Taking an active part in all the educational meetings of the unit.
- Audit/ Quality improvement projects

Junior doctors can rota is working time compliant – rotating between wards, A&E, clinics, float shifts and nights. The maximum contracted hours will be no more onerous than an average of 48 hours per week.

Night shifts: Only doctor in the hospitals supported by senior nurse with on call consultant support from home. The night shift doctor covers both medical and surgical ward for emergencies as well as covering A&E for both medical and surgical presentations

During the day, Monday to Friday, the post holder will work closely with Consultant physicians and at night will be supported by Consultants on call from home.

Junior doctors will have close association with other staff in the hospital; including nursing staff, radiographers, laboratory staff, physiotherapists and pharmacists.

Administrative duties will be limited to that required by the post. However junior doctors are required to complete discharge paper work the day of patient discharge

Audit Opportunities: An important aspect of all levels of training is to take part in, and initiate clinical audit projects. It is expected that throughout all the attachments the trainee will participate in unit audit and educational meetings.

Cover for Colleagues: The allocation of a Banding is prospective and therefore includes an allowance for cover for colleagues on annual and study leave. The pay banding for the post will reflect the working pattern in operation from your first day of taking up appointment. This will be advised to you on offer of appointment, after interview.

Emergency Duties: Junior medical staff will also be required to perform duties in occasional emergencies and unforeseen circumstances (such as sick leave in the junior doctor team) and at the request of the appropriate consultant, in consultation where practicable with colleagues, both senior and junior.

It has been agreed between the professions and the Department that while junior medical staff accept that they will perform such duties, it is stressed that additional commitments arising under the sub-section are exceptional and, in particular, that juniors should not be required to undertake work of this kind for prolonged periods or on a regular basis.

Base: The post holder will be based at Gilbert Bain Hospital and will spend much of their time with other clinicians, staff and medical students

Annual leave: Annual leave is in accordance with the nationally agreed level for the grade of applicant

Qualifications and Experience: The post holder must (at the time of commencement of employment) have full registration with the GMC. Ideally applicants will have recently completed a UK based Foundation Programme and understand the UK Healthcare system.

Job Revision: This job description should be regarded only as a guide to the duties required and not definitive or restrictive in any way. It may be reviewed in the light of changing circumstances following consultation with the post holders. This job description does not form part of the contract of employment.

Appointment: The appointment will be on a fulltime basis for 4, 6 or 12 months and subject to satisfactory on-going appraisal within role.

Section 5: Contact Information

Informal Enquiries

Prospective applicants are encouraged to make contact with:

Dr Pauline Wilson
Consultant Physician
Gilbert Bain Hospital, Lerwick, Shetland
Tel: 01595 743000 or by email pauline.wilson2@nhs.scot

Application Queries

If you have any queries regarding the application process please email:

shet.hradmin@nhs.scot

Please note that we will only offer TEAMs interviews

Section 6: Working for NHS Shetland

Introduction

This post will be based at the Gilbert Bain Hospital in Lerwick, Shetland

Working for NHS Shetland Who are we?

NHS Shetland provides primary and secondary care for the Shetland Islands. The NHS Board determines strategy, allocates resources and provides governance across the health system working in partnership with the Integration Joint Board for Community Health and Adult Social Care services.

About NHS Shetland

NHS Shetland is the most northerly Health Service in the country and a unique setting in which to provide healthcare services. We are, of course, a small organisation, with around 700 staff looking after the health needs of some 23,000 people spread across 15 islands. However, what we lack in size, we more than make up for by way of the tight-knit, highly professional ethos that characterises every aspect of our operations. Local hospital services are provided from the Gilbert Bain Hospital in Lerwick. In addition, visiting consultants from NHS Grampian provide out-patient clinics as well as in-patient and day case surgery to supplement the service provided by our locally-based Consultants in General Medicine, General Surgery, Anaesthetics and Psychiatry. There are 10 health centres spread across Shetland, with GPs, Advanced Nurse Practitioners, District Nurses and Practice Nurses providing primary health care. We have a progressive agenda within Shetland and work in partnership, not only with other local stakeholders but with the NHS in Scotland as a whole, and NHS Grampian in particular along with health boards in the North region. As well as the Gilbert Bain Hospital there are Local Community Services, which are provided via GPs and Community Nurses, Dentists, Pharmacists, Allied Health Professionals and Social Care workers working from one of our ten Health Centres/ or Care Homes and other locations including mobile units and schools

Working at NHS Shetland

What's it like to work in the Health Service in Shetland? Well, the remote and rural nature of our service brings its own challenges, however you can be assured that appropriate facilities and equipment are as good as any you'll get on the mainland. Moreover, the friendliness and professionalism of your new colleagues will help you to quickly find your feet and feel at home in your new surroundings.

Living in Shetland

It is a land of many contrasts - rugged hills and flower-strewn meadows; large new houses and traditional crofts; ultramodern ships and small boats which can trace their ancestry back to Viking times. Islands which are distinctly Norse in character yet part of Scotland's islands with a fascinating heritage and a timeless quality. Watch myriads of seabirds over an ultramarine sea or the breath-taking loveliness of a reflected sunset. Listen to the sigh of the waves or the weird "drumming" of the snipe at dusk. Smell the heady fragrance of massed wildflowers or the evocative tang of peat smoke.

The islands of Shetland lie scattered like the pieces of an elongated puzzle some 93 miles (150 km.) north of the Scottish Mainland. The capital, Lerwick is 211 miles (340 km.) from the Scottish port of Aberdeen and only about 18 miles (29 km) more than this from Bergen in Norway and Torshavn in the Faroe Islands. The 60-degree line of latitude lies across the South Mainland of Shetland, passing through the small island of Mousa with its famous broch. There are over 100 islands ranging in size from the large island of Mainland (351 square miles/909 square kilometres) to the numerous small skerries and islets along the coast. The distance from Sumburgh Head, the most southerly tip of Mainland, to Hermaness at the most northerly tip of Unst, is about 70 miles (113 km). North of Unst lies Muckle Flugga with its lighthouse perched 192ft. (59m) above sea level; the most northerly inhabited island in the British Isles.

Travelling to Shetland

Shetland lies at the crossroads of the North Sea and the North Atlantic, virtually equidistant from Aberdeen, Bergen in Norway and the Faroe Islands, and there are frequent, efficient air and sea services through Aberdeen. Most major airports and cities in the UK have scheduled flights to Shetland through Aberdeen (50 minute flight), Edinburgh (1hour 20minutes) and Glasgow (1hour 30 minutes). Northlink Ferries currently operate car ferries seven days a week direct from Aberdeen to Shetland on Mondays, Wednesdays and Fridays (via Orkney on Tuesdays, Thursdays, Saturdays and Sundays) in comfortable, well-appointed vessels. There are also connections to Scrabster in Caithness (via Orkney). The ferry journey from Aberdeen to Shetland takes between 12-14 hours, leaving Aberdeen at 1900 hours direct (1700 via Orkney) and arriving in Shetland 0730 hours the following morning. The return journey similarly leaves Lerwick at 1900 hours direct (1730 via Orkney). In the summer an air service connects Bergen with Sumburgh Airport.

The websites below provide useful information for living and working in Shetland:

<https://www.shetland.org/>

<http://www.shetland.gov.uk>

Gilbert Bain Hospital

The Gilbert Bain Hospital, Lerwick, is the only acute general hospital on Shetland and it serves both the population of approximately 23,000 within the Shetland Health Board area and 4000 offshore workers in the fishing and oil industries. The hospital is a 3-storey building, opened in 1961, with an extension opened in 1991 and a modern Outpatient department completed in 2008.

The bed complement is:

- Ward 1 Surgical in-patients 20
- Surgical HDU 2
- Ambulatory Care – 12 trollies
- Ward 3 Medical 21
- Maternity 6

The Accident and Emergency Department serves not only the islands but also acts as a frontline station for personnel on marine vessels and offshore installations. A full range of medical and surgical conditions is treated, from minor injuries to major trauma requiring resuscitation, stabilisation and aero-medical evacuation to mainland Scotland. It is permanently staffed and has two fully equipped resuscitation bays, a plaster room and three individual cubicles. . Medical cover is provided in-hours by junior medical and surgical staff, with support from a middle grade doctor in surgery, a number of Emergency Nurse Practitioners and a cohort of very experienced nursing staff. At night, cover is provided by a junior doctor supported by the nursing team with medical, surgical and anaesthetic consultants available from home.

Ward 1 is an acute surgical receiving unit with 20 acute beds and 2 High Dependency Unit beds. Emergency and elective surgical patients of all specialities are cared for here, along with paediatric surgical patients, palliative care patients, and patients with emergency orthopaedic complaints. Medical cover is provided by the 3 surgical consultants, a middle grade doctor and junior medical staff. The Board is at the early stages of incorporating advanced nurse practitioners into this team. A group of nurses have received training in remote and rural critical care and provide cover for the high dependence unit. On the HDU we are able to provide invasive monitoring and single organ support, including high flow nasal cannula oxygen, and short-term non-invasive and invasive ventilation. The unit is open to both medical and surgical patients. Depending on resources level 3 patients may be cared for in the HDU, in the Resus room, or in the recovery ward. The number of HDU patients is variable and increasing because of repatriation of some major surgery from Grampian, increasingly complex and elderly medical patients and changes in senior medical staffing.

The Ambulatory Care Unit provides 12 day-case trolleys for elective surgery and endoscopy alongside medical care for example iron transfusions, immunotherapy.

The Theatre Suite is spacious, modern and well equipped. It includes two operating theatres with adjoining anaesthetic rooms, a Recovery Unit and communal rest-room facilities for nursing and medical staff. Anaesthetic and monitoring equipment is of high standard and wherever possible is standardised throughout the Suite, the A&E and the HDU. The in-house surgeons undertake most elective and emergency procedures, and visiting surgeons provide regular opportunities to practice anaesthetic techniques for gynaecological, ENT, ophthalmic, and maxillofacial / dental surgery. Endoscopy is performed in theatre and the anaesthetic team provide sedation for this service. There are five qualified anaesthetic nurses who, as well as providing excellent support in theatre also participate fully in the management of critically ill adults, children and neonates. Pre-operative assessment is carried out by highly trained nursing staff supported by the consultant anaesthetists using protocols based on NICE guidance and shared with NHS Grampian. The anaesthetists provide over the phone or in person advice regularly for the pre-operative nursing staff and have a close relationship with them. The anaesthetic nurses also perform pre-operative assessment for Shetland patients having surgery in Grampian and in the Golden Jubilee Hospital in Glasgow.

The Maternity Department is small but spacious (approximately 170 deliveries per year; 6 beds). Care is heavily triaged by the midwifery team. Ladies with anticipated difficulties are transferred to Aberdeen Maternity Hospital for delivery. Anaesthetic involvement includes ante-partum advice in potentially high risk pregnancies, anaesthesia for elective and emergency caesarean sections; it also includes resuscitation services to both mother and baby should the occasion arise. Recent changes have taken place for intra-partum care and we now have a Consultant Obstetrician on the Island at all times. The Obstetric service is currently provided Consultants who rotate every 4 weeks. They support ante-natal and peri-partum care and assist the general surgeons with Caesarean sections.

Services for children are designed to be appropriate for a non-specialist unit. We have recently appointed a Consultant Community Paediatrician which will not change the emergency care requirements. There are regular paediatric lists for dental surgery and some operating for general minor/intermediate surface surgery, together with the regular paediatric component of ENT. The anaesthetic team in Shetland are

supported to provide anaesthesia for elective minor surgery in fit children down to the age of one year old. A paediatric surgeon visits the island four times a year and operates on suitable children locally at these visits. In a surgical emergency involving a child, management depends on available skills and the practicability of timely transfer, and on occasion major emergency surgery in a child will be needed, on island.

In addition to undertaking pre-operative assessments, **the Outpatient Department** houses visiting specialist services providing expert support for ENT, ophthalmic, gynaecological, oral maxillofacial surgery and dental services. A variety of tele-health services are also in place e.g. orthopaedics as the Health Board strives to repatriate services to Gilbert Bain Hospital. Specialist Nurses are in place supporting long term conditions and a variety of Link Nurses are in place to support other aspects of care such as Breast cancer and Inflammatory Bowel Disease.

The medical unit is based on Ward 3, is a 22 bedded medical ward with adjoining consultant and medical secretarial offices. Nursing staff are flexible and expected to help manage the genuinely unselected admissions on the unit.

Clinical Support Services are in line with those expected of a Rural District General Hospital (DGH). These include a full range of laboratory services, including laboratory biochemistry, haematology/blood bank and microbiology. There are three portable ultrasound scanners available for clinician use within the hospital. There is a CT scanner and in hours diagnostic ultrasound. A number of invasive radiological investigations are performed locally on a regular basis under the supervision of a visiting radiologist. Digital CR/PACS is in place which allows viewing of an electronic image anywhere in the hospital. Images are sent digitally to NHS Grampian for reporting. The community in Shetland is currently fundraising for an MRI scanner.

Section 7: Terms and Conditions of Employment

For an overview of the terms and conditions visit <http://www.msg.scot.nhs.uk/pay/medical>

TYPE OF CONTRACT	Fixed Term (4, 6 or 12 months)
GRADE AND SALARY	The inclusive salary is within the scale £40,995 to £64,461 per annum. Placing on the scale will be in accordance with previous service and experience. In addition to salary, all posts qualify for a Distant Islands Allowance of £2,256 per annum (pro rata for part-time and fixed term positions). The post will also attract a pay banding supplement determined by the commitment to out of hours, all posts will be EWTD compliant.
HOURS OF WORK	Full time – 40 hours
SUPERANNUATION	New entrants to NHS Shetland who are aged between sixteen and 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	This post is eligible for relocation expenses and benefits in accordance with the Board's Relocation Procedures. There is a maximum of £1,333 related to any 4 month relocation package (pro rata or £333 per month if less than 4 months).
REFERENCES	All jobs are only offered following receipt of two satisfactory written references. At least one reference must be from your current/most recent employer.
DISCLOSURE SCOTLAND	This post is considered to be in the category of "Regulated Work" and therefore requires a Disclosure Scotland Protection of Vulnerable Groups Scheme (PVG) Membership.
CONFIRMATION OF ELIGIBILITY TO WORK IN THE UK	NHS Shetland has a legal obligation to ensure that its employees, both EEA and non EEA nationals are legally entitled to work in the United Kingdom. Before any person can commence employment with NHS Shetland they will need to provide documentation to prove that they are eligible to work in the UK. Non EEA nationals will be required to show evidence that either Entry 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 employment until right to work in the UK has been verified.
REHABILITATION OF OFFENDERS ACT 1974	The rehabilitation of Offenders Act 1974 allows people who have been
NOTICE	Employment is subject to one month notice on either side, subject to appeal against dismissal
Smoking is not permitted on any Board premises, with the exception of patients detained under the Mental Health Act.	