

**POSITION – ACUTE MEDICINE PHYSICIAN**

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| 1.0 Welcome to UHC | We are delighted that you are interested in applying for a Consultant post within our Acute Medicine Directorate at University Hospital Crosshouse.We are committed to providing an enjoyable and rewarding working experience through supporting and developing our medical workforce to achieve their ambitions and support our aspiration to build the best medical workforce that promotes an outstanding training environment.Over the last decade, Acute Medicine in University Hospital Crosshouse has evolved significantly with the team currently comprising 9 Consultants. We are looking to continue to enhance the team by further recruitment to take care provision to the next level. As the consultant body grows we will not only deliver optimal care in Crosshouse, but look to support and develop a single Ayrshire Acute model. Your consideration of this post comes at an exciting time for NHSAA and the directorate, as the Board looks to develop new models of care across the whole health and social care system which will see the way we deliver services totally transformed. We are proud to share that we are leading the way nationally on integration of health and social care in Ayrshire. |
| 2.0 Department of Acute Medicine | **Structure**We work closely with the Emergency departments (ED) and General Medical teams and continue to strengthen the dynamic working relationships of the front door teams to deal with the challenges presented by the post pandemic world and national front door ‘flow’ problems. We have an Initial Assessment area to receive GP referred patients, which sits alongside our Combined Assessment Unit (CAU). Our Ambulatory Care area, based in between our CAU and ED is utilised by both Acute and Emergency teams and is supported by our 7 ANPs, who also deliver our DVT service with Acute Medicine Consultant oversight and support. The bedded area within CAU comprises 35 single rooms for patients in need of admission from both GP and the Emergency Department routes. Our new RAC/SDEC unit opened in February 2023. It sits outside our Combined Assessment Unit. This allows us to continue to ambulate a large proportion of our acute take and not be hampered by bed pressures and flow. We have continued to develop this area following its opening, and most recent developments include daily dedicated CT imaging slots, next day scheduling of referral patients, dedicated patient transport service (to allow prompt arrival of same day ambulatory patients) and close working relationships with our call handling referral centre. A GIM trainee is attached to the RAC unit and is an ideal area for trainee feedback. Trainees rate exposure and experience in this area highly. The other side to our jobs is of course, our Medical High Dependency Unit. This is usually a 12 bedded unit, looking after medical Level 2 patients. Acute Physicians, and one of our ICU consultants, retain responsibility for the unit 7 days a week, with speciality input where required. Particularly recently, we have grown strong working relationships and support networks with our ICU colleagues. Our ownership of the unit has demonstrated patient care gains over the years, and is continually adapted to ensure safe processes, protocols and optimal staff working. We participate with the Scottish Intensive Care Society Audit Group, and have developed pathways and protocols for managing acutely unwell patients. We support Acute and other general medical trainees through the unit to enhance their own skills and development.  **Function**GP referred patients come directly to CAU where they are triaged and streamed to the appropriate area within CAU for assessment, treatment and a decision is made to admit or discharge. ED referred patients are also streamed to the most appropriate area for their needs for acute medical input, and bypass the initial assessment areas.There is a pharmacy unit within CAU which provides 8am to 8pm service on weekdays, and 9am to 12pm on weekends. In addition a 24 hour on call pharmacist is available should they be required. Clinical pharmacists accompany consultant ward rounds to support medication decision making and medicines reconciliation alongside a team of pharmacy technicians. We have a model of consultant cover from both Acute and General Medical (GIM). Acute Physicians provide take cover Monday to Friday 8:30am to 5:30pm, with a mixed pool of AIM and GIM physicians providing cover 5:30pm to 8pm weekdays. During the weekend, GIM provide input into CAU and the acute physician on call covers HDU. A blend of post-take ward rounds and continuous assessment has allowed us to improve our average time to consultant review which we monitor via our bespoke electronic whiteboard. If patients are not discharged home, they are allocated to specialities or general medicine, and thereafter are sent to the appropriate downstream ward. Speciality teams provide ongoing care for patients who remain in CAU. The cardiology team provide a weekday in-reach service as well as a recent cardiology day unit that accepts referrals from ED, GP and CAU to review and support promptly discharged patients. We have a frailty service with a team of 5 ACE (Advanced Care of the Elderly) practitioners and a frailty consultant in CAU. The frailty service is currently under review as we look towards a frailty hub service. A small number of patients are admitted directly to the Medical High Dependency Unit, Acute Coronary Care Unit, the Renal High Dependency Unit, the Acute Stroke Unit or the Infectious Disease Unit. CAU in UHC currently receives about 60-70 patients per day. Around 70% of these patients are referred by GPs with the majority of the other 30% referred by ED. CAU has a total discharge rate of around 50%. Within that Rapid Assessment and Care Unit (RAC) obviously comprises a higher proportion. We utilise our eWhiteboard to manage the daily take and collate/measure data on our processes which feed into a renewed governance process. More details of this can be viewed during informal visits. We have looked to incorporate both reactive and proactive elements to our governance structure and embed staff wellbeing at the heart of all we do. Successful applicants are welcomed to help us build and review this process to continually improve our directorate for all staff and our patients. We have monthly directorate meetings, with 4 clinical governance meetings a year. We also have frequent unit Morbidity and Mortality Meetings. The acute medical unit meets every Thursday afternoon for unit teaching. **Typical week**Acute Medicine rota which is prepared 6-8 weeks in advance covers CAU, Medical High Dependency and RAC. 1. Morning CAU post receiving ward round. This is normally followed by continuous assessment of patients in the single rooms, or ED in the afternoons.
2. Medical HDU cover either Mon- Wed or Thu-Fri – This comes on a rotational basis. Patients remain under the care of the acute medicine team until step-down, with speciality in-reach if required.
3. RAC consists of review of new scheduled patients, review of returning patients, new patients referrals, discussions with GPs and/or call handlers and supporting the DVT service based in RAC.

**On Call Arrangements**On Saturday and Sunday, the CAU morning post-take ward rounds are undertaken by 2 GIM physicians, whilst the Acute Physician attends HDU to review new admissions and those causing concern. This is supported by a middle grade doctor (normally StR3+) who can review remaining patients. After HDU input the Acute Physician supports new admissions to CAU. Saturday and Sunday afternoon and evening cover for CAU is provided by the GIM consultant body.The weekend frequency is dependent on the acute consultant number (currently 1 in 8) and the commitment from midweek evening/oncall and weekend hours is recognised within the core DCC allocation (currently 1 PA) with appropriate availability supplement (3%).**Job Plan**Based on the indicative timetable, a suitable job plan will be discussed prior to starting the post with provision of PAs to pursue and deliver service in the areas of special interest the Acute Physician has developed during their training. 2 SPAs for CPD and service development will be provided flexibly and will be agreed between the appointee and the CD prior to contracts being agreed. An interim job plan review will be conducted at 3 months post commencement to adjust and finalise the job plan. Thereafter job planning will be carried out annually as part of the boards job planning process. Currently SPA and admin time is self-rostered around DCC shifts to add flexibility to Consultant work-life balance. Less than full time and compressed working will be considered, and is already being delivered within the department.The job plan, which would be agreed with the Clinical Lead and Associate Medical Director, is expect to follow a similar pattern to others already in the directorate. **Future Plans for Acute Medicine**NHSAA aims to progress to single site working model. The Acute Medicine team is, and will continue to contribute and shape in the planning of front door acute services. We are looking to not only recruit to fill a vacancy, but are hoping to expand numbers further to, as a directorate, support and develop our Acute Service across Ayrshire. This includes delivery of high standard out of hours ‘true’ acute medicine for our Ayrshire patients - and how we offer a similar service to all our patients in Ayrshire. The future of Acute Medicine (and indeed all scheduled and unscheduled care services) in Ayrshire is currently under review. The Acute Medicine team is excited about this and are working closely with management to deliver this as a team. Further expansion of consultant numbers will allow us to address these aims. Our current Acute Medicine team continue to enhance the quality and efficiency of care in the CAU and HDU contributing to the current innovative working pattern. Consultant appointments not only enable us to build on this success but expand the services across Ayrshire and Arran to deliver safe, effective and quality care to our citizens alongside providing a supportive working environment, and work-life balance for our staff. **Specific Roles**Each Consultant in the Acute Medicine Directorate has a particular special interest/skill and they lead in those areas. Similar opportunity will be defined for new post holders through the job planning process. NHS Ayrshire and Arran provide a New Consultant Development programme which runs monthly and provides teaching and training on management topics such as job planning, handling difficult conversations and developing business cases. This programme was introduced in August 2020 and is open to any consultant in their first two years since CCT. |
| 3.0 Medical Staff Resources | **Consultant Staff** | **Special Interest** | **Base** |
| Dr Mahanth ManuelDr David WilkinDr Wendy RussellDr Katrina WeirDr Natalie Rennie Dr Lucy MartinDr Kati CarrollDr Claire ShepherdDr Adam Williamson | Acute Medicine (Medical Management)Acute Medicine (ADME)Acute Medicine (Medical Education)Acute Medicine (Bronchoscopy)Acute Medicine (Acute Stroke)Acute Medicine (Palliative Care)Acute Medicine (Peri-operative Medicine)Acute Medicine (Ultrasound)Acute Medicine (Endoscopy) | University Hospital Crosshouse |
| 4.0 Further Information and Visiting | We would be delighted to meet with any applicants to show them around our unit, meet our team and share our vision for the service. To arrange please contact:* Dr Adam Williamson

Consultant in Acute Medicine, University Hospital Crosshouse(adam.williamson4@aapct.scot.nhs.uk)* Dr Jamie Adams

Associate Medical Director Emergency Care, University Hospital Crosshouse (jamie.adams@aapct.scot.nhs.uk).* Caroline Clark

Divisional Manager, Emergency & Trauma/Ortho (caroline.clark@aapct.scot.nhs.uk) |
| 5.0 Personal Specification | **Qualifications** |
| **Essential** | **Desirable** |
| Full GMC Registration with a current licence to Practice | Royal College Membership |
| Accreditation in Acute MedicineExisting Consultants: Inclusion on the GMC Specialist RegisterNew Consultants: Be within 6 months of the anticipated award of a CCT or CESR at the time of interview. | Medicine and GIM |
| **Skills/Knowledge/Competence** |
| **Requirements** | **Essential** | **Desirable** |
| General Experience:* Expertise in generalist field
* Expertise in sub-specialty field
 | * Knowledge of and skill relevant to the management of patients.
* Ability to communicate effectively with all levels of staff and patients.
* Ability to work efficiently and timeously.
* IT literacy.
 | * Ability to develop and maintain a database of clinical practice.
* Advanced skills in critical care.
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| Team Working | * Ability to lead others, think strategically.
* Effective team player.
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|  | Development | * Evidence of relevant continuing professional development.
* Evidence of satisfactory compliance with appraisal requirements.
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| Teaching & Training | * Proven ability to deliver high quality teaching.
 | * Interest in and knowledge of advances in medical education and training.
* Recognised qualification in medical education e.g. Med.
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| Research & Publications | * Evidence of interest in and knowledge of research relating to specialty.
 | * Evidence of publications of a high standard relating to specialty.
* A higher degree such as MD or PhD.
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| Clinical Audit | * Evidence of interest and depth of experience in medical audit.
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| Management and Administration | * Proven ability to lead a clinical team.
* Commitment to effective departmental management and management of a multidisciplinary group.
* Proven organisational skills.
 | * Proven management experience.
* Understanding of resource management and quality assurance.
* A recognised qualification in management e.g. MBA.
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| Additional | * Evidence of significant achievement in addition to routine clinical activities e.g. in research, teaching, or management.
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|  | Personal and Interpersonal Skills | * A willingness to accept flexibility to meet the changing needs of the NHS in Scotland.
* Effective communication and negotiator.
* Demonstrate effective 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.
* Open and non-confrontational.
 | * Knowledge of recent changes in the NHS in Scotland.
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