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| Grade | Consultant |
| Location | University Hospital Hairmyres – 1 post |
| Hours / PA’s | 10 PAs per week |
| Salary Scale | £96,963-£128,841 |
| Interview Date | 13/12/2024 |

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| Your Application | Thank you for expressing an interest in the above job within NHS Lanarkshire.  All applications for the job are made through [https://apply.jobs.scot.nhs.uk/vacancies.aspx](#) Guidance notes for the completion of the Medical & Dental Application Form are available on the advert. Please note CV’s will not be accepted.  Please follow the link below should you wish any further information on NHS Lanarkshire  [Recruitment | NHS Lanarkshire (scot.nhs.uk)](#)  NHS Lanarkshire are happy to consider requests for this publication to be in another accessible format ie large print, braille, etc.  Please contact us via either of the undernoted methods clearly stating which format is required:  **For any application queries, please contact**  **Nicole Hetherington, Senior HR Assistant on 01698 754350 or email** [**medical.dentalconsultant@lanarkshire.scot.nhs.uk**](#)  Should you require further information regarding this post you can contact the HR Medical & Dental team or make informal enquiries with the department using the contact details below: | | |
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| Additional Arrangements | Informal enquiries regarding this post will be welcomed by:- | | |
| Mrs M Meek | Director of Hospital Services | 01355 584488 |
| Dr C MacDougall | Chief of Medicine | 01355 584671 |
| Dr A Palombo | Deputy Chief of Medicine | 01355 584728 |
| Dr M Chekroud | EM Clinical Lead | 01255 584989 |
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| Date when the post is Vacant | The job is available immediately. A start date will be agreed with the successful candidate. | | |
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| NHS Lanarkshire | For further information regarding NHS Lanarkshire and its hospitals, please visit our website:- [https://www.nhslanarkshire.scot.nhs.uk/](#) | | |
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| We are an Equal Opportunities Employer and Positive about Disabled People. | | | |

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| **Integrated Health and Social Care Partnerships**  Legislation requiring the integration of health and social care came into effect in April 2016. This resulted in significant change to the way we care for and improve the health of our people in their community. NHS Lanarkshire has 2 Health and Social Care Partnerships one in the North and one in the South.  NHS Lanarkshire, our Local Authority Partners in North and South Lanarkshire Councils, our third sector partners and the people of Lanarkshire recognise the importance of a system of health and social care that is robust, effective and efficient and which reliably ensures a high quality of support and care which is the right of the people of Lanarkshire.  Further details on the Integration of Adult Health and Social Care are available at: [www.scotland.gov.uk/publications/2012/07/5082/0](#)  **The Monklands Replacement Project team welcome approval of Wester Moffat as preferred site for new hospital**  The Monklands Replacement Project (MRP) team are delighted that Wester Moffat has been selected as the preferred site for the new, state-of-the-art University Hospital Monklands. This will be Scotland’s first digital hospital and through the use of available technologies, we will enhance the patient journey and staff experience. The project team look forward to working with all stakeholders and will share our exciting plans in the coming months to ensure the public and our staff are fully aware of developments and can continue to provide input.  Exciting plans to replace University Hospital Monklands with a new landmark facility have taken a giant leap forward following Scottish Government approval of the outline business case.  The approval gives NHS Lanarkshire and the people of Lanarkshire an extra special reason to celebrate the NHS’s 75th Anniversary as they look to a future with a trailblazing fully-digital hospital set to be the most advanced in Scotland when it opens.  The new hospital is a hugely significant capital project with massive benefits for healthcare, the economy and local community across Lanarkshire and Scotland.  Following a thorough review at the highest levels, including support from the First Minister, the Scottish Government has invited NHS Lanarkshire to submit a full business case for the Monklands Replacement Project (MRP). The final programme timescales and cost will be agreed when the full business case is submitted in 2024.  **Operation FLOW: A New Model of Care**  2022-2024 and the winter in particular, was a challenging time for our services, our patients and our staff.  The impact of the COVID-19 pandemic continued to create service pressures with ongoing service disruption**.** In response to the impact of the COVID 19 Pandemic NHS Lanarkshire Board developed a plan to help redesign and rebuild our service to be more resilient and for Lanarkshire to be a good place to be cared for and to work. A whole system improvement programme was launched in early 2023**.** This was delivered over 3 phases.  **Operation FLOW 1 -** included a short term **Firebreak** in late February 2023. During this time, resources were consolidated to achieve significant improvement across the system including improved opportunities to support people to remain well at home, reduction in hospital occupancy and length of stay and a very significant improvement in our 4 Hour A&E access and an important reduction in ambulance waits and 8 and 12 hour delays.  **Operation FLOW 2 –** wasa follow on plan for a sustainable and resilient way forward with a clear focus on improving patient and staff experience as well as key performance improvements. The program is focused at improving the system across the full patient pathway from avoiding hospital admission through to discharge and beyond. As part of this phase funding has been secured to expand the Emergency medicine consultant workforce across the three sites in NHS Lanarkshire. The extra workforce will contribute to achieving the board’s vision to redesign the front door with aspects such as expansion of the FNC+ (Flow Navigation Centre +) and REACT (Rapid Emergency Assessment and Care Team).  **Operation FLOW 3 -** from early 2024 and included a short **Firebreak** in late September 2024. This phase builds on the experiences and learning gained from phase 2 to drive further redesign of services to evolve a sustainable whole Lanarkshire system model. As part of this phase significant work is undergone to establish a significant virtual ward capacity, expansion of hospital at home, OPAT and establishing frailty assessment units.  **ration FLOW**  **REACT** is a process of *Complex Streaming* at the point of initial assessment within the Emergency Department. This involves an ED Consultant-led team carrying out enhanced triage and rapid assessment and disposition of undifferentiated patients arriving at a single point to the unscheduled care. A broad REACT model is established at University Hospital Monklands and the expansion in the workforce aims to establish similar or local variants of this operating model across the other two NHSL sites. | | |
| **Management Structure** | The supporting operational and clinical management structures are focused on enhancing patient safety, quality improvement and local delivery at hospital level, with visibility of clinical leadership and support for individual professional accountability. Our Medical Managers will provide professional leadership to medical staff, ensuring that they are effectively developed, organised, integrated and managed to support the strategic aims of each Division and meet the needs of the patient. |
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| **POST INFORMATION** | |
| The Post | **Consultant in Emergency Medicine.**  The precise details of the job plan will be dependent on the successful candidate’s subspecialty training and interests.  The job offered is a full-time post on a 10PA basis but applications will be considered from those wishing to work less than full-time. If full-time up to 2 EPA’s may be available to undertake additional outpatient and/or procedure sessions or management activity.  All new substantive Consultants are initially offered a minimum of 1 PA for SPA duties but this will be reviewed within 3 months (or earlier if required) of appointment and revised upwards if additional responsibilities have been undertaken. Additional SPA time (up to 2 PA’s in total) can be incorporated into the job plan depending on the time required to support the successful candidate’s professional activities and the needs of the service.  NHS Lanarkshire is supportive of applications from individuals with well-developed ideas for improving services who are able to demonstrate a commitment to quality improvement, Patient Safety (including Human Factors training), Medical Education and Research & Development.  The Board has a well-established, bespoke Medical Education and Training Centre with simulation facilities and is developing a faculty for Human Factors training. We have a strong commitment to Patient Safety and Quality Improvement with an increasing number of consultants who are trained Patient Safety Fellows.  University Hospital Hairmyres Emergency Department has well established links with Acute Medicine. Some of the Emergency Medicine consultants undertook work in both the ED and the Medical Admissions Unit (MAU). An interest in this area would be explored and facilitated. |

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| General Provisions | You will report to Clinical Director, who will agree your job plan. | |
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| Health and Safety | You are required to comply with NHS Lanarkshire Health and Safety Policies. | |
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| Junior Medical Staff | You will be responsible for the training and supervision of Junior Medical staff who work with you, and you will be expected to devote time to this on a regular basis. In addition, you will be expected to ensure that staff have access to advice and counseling. If appropriate, you 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. | |
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| Resources | The following department resources are available:- | |
| **Consultants** | **Special Interest** |
| Dr M Chekroud | Clinical and governance lead |
| Dr J Keaney | Acute Division Medical Director |
| Dr A Palombo | Deputy Chief of Medicine |
| Dr J Cash | Trainee support and Wellbeing |
| Dr D Donnelly | Stroke Thrombolysis |
| Dr G Logue | Resuscitation/ sedation lead |
| Dr F Mushtaq | IMG training/ EMEN |
| Dr D Patrick | Medical staffing/ Rota |
| Dr C Lightbody | Professional coaching |
| Dr Ruiz-Buitrago | Sepsis/ Frailty |
| Dr M Campbell | M&M |
| Dr J Patterson | Pre-hospital/Orthopaedics |
| Dr A Trust | Paediatrics/ Child protection |
| Dr C Grain | Undergrad education/ retrieval medicine |
| Dr J Eagleson | Obstetrics link |
| Dr P Anderson | General Practice |
| DR. Martin Burns | Liaison psych link |
| Dr Zoe Hutcheson | Specialist doctor/ Simulation |
| Specialist Registrars on rotation from the West of Scotland Training Scheme. | 3 |
| GPSTs and FY2s | 6 |
| Clinical (Development) Fellows | 8 |
| Physician Associates and ANPs | 6 |
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| **Secretarial Support:** |  |
| WTE Senior Secretary | 1 |

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| **DUTIES AND RESPONSIBILITIES** | |
| **Main Duties** | **Emergency Medicine Consultant Clinical Duties**  You will join the existing consultants in providing “shop floor” cover 0800-2300 Monday to Sunday. You will participate in a resident Consultant on call service on the weekday nights that are staffed by junior doctors only. Weekend nights are currently staffed by a middle grade doctor.  The following is a list of other functions which the post holder will provide in conjunction with the existing consultants.   * Providing visible and passionate leadership to the whole ED team. * Clinical management of patients attending the Emergency Department (ED), including those attending review clinics. * Participation in the day to day running and administration of the department in conjunction with the present complement of staff. * Participation in the Out of Hours Rota, with prospective cover shared equally with consultant colleagues. * The department will be covered at all times by a consultant – individual consultant rotas will be agreed in conjunction with consultant colleagues during the job planning process. * Responsibility, along with colleagues, for the Hospital Major Incident Plan in consultation with other specialties, the Emergency Services and Hospital Management. * Shared responsibility for the development of contingency plans in relation to significant planned events. * Participation in the contemporaneous development and application of departmental guidelines and Protocols. * Participation in induction and regular weekly teaching for medical staff in addition to shop floor teaching. The successful candidate will also be expected to be involved in the teaching of medical students, paramedics and nursing staff. * Participation in Clinical Audit, Quality improvement, Clinical Governance and Mortality and Morbidity. * Improve clinical practice by peer review and change working practices where appropriate to maintain a high standard of medical treatment and care. * Participate in the appraisal of junior staff along with annual consultant appraisal and re-validation. * Teaching, audit and support of the PA/ANP and MINTS service currently operational within the department. * Aspire to a standard of practice compatible with current GMC “Good Practice” and the College of Emergency Medicine clinical effectiveness guidelines - www.collemergencymed.ac.uk/**cem**/ . (It is recognised that these goals are resource related and assume adequate departmental staffing levels and management support.) * Initiate/take part in research within the department where appropriate.   Trauma care has been redeveloped in Scotland with the formation of Major Trauma Centres and Trauma Units.  NHS Lanarkshire’s Trauma Unit (TU) is currently based in University Hospital Wishaw.  Applicants will have the opportunity to be part of this exciting re-design and spend time in the TU in the future should they wish. |
| **Consultant Connect/ Flow Navigation Centre + (FNC+).** | Since December 2020, ED consultants have been participating in the **FNC+** as part of NHS Lanarkshire’s drive to reduce ED attendances. FNC+ is now fully implemented and operates 24/7. The FNC+ workforce consists of a multidisciplinary team Band 7, Band 6 and Band 5 practitioners, admin support as well as consultant support 8am – 8pm. ED consultants across NHSL participated on an ‘opt in’ basis. There is funding to expand the EM consultant workforce to deliver fixed commitment to the FNC+ in the future. Currently a Pilot is trialled to provide frailty consultant support as well.  Consultant Connect involves the ED consultant taking advice (Call before you convey) calls directly from General Practitioners or other Allied Healthcare Professionals. |

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| Work Programme | | As required under Section 3 of the Terms and Conditions of Service, the duties and responsibilities are supported by a job plan and work programme detailed as follows:  **Job Planning/Programmed Activities**  The job plan will be dependent on the successful candidate’s subspecialty training and interests.  A minimum of 1 SPA will be included in the job plan but please refer to the guidance above under the general description of the post.  On taking up post a Job Plan will be agreed between the person appointed and the Clinical Director/Associate Medical Director. This job plan is subject to review at least once a year by the post holder and the Clinical Director/Clinical Lead as noted in the terms and conditions. The procedures set out in the ‘Terms & Conditions of Service’ must be followed if it is not possible to agree a job plan, either initially or at an annual review.  The timetable is indicative and subject to negotiation with the Clinical Director / Associate Medical Director. The core 10 PA working week will be based on 9 PA’s of Direct Clinical Care (DCC) duties and 1 PA of SPA time for a full-time post-holder.  The indicative weekly timetable included in the work programme shows likely elective PA’s within the 10 PA post and indicated the location where each activity will be undertaken and the type of work involved.  **Indicative Job Plan**  The post is for 10PAs with an additional 2 EPAs available if mutually agreed.  Additional SPA time can be incorporated into the job plan depending on the time required to support the successful candidate’s professional activities and the needs of the service.  An indication of how 10 PAs could be allocated is as follows;   * Direct clinical care/ED shifts 7 * Clinical admin/Clinical safety 1 * Unpredictable on call 1 * SPA 1   ED Shop floor sessions consist of   * EPIC (Emergency Physician in charge) role. * REACT shifts – involvement in the senior decision maker streaming and triage role that is being developed. * Direct patient care seeing patients individually and supervising junior medical staff, Physician Associates and MINTS staff as well as participating in Minor Injury Clinics. * Resident on call presently cover weekday nights only. The resident on call nights will be shared between 15 consultants and will amount to approx 2 per month. This currently consist of working a clinical shift from 8pm to 11pm followed by resident on call until 8am in a private on call room. The consultant will be resident on call until 8am the following morning. Being resident on-call is classified as work under the European Working Time Directive. * Regular Safety briefs and handover times are also incorporated into the clinical shifts to ensure patient continuity of care.   Consultant shop floor cover is provided from 8am to 11pm every day and the post holders will do an equitable share of this work.  The following table is indicative of a week where the post holder does a night resident on call.   |  |  |  | | --- | --- | --- | | **DAYS** | **HOURS** | **Duties** | | Monday | 8am – 4:30pm | Shop floor work / clinic | | Tuesday | 8pm - 11pm  11pm - 8am | Shop floor  Resident on call | | Wednesday | Off | Rest | | Thursday | 8am – 12:00pm  12pm – 4:30pm (alternate weeks) | SPA  Shop floor work | | Friday | 8am-12pm | Admin | | Weekends | Work on 3/15 weekends | See separate table |   The following table is indicative of a typical week without a night resident on call.   |  |  |  | | --- | --- | --- | | **DAYS** | **HOURS** | **Duties** | | Monday | 8am – 4:30pm | Shop floor work | | Tuesday | 8am – 4:30pm | Shop floor work / clinic | | Wednesday | 12pm – 8:30pm | Shop floor work | | Thursday | Off |  | | Friday | 8am – 12:00pm  12pm – 4pm (alternate weeks) | Clinical Admin  SPA | | Weekends | Work on 3/15 weekends | See separate table |   The following is indicative of the weekend working pattern   |  |  |  |  | | --- | --- | --- | --- | |  | Cons 1 | Cons 2 | Cons 3 | | Friday | 4pm-11pm & on call from home | SPA, clinical shift or Off | SPA, clinical shift or Off | | Saturday | Off | 5pm-11pm & On call from home | 8am-5:30pm | | Sunday | 8am-5:30pm | Off | 2pm-11pm & On call from home |   3 Consultants are required to cover each weekend as indicated above with each Consultant working 3 out of 15 weekends. Time back is given for weekend work during the following week.  **These examples are based on a 10 PA contract.**  Consultants will provide onsite cover during Public holidays, Bank Holidays and provide prospective cover for A/L and study leave.  There is expected to be considerable flexibility in the working pattern, subject to the agreement of the other consultants. |
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| In addition, other activities not occurring at fixed times. | | * Discussing management/investigation of patients with colleagues in other appropriate Clinical Support Services * Discussing patient management/ reviewing patients with doctors in training and Nursing Staff * Expeditious completion of referral letters and clinic discharges and completion of patient administration duties e.g. verifying letters, signing off results etc. * Speaking to GP’s re results. * Work towards generic and specialty objectives. * CPD and Appraisal. * Audit and quality improvement. |
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| Audit and research | The successful candidate will be expected to participate in quality improvement and audit processes and there is an active clinical audit department available to assist. NHS Lanarkshire is ambitious to build a portfolio of research projects backed by enthusiastic and dynamic individuals. It has an active Research and Development department and would welcome discussion regarding a potential research interest. | |
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| Continuing Professional Development | | Study leave is available within the terms and conditions of service with the approval of the Clinical Director/Clinical Lead. The appointee will be required to fulfill such demands for continuing professional development as the Royal College of Emergency Medicine (or other relevant bodies) may make. |
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| Honorary Academic Status | | The University of Glasgow enjoys close links with NHS Lanarkshire, and our medical students benefit greatly from the excellent educational opportunities provided by the board in both primary and secondary care. Those who are or who will be involved in teaching our students, or in any other activity which involves a contribution to teaching, research or scholarship within the University are eligible for honorary status at the University of Glasgow.  Applications can be made via the Hospital Sub-dean and then to the appropriate academic department within the University. |

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| **PERSON PROFILE** | | |
| Attributes | **Essential** | **Useful** |
| Qualifications | MBChB or equivalent.  FRCEM (or equivalent).  Current full registration with GMC with a licence to practice.  Inclusion on GMC’s Specialist Register or within 6 months of CCT at interview. CESR route doctors must be awarded CESR at time of interview. | Higher Degree or other Diploma.  ALS Provider.  APLS Provider.  ATLS Provider. |
| Training | In possession of CCT/awarded CESR at the time of interview or be within 6 months of CCT.. | Training at ST/SPR level in communication, teaching or management.  Experience within UK training establishments  Human Factors Training. |
| Experience | Recent and relevant clinical experience and competency in Emergency Medicine with wide general experience including experience in Emergency Medicine  Recent and relevant experience and personal qualities to work in a busy unit dealing with the high turnover of planned and unscheduled admissions.  Ability to supervise the clinical work of doctors in training and relevant staff in other disciplines.  Confident with indirect supervision of varying grades of doctors in training.  Previous experience in organising NHS Services or equivalent. | Well-developed subspecialty interest.  Administrative / Management experience. |

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| Audit/Research | Understanding of the principles of medical audit.  Evidence of contribution to audit at least at local level.  Awareness of principles of research with an ability to critically analyse medical literature. | Experience and interest in Audit of Emergency Medicine practice and experience of design of audit.  Research within Emergency Medicine.  Involved in design of research relevant to Emergency Medicine. |
| Publications | Presentations relevant to the practice of Emergency Medicine. | Previous publications relevant to the practice of Emergency Medicine.  Presentations at national meetings relevant to the practice of Emergency Medicine. |
| Teaching | Previous involvement in the delivery of undergraduate or postgraduate teaching.    Experience of providing supervision and or mentorship | Interest in and commitment to teaching and training.  Experience of providing problem-based teaching.  Experience of organising teaching programmes.  Formal training in educational/clinical supervision. |
| Knowledge and  Skills | Broad based knowledge and skills in diagnosis and clinical management within the Specialty and encompassing most sub-disciplines. | Further educational certificates, diploma’s, etc  Good IT skills. |

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| Disposition | Committed to Quality Patient Care.  Able to be understanding of and sensitive to the needs of patients.  Excellent communication skills (verbal and written)  Ability to work under pressure.  Ability to work effectively in a multidisciplinary team.  Responsive to change and innovation, promoting a culture for organisational development.  A flexible approach to duties, which satisfies the needs of the Service in a changing environment.  Ability to demonstrate reflective practice with evidence of regular appraisal with clear Personal Development Plan relating to Continuing Professional and Personal Development.  Good time management and organisation.  Demonstrates commitment and enthusiasm to service delivery. | Problem solver/diplomat/counsellor.  A natural leader. |
| Managerial | Knowledge of service provision at a local level.  Awareness of the principles and core practices involved in service management, project management and effective meetings. | Involvement in service re-design.  Involvement in project delivery.  Involvement in NHS-related meetings. |

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| Leadership | Awareness of the principles of team leadership and effective people management.  Commitment to the Values of NHS Lanarkshire:- Fairness, Respect, Quality, Working Together. | | | Evidence of role as leader within groups. |
| Other | Satisfactory medical clearance by NHS Lanarkshire Occupational Health Service.  Satisfactory PVG Check.  Fluent in medical English and evidence of ability to communicate in stressful situations. | | | Preference to work in a District General Hospital.  Current full driving licence. |
| If there is any reason why a disabled person should not be considered suitable for this post, please provide details: | | | **The post requires physical dexterity. Uncorrected visual or hearing defect would be incompatible with the nature of the work**. | |
|  | | Prepared By:- | | Approved By:- |
| Name | | Mohamed Chekroud | | Andrew Palombo |
| Designation | | Consultant / Clinical Lead | | Deputy Chief of Medicine |
| Date | | 02/10/2024 | | 02/10/2024 |

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| **TERMS AND CONDITIONS**   1. This appointment is offered on the Terms and Conditions of the Consultant Contract.   Additional NHS Lanarkshire Policies which support the Contract are listed below and are available on request:   * Non-Direct Clinical Care Activities * Fee-Paying Work in the New Consultant Contract * On-Call Availability and Payment of Supplement * Generic Objectives * Resident On-Call Duties * Waiting List/Additional Sessions * Job Plan Review  1. This appointment is superannuable under the NHS Superannuation Scheme. New eligible entrants to NHS Lanarkshire who are not already in a pension scheme will normally be enrolled automatically into membership of the NHS Pension Scheme.   Our pension scheme is provided by Scottish Public Pensions Agency, and all benefits are explained on the SPPA website (http://www.sppa.gov.uk/). Here you can also access an annual statement showing how much service has built up in your pension. If you wish to opt out or have previous NHS Service, you should refer to the SPPA website for further information about any implications for your pension benefits.  Superannuable pay will include basic salary (up to 10 programmed activities, but not any extra programmed activities above this level), on-call availability supplements, discretionary points, distinction awards, and any other pay or allowances agreed by the Scottish Government, to be superannuable. Superannuable pay will be subject to HMRC legislation.   1. The employment is subject to 3 months’ notice on either side subject always to the appeal and other provisions of paragraphs 10.4 & 10.5 of the Terms and Conditions of Service of Hospital Medical and Dental Staff and Doctors in Public Health and the Community Health Service Consultant Grade. 2. The successful candidate must be contactable throughout any on-call period. NHS Lanarkshire will provide the facility for this. 3. The successful candidate, if not already employed by the NHS Lanarkshire, will be required to complete a medical questionnaire to obtain medical clearance from the Occupational Health Physician. 4. The successful candidate will be required to complete a Disclosure Scotland PVG (Protecting Vulnerable Groups Scheme) form. An e mail link will be sent to the successful candidate for completion. No approach will be made without written permission of the successful applicant who will be asked to sign and complete a disclosure PVG application, giving authorisation for the check to be undertaken. If you are a non EEA National and are currently based out with the UK a Country of Origin check/criminal records certificate will also be required from each country in which you have resided continuously or cumulatively for 12 months or more in the last 10 years. 5. NHS Lanarkshire does not negotiate salary placements. On commencement the salary will be in line with paragraph 5.1 of the terms and conditions of the new consultant contract. Appointees start on the scale minimum except in the circumstances of paragraphs 5.1.2 – 5.1.7 of the terms and conditions of service. 6. From 1st April 2023 the starting salary for the post is £96,963 per annum (based on 10 Programmed Activities per week). The successful candidate’s total salary will be dependent on his/her previous service history. Remuneration for any extra programmed activities will be dependent upon the job plan agreed at the time of appointment. 7. Dependent upon present place of residence, NHS Lanarkshire may require the successful candidate to undertake to move home to a distance acceptable to NHS Lanarkshire, normally within 10 miles of the base Hospital, in which case removal expenses will be payable in accordance with NHS Lanarkshire Policy. In some cases, however, a residence more than 10 miles distant from the base hospital will be acceptable and in this case removal expenses will be subject to the prior approval of the Associate Medical Director for such a residence. The position will be made clear to the successful candidate on application. |