

**CONSULTANT in**

**medicine for the elderly**

**GLASGOW ROYAL INFIRMARY/STOBHILL HOSPITAL**

**INFORMATION PACK**

www.nhsggc.org.uk/medicaljobs

**GLASGOW – A GREAT PLACE TO LIVE AND WORK**

Greater Glasgow and Clyde Valley are among the world’s most thrilling and beautiful destinations.

There is a wealth of attractions to discover, the UK’s finest Victorian architecture to astound you, and internationally acclaimed museums and galleries to inspire you, as well as Glasgow’s own unique atmosphere to soak up.

Be entertained in one of Europe’s top cultural capitals by its year-long calendar of festivals and special events and enjoy outstanding shopping, superb bars and restaurants all located within a stone’s throw of some of the country’s finest parks and gardens.

The area also stands at the gateway to some of Scotland’s most spectacular scenery, with Loch Lomond and the Trossachs only 40 minutes away.

We are easily accessible by air rail and road so getting here could not be easier.

1. **The Hospital Modernisation Programme – The Services of Tomorrow**

A significant re-organisation of NHSGGC has recently been completed. The re-organisation was essential to align the organisational structure with the Acute Services Review (ASR) recommendations and support the Hospital Modernisation Programme. This is transforming healthcare provision locally, regionally and nationally. More than seven hundred million pounds of investment underpins an ambitious building programme, designed to deliver world class and integrated care from the following major acute sector units:

* New Cancer Centre, PET CT Imaging Centre, on the General hospital campus at Gartnavel, opened in 2007.
* Development of a single dedicated Regional Cardiothoracic Centre at Golden Jubilee Hospital, completed 2008.
* Ambulatory Care, Diagnostic and Treatment Centres at the Stobhill and Victoria sites, opened June 2009.
* New Queen Elizabeth University Hospital with co-location of Maternity, Children’s and Adult Hospital services. Regional Neurosciences and Maxillofacial Centres are also on site.
* Re-development of Glasgow Royal Infirmary into the second major acute hospital from 2015.

The Hospital Modernisation Programme will ensure that walk-in/walk-out hospital services are provided for the majority of patients. The pattern of service provision will shift to reflect moves towards ambulatory care. Currently 85% to 90% of patient encounters with acute hospital services are on a same day basis. These include outpatient attendances, diagnostic tests, imaging procedures, and a range of day surgery procedures. In future, these services will be provided from ambulatory care centres designed to deliver a streamlined and rapid process of care.

The redesign and redevelopment of Glasgow's acute services will address many of the pressures currently facing the hospital service. The new services will be provided in modern facilities rather than in early 20th century buildings. The purpose-designed facilities will enable the one-stop/rapid diagnosis and treatment models required for the future. Concentration of inpatient facilities into fewer sites across the city will satisfy the requirements of junior doctor’s hours and issues arising from increasing sub-specialisation of medicine to be addressed, through the creation of larger staff teams and sustainable rotas for both junior and senior staff.

**2. Valuing our Staff**

We are committed to extending training and development opportunities to all staff and are actively developing multi-disciplinary training, extending the role of on-line learning, and recognition of the importance of developments in technology for both staff and patients.

**We Offer:**

Policies to help balance commitments at work and home and flexible family friendly working arrangements

* + Excellent training and development opportunities
  + Free and confidential staff counseling services
  + A central Glasgow location, with close access to motorway, rail and airport links
  + On-site library services
  + Subsidised staff restaurant facilities on each site
  + Access to NHS staff benefits/staff discounts
  + Access to discounted First Bus Travel
  + Active health promotion activities
  + Bike User Group
  + Good Public Transport links
  + Commitment to staff education and life-long learning/development opportunities
  + Excellent student support
  + Access to NHS Pension scheme

3. **Brief Description of the Hospital**

Glasgow Royal Infirmary, in the East of the city, provides a wide range of district general hospital, regional, supraregional and national acute clinical services.

Since 2001, two major capital developments have been opened at Glasgow Royal Infirmary, The Princess Royal Maternity and the Jubilee Building, providing accommodation for a new Accident and Emergency Department, a Coronary Care Unit, an Acute Medical Receiving Unit and an orthopaedic surgery in-patient unit. Additionally the Canniesburn Plastic Surgery and Burns Unit has been located in the new building. It has 6 dedicated operating theatres and specialist in-patient and out-patient services.

Between 2010 and 2015, further modernisation work has been ongoing to ensure that the Royal Infirmary is fully equipped to serve as the main in-patient hospital for the North and East of the NHS Greater Glasgow and Clyde area. The Royal Infirmary now has over 1,000 beds.

Acute inpatient services previously provided at Stobhill relocated to Glasgow Royal Infirmary in March 2011.

The hospital has close links to Stobhill Hospital which is located 2 miles to the North. Stobhill has a new award – winning Ambulatory Care Hospital providing a wide range of out-patient and day patient services to patients in the North and East of Glasgow. Stobhill Hospital also houses a purpose built 48-bedded rehabilitation unit adjacent to the new ACH. This provides the inpatient site for rehabilitation of stroke patients and for some frail elderly patients.

In addition, Glasgow Royal Infirmary has a 56 bedded rehabilitation hospital, Lightburn Hospital, located 3 miles to the East of the main Glasgow Royal Infirmary site. Lightburn Hospital also provides an active day hospital and out-patient services for Older People, falls and movement disorder services. It provides out-patient speech and language therapy services for the East of Glasgow. The rehabilitative in-patient care is predominantly for frail elderly patients.

1. **The Work of the Department/Specialty**

At Glasgow Royal Infirmary there are 146 acute geriatric assessment beds. Emergency admissions are admitted via the medical receiving area in the Jubilee Building and triaged by senior nursing staff and medical staff as appropriate to either Acute Stroke (5 hyperacute admission beds and a further 38 acute beds) or Medicine for the Elderly (146 beds). The DME consultant staff are fully integrated into the medical receiving rota and provide a twice daily consultant ward round within a 17 bedded DME receiving area. The stroke consultants have a separate rota covering the HASU, acute and rehabilitation stroke beds. For the year March 2018, the combined unit was responsible for 7,000 discharges from assessment and rehabilitation (including acute stroke).

As mentioned above there are 2 inpatient rehabilitation facilities in Lightburn Hospital and Stobhill Hospital.

General geriatric clinics, 2 movement disorder specialist clinics and two specialist falls clinics are based at either Lightburn Hospital or Stobhill.

There are 2 active day hospitals (ARC Assessment and Rehabilitation Centre) based at Lightburn Hospital and Stobhill each seeing between 400 and 500 new patients per year, providing rehabilitative services to a wide range of disabled patients in addition to specific medical intervention such as blood transfusions, bisphosphonate infusions and assessments for medication change for heart failure and patients with Parkinson’s Disease. Both units offer Rapid Access services for assessment of frail patients with marked functional decline as part of the NHS GGC avoidable admissions strategy.

Stroke services for North and East Glasgow have a dedicated community stroke rehabilitation team which is delivered by the acute services and co-ordinates well with stroke specialist nurses, two of whom are in post at Glasgow Royal Infirmary and one at Stobhill Hospital: this team provides both immediate post-discharge rehabilitation and later rehabilitation at the request of primary care teams.

The amalgamation of Glasgow Royal Infirmary and Stobhill Consultant Teams allowed expansion of acute assessment beds on the acute site along with enhanced early stroke rehabilitation. There has been extensive redesign of the admission process for all patients including frail elderly. We look forward to enhancing the service offered to frail elderly with increased numbers being offered specialist comprehensive geriatric assessment at an early stage during their admission.

The Unit is also committed to supporting the frail elderly patients admitted to acute orthopaedics and general surgery with early consultant liaison providing post operative medical support and advice about rehabilitation within the Glasgow Royal Infirmary and in our off-site facilities.

Stroke Service

In September 2015 the stroke service opened 5 hyperacute stroke beds, adjacent to medical receiving beds. There are also 38 acute/early rehabilitation beds in Glasgow Royal Infirmary and the hospital provides all necessary diagnostic services. There are 24 Stroke Rehabilitation beds within the purpose built Ambulatory Care Hospital at Stobhill. There is a twice daily consultant ward round for the hyperacute beds and daily ward rounds in the downstream acute wards. 2 consultants share the rehabilitation ward responsibility, with twice weekly ward rounds and a weekly MDT.

There are currently 7 TIA clinics each week providing rapid access to specialist assessment. There are close links with the community based multidisciplinary Stroke rehabilitation team. The Stroke Consultants are supported by three specialist Stroke Nurses and by a well staffed multidisciplinary team. The department plays a very active role in research and has a strong academic record.

There is a major emphasis on efficiency and flow for the hyperacute beds, and patients with TIA or good recovery from a minor stroke have rapid access to imaging with discharge home directly from the hyperacute beds is feasible. For those who require a longer stay, most will have their investigations and rehabilitation on the GRI site. Patients requiring longer periods of rehabilitation are transferred to the Stroke Rehabilitation Unit at Stobhill ACH.

Bed Numbers

**Glasgow Royal Infirmary**

|  |  |
| --- | --- |
| DME Receiving Unit - Ward 53  Hyperacute Stroke Unit Ward 53  Geriatric - Ward 12  Assessment - *Ward 14 (Winter)*  - Ward 18  - Ward 23  - Ward 29  - Ward 30  - Ward 32  - Ward 33  - Ward 35  - Ward 38  - Ward 39  Acute Stroke - Ward 31  - Ward 36 | 17 beds  5 beds  9 beds  *8 beds*  11 beds  12 beds  12 beds  18 beds  12 beds  19 beds  12 beds  12 beds  19 beds  19 beds  19 beds |
|  |  |

**Lightburn Hospital**

General Rehabilitation 60 beds

**Stobhill Hospital**

General Rehabilitation 24 beds

Stroke Rehabilitation 24 beds

**Current Medical Staff DME and Acute Stroke**

**The Post**

##### Title

Consultant Physician in Medicine for the Elderly

* 1. **Relationships**

Director – Mr Neil McCallum

Chief of Medicine - Mrs Mary Brown

General Manager– Mrs Alison Leiper

Clinical Services Manager – Kirsty May

Clinical Director– Dr Adam Bowman

Lead Clinician DME– Dr Kate McArthur

Lead Clinician Stroke – Dr Christine McAlpine

**Name of Consultant members of Department Glasgow Royal Infirmary/Lightburn/Stobhill Hospital**

Dr Adam Bowman Clinical Director (interest in Orthogeriatrics)

Dr Kirsty Colquhoun (interest in oncogeriatrics)

Dr Anne Louise Cunnington (interest in Movement Disorder)

Dr Laura Duffy (interest in Frailty)

Dr Michael Fail (interest in Acute Orthopaedic Liaison and Falls)

Dr Christine McAlpine (interest in Stroke)

Dr Kate McArthur, Lead Clinician (interest in Orthogeriatrics and Frailty)

Dr Morven McElroy (interest in Community Geriatrics)

Dr Hazel Miller (interest in Delirium and Dementia)

Dr Terry Quinn (Senior Lecturer in Stroke)

Dr Helen Slavin (interest in Stroke)

Dr Jennifer Tilston (interest in Surgical Liaison)

Dr Greg Waddell (interest in Surgical Liaison)

Dr Sinead Oxley (interest in Stroke)

Dr Alison Shepherd (interest in medical liaison and ARC)

Dr Aine McGovern (interest in continence and ARC)

**Other substantive medical staff**

**Specialty Doctor**

Dr Carol McCarthy, Lightburn Day Hospital 0.6 wte

**Specialist Registrars**

6.0 wte (1 undertaking stroke sub-specialty training)

**IMT 1/2** 2.0 wte

**Clinical Fellows** 12.0 wte

**GPST 1** 5.0 wte

**FY2** 9.0 wte

**FY1** 16.0 wte

1. **Duties of the Post**
2. The postholder will be expected to work with local managers and professional colleagues in the efficient running of the service. Subject to the provisions of the Terms and Conditions of Service, the postholder is expected to observe NHS Greater Glasgow and Clyde’s agreed policies and procedures, drawn up in consultation with the profession on clinical matters, and to follow the Standing Orders and Financial Instructions for Health Boards.

1. The postholder 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 postholder when necessary.
2. The postholder will require to comply with NHSGGC Health and Safety Policies.
3. **Clinical**

The post will initially be focused on general acute assessment and general rehabilitation. An indicative job plan is attached. The clinical duties aligned to the post include:

* Involvement in acute medical receiving with particular emphasis on assessment and management of frail elderly patients.
* Ongoing assessment and care of acutely ill frail older patients within the Geriatric assessment Unit, with responsibility for approximately 12 assessment beds
* General rehabilitation ward round with MDT weekly and responsibility for 12-14 rehabilitation beds.
* Liaison with other specialty wards as the service requires.
* Undertake Acute Medical Receiving and weekend duties on rotation. On-call duties expected to be at the level of a 1-in-12 weekdays and 1-in-7 weekend duties.
* The Consultant will be expected to share cover for absent colleagues on annual or study leave by prior arrangement and short term unplanned sick leave.

1. **Supporting Professional Activities**

2 SPAs are included in the indicative job plan, 1SPA is considered core which shall normally be sufficient to reflect activities such as revalidation, appraisal, personal audit, and professional development (occurring out with the 30 days of study leave entitlement in any three year period). Additional SPA time will be required to contribute to educational supervision for the unit’s many doctors in training / clinical fellows. Time permitting, it may also cover teaching, training and non-clinical administration.

It will be requested that SPAs are delivered at the normal place of work, unless there are mutual advantages to it being performed elsewhere. The exact timing and location of SPAs, and flexibility around these, will be agreed during the 1:1 meeting with the Clinical Director/Associate Medical Director and included in the prospective job plan.

1. **OUTLINE JOB PLAN**

**Name: Specialty:** Medicine for the Elderly

**Principal Place of Work:** Glasgow Royal Infirmary/Stobhill Hospital

**Contract:** Substantive

**Programmed Activities:**  10 **EPAs:**  0

**Availability Supplement:**  Level 1 (3%)

**Premium payment received:**

**Managerially Accountable to:**

Alsion Leiper, General Manager, Older People North

Kirsty May, Clinical Services Manager, Older People North Sector

**Professionally Responsible to:**

Dr Adam Bowman, Clinical Director, Older People North and

Mrs Mary Brown, Chief of Medicine, North Sector

**a) Timetable of activities which have a specific location and time**

|  |  |  |
| --- | --- | --- |
| **DAY** | **HOSPITAL/LOCATION** | **TYPE OF WORK** |
| **Monday**  9.00 am to 12.30 pm  12.30pm-1.30pm  1.30pm to 5.00pm | **Lightburn**  General Rehab WR (10 beds)  **Glasgow Royal Infirmary**  Unit Meeting (via MS teams)  **Glasgow Royal Infirmary**  Medical Liaison | DCC  SPA  DCC |
| **Tuesday**  9.00am to 12.30pm | **Glasgow Royal Infirmary**  Acute assessment WR and MDT (12 beds) | DCC |
| 1.00 pm to 5.00 pm | **Glasgow Royal Infirmary**  Admin | DCC |
| **Wednesday**  9.00 am to 12:30 pm  1.00pm to 5.00pm  5.00pm – 8.00pm | **Glasgow Royal Infirmary** Morning Receiving Ward Round in Medical Assessment Unit (1 in 3 basis)  Or  **Glasgow Royal Infirmary**  SPA  **Glasgow Royal Infirmary**  Medical Liaison  **Glasgow Royal Infirmary**  Evening Receiving Ward Round Medical Assessment Unit (1 in 3 basis) | DCC  SPA  DCC  DCC |
| **Thursday**  9.00 am to 12:30 pm  1.00pm to 5.00pm | **OFF**    OFF |  |
| **Friday**  9.00am to 1.00pm  1.00pm to 5.00pm | **Glasgow Royal Infirmary**  Acute assessment WR and (12 beds)  OR  Medical Admissions Unit Ward Round  1-in-13  **Lightburn/Glasgow Royal Infirmary**  General Rehabilitation review / SPA | DCC  DCC  DCC  DCC/SPA |
| 5.00 pm to 8.00 pm | Glasgow Royal Infirmary  Medical Admissions Unit Ward Round  1-in-13 | DCC |
| **Saturday**  8.30 am to 12.30 pm | **Glasgow Royal Infirmary**  Medical Admissions Unit Ward Round  1-in-13  OR  Acute Assessment ward cover  1-in-13 | DCC  DCC |
| 5.00 pm to 8.00 pm | **Glasgow Royal Infirmary**  Medical Admissions Review  1-in-13 | DCC |
| **Sunday**  8.30 am to 12.30 pm | **Glasgow Royal Infirmary**  Medical Admissions Unit Ward Round  1-in-13  OR  Acute Assessment ward cover  1-in-13 | DCC  DCC |
| 5.00 pm to 8.00 pm | **Glasgow Royal Infirmary**  Medical Admissions Unit DCC  1-in-13 | DCC |

1. The postholder will be expected to work with local managers and professional colleagues in the efficient running of the service. Subject to the provisions of the Terms and Conditions of Service, the postholder is expected to observe NHS Greater Glasgow and Clyde’s agreed policies and procedures, drawn up in consultation with the profession on clinical matters, and to follow the Standing Orders and Financial Instructions for Health Boards.

1. The postholder 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 postholder when necessary.

**b) Activities which may not be undertaken at either specific locations or times**

Speaking with relatives.

Administration relating to patient care.

Liaison with other specialties.

Travel between sites

**c) Activities during Premium Rate Hours of Work e.g. hours out with 8am – 8pm Monday to Friday**

See Job Plan

1. **Proposed Weekly Programme**

The proposed indicative weekly programme is shown at Section 5. Activities with current fixed time commitments will be carried out as detailed in the work programme e.g. clinics. Other Direct Clinical Care (DCC) and Supporting Professional Activities (SPA) are shown with indicative timings within the weekly programme and will be discussed with the appointee.

The job plan will be reviewed with the successful candidate no later than 3 months following appointment and where possible discussion may take place in advance of appointment. Job plan review thereafter will be no less frequent than annually.

The agreed job plan will include all the consultant’s professional duties and commitments, including agreed SPAs.

1. **Notes on the Programme**

**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. Office accommodation will be in Glasgow Royal Infirmary and secretarial support is shared.

**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 (PA) and will be determined by location at which DCC and SPAs are carried out.

**On call arrangements:** The postholder will be part of the current Medicine for Elderly rota based at Glasgow Royal Infirmary. This rota is a 1:13. Availability supplement is 3%. It is acknowledged that weekend working will account for one PA of time per week.

1. **Date When Post is Vacant**

Substantive Post from June 2024

1. **Details of Arrangements for Applicants to Visit Hospital**

**In the first instance please contact:**

Clinical Director: Dr Adam Bowman Adam.Bowman@ggc.scot.nhs.uk

General Manager: Alison Leiper Alison.leiper@ggc.scot.nhs.uk

Short-listed candidates are invited automatically by the Director of Human Resources to visit the hospitals concerned. If candidates on their own initiative have visited the hospital prior to short-listing, they will only be allowed expenses for that prior visit if they are subsequently short-listed.

**PERSONAL SPECIFICATION**

**NHS GREATER GLASGOW AND CLYDE ACUTE SERVICES DIVISION**

**NORTH SECTOR – DEPARTMENT OF MEDICINE FOR THE ELDERLY**

|  |  |  |  |
| --- | --- | --- | --- |
| JOB TITLE**:      Consultant Physician** | | SPECIALITY:  **Medicine for the Elderly** | |
| **FACTOR** | **ESSENTIAL** | | **DESIRABLE** |
| **QUALIFICATIONS** | Full GMC Registration and a licence to Practice.  Those trained in the UK should have evidence of higher Specialist Training leading to a CCT in Geriatric Medicine or eligibility for specialist registration (CESR) or be within six months of confirmed entry at the date of interview.  Non UK applicants must demonstrate equivalent training. | | Evidence of “Training the Trainer” GMC competencies |
| **EXPERIENCE** | Experience of selected ‘needs related’ emergency admissions in older people.  Experience of multidisciplinary assessment and rehabilitation in older people.  Experience in Day Hospital.  Experience of teaching undergraduates.  Involvement in clinical audit. | | Experience of Specialist Continence Services for older people  Experience of Specialist Community Services for Older People  Experience of teaching medical and non-medical postgraduates.  Involvement in research.  Leadership of an audit or quality improvement project.  Experience in quality improvement projects |
| **KNOWLEDGE AND SKILLS** | Ability to undertake comprehensive medical assessment and evaluate rehabilitation potential in older people.  Knowledge of clinical governance issues. | | Ability to perform assessment on medical  trainees.  Knowledge of key policy issues relevant to Medicine for Elderly in Scotland.  Familiarity with future service patterns in Glasgow and service integration with Community Health Care Partnerships.  Record of contribution to service change and redesign. |
| **DISPOSITION**  **e.g. Personal  (transferable) skills** | Excellent communication skills and empathy.  Ability to work in multidisciplinary team.  Flexibility to respond to changing patterns of work in line with service change. | | Evidence of time management. |
| OTHER |  | |  |
|  |  |  |  |

# TERMS AND CONDITIONS OF SERVICE

The conditions of service are those laid down and amended from time to time by the Hospital and Medical & Dental Whitley Council.

|  |  |
| --- | --- |
| **TYPE OF CONTRACT** | Substantive |
| **GRADE AND SALARY** | Consultant |
| **HOURS OF DUTY** | Full Time 40.00 |
| **SUPERANNUATION** | New entrants to NHS Greater Glasgow and Clyde who are aged sixteen but under 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** | Assistance with removal and associated expenses may be given and would be discussed and agreed prior to appointment. |
| **EXPENSES OF CANDIDATES FOR APPOINTMENT** | Candidates who are requested to attend an interview will be given assistance with appropriate travelling expenses. Re-imbursement shall not normally be made to employees who withdraw their application or refuse an offer of appointment. |
| **TOBACCO POLICY** | NHS Greater Glasgow and Clyde operate a No Smoking Policy in all premises and grounds. |
| **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 Greater Glasgow and Clyde (NHSGGC) has a legal obligation to  ensure that it’s employees, both EEA and non EEA nationals, are legally entitled to work in the United Kingdom. Before any person can commence employment within NHS GGC 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 until the right to work in the UK has been verified. ALL applicants regardless of nationality must complete and return the Confirmation of Eligibility to Work in the UK Statement with their completed application form. You will be required provide appropriate documentation prior to any appointment being made. |
| **REHABILITATION OF OFFENDERS ACT 1974** | The rehabilitation of Offenders act 1974 allows people who have been convicted of certain criminal offences to regard their convictions as “spent” after the lapse of a period of years. However, due to the nature of work for which you are applying this post is exempt from the provisions of Section 4 of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions Orders 1975 and 1986). Therefore, applicants are required to disclose information about convictions which for other purposes are “spent” under the provision of the act in the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action by NHS Greater Glasgow and Clyde. Any information given will be completely confidential. |
| **DISABLED APPLICANTS** | A disability or health problems does not preclude full consideration for the job and applications from people with disabilities are welcome. All information will be treated as confidential. NHS Greater Glasgow and Clyde guarantees to interview all applicants with disabilities who meet the minimum criteria for the post. You will note on our application form that we ask for relevant information with regard to your disability. This is simply to ensure that we can assist you, if you are called for interview, to have every opportunity to present your application in full. We may call you to discuss your needs in more detail if you are selected for interview. |
| **GENERAL** | NHS Greater Glasgow and Clyde operates flexible staffing arrangements whereby all appointments are to a grade within a department. The duties of an officer may be varied from an initial set of duties to any other set, which are commensurate with the grade of the officer. The enhanced experience resulting from this is considered to be in the best interest of both NHS Greater Glasgow and Clyde and the individual. |
| **EQUAL OPPORTUNITIES** | The postholder will undertake their duties in strict accordance with NHS Greater Glasgow and Clyde’s Equal Opportunities Policy. |
| **NOTICE** | The employment is subject to three months’ notice on either side, subject to appeal against dismissal. |
| **MEDICAL NEGLIGENCE** | In terms of NHS Circular 1989 (PCS) 32 dealing with Medical Negligence the Health Board does not require you to subscribe to a Medical Defence Organisation. Health Board indemnity will cover only Health Board responsibilities. It may, however, be in your interest to subscribe to a defence organisation in order to ensure you are covered for any work, which does not fall within the scope of the indemnity scheme. |

**FURTHER INFORMATION**

For further information on NHS Greater Glasgow and Clyde, please visit our website on www.show.scot.nhs.uk

**View all our vacancies** **at**: www.nhsggc.org.uk/medicaljobs

**Register for Job Alerts** **at**: www.medicaljobs.scot.nhs.uk

Applicants wishing further information about the post are invited to contact Dr. Adam Bowman on 0141 800 1940 with whom visiting arrangements can also be made.

**How to apply**

To apply for these posts please include your CV and names and addresses of 3 Referees, along with the following documents; (click on the hyperlinks to open)

Medical and Dental Application and Equal Opportunities Monitoring Form

Declaration Form Regarding Fitness to Practice

Immigration Questionnaire

Alternatively please visit www.nhsggc.org.uk/medicaljobs and click on the “How to Apply” tab to access application for and CV submission information.