

Scott’s View, St Boswells, Scottish Borders TD6 0AP



**Borders General Hospital, Melrose, Scottish Borders TD6 9BS**

Job Description and particulars for the post:

***LOCUM Consultant Physician***

***Medicine for the Elderly & General Internal Medicine***

***Full-Time (11 P.A.s) or Part-Time Negotiable***

***Fixed Term Basis – 18 months from start date***



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| Grade | Consultant Physician |
| Location | Borders General Hospital |
| Hours / PA’s | Full Time (11 P.A.s) or Part-Time negotiable  Fixed Term for 18 months |
| Salary Scale | Consultant scale £96,963- £128,841 per annum + on-call supplement (3% of full time salary ) |
| Closing Date | 2 weeks from advert |
| Interview Date | Mid January 2025 |

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| **Contact Details** | Telephone | | 01896 826167 | |
| Email | | Medical.staffing@borders.scot.nhs.uk | |
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| **Visits and Enquiries** | Informal visits can be arranged and informal enquiries regarding this post will be welcomed by:- | | | |
| DrJonathan Manning | Consultant Physician/ Associate Medical Director | |  |
| Dr Rachel Stewart | Consultant Physician / Clinical Director | | 01896 826266  rachel.stewart@borders.scot.nhs.uk |
| **Date post is vacant** | Flexible – post is currently available and a start date will be agreed with the successful candidate | | | |
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| **NHS Borders**  **Website** | For further information regarding NHS Borders, please visit our website:- HU**www.nhsborders.org.uk**U | | | |

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| **Overview**  **of the Department** | **Department of Medicine for the Elderly**  The Medicine for the Elderly department operates on a needs related basis. Acute medical emergencies of all ages are admitted via the Medical Assessment Unit. There are 45-59 acute DME assessment beds (wards 14/12). Most admissions to DME are emergency admissions via the medical assessment unit, the remainder are transfers from orthopaedic and surgical wards.    The DME Department is made up of the following:   |  |  |  | | --- | --- | --- | | Assessment and Rehabilitation | 48 beds | DME wards | | Acute stroke | 12 beds | Borders stroke unit (BSU) | | Front Door Frailty Service | Variable number of beds | MAU | | Orthogeriatrics Service | Variable number of beds | Ward 9 | | Community Hospitals | 46 beds | Kelso CH and the Knoll CH | | Specialist outpatient clinics | Syncope and Falls  Movement disorder  Neurovascular  General geriatric | Outpatients Department | | Hospital at Home Service | Up to 20 beds |  |   **Medical unit**  The Medical Unit has 3 in patient wards and a 31 bedded Medical Assessment Unit (MAU). MAU admits approximately 6,000 patients per year. Patients are admitted to MAU and are assessed by the on call physician during the day until late evening. There is a hospital handover at 9pm and then a post take ward round from 08.30 the next morning.  The take and post take ward rounds are shared between the on call consultant, the acute physicians and a “front door” DME physician.  Patients who are not discharged from MAU within 24 - 48 hours are triaged to one of the specialty wards in general medicine (Wards 4, 5) or to medicine for the elderly or to the Borders Stroke Unit for continuing care, depending on their clinical needs. Ongoing care for patients is then provided by the downstream ward based consultants.  Ambulatory care is available and well utilised. This is staffed by acute medicine consultants.  Ward 5 is a combined High Dependency / Coronary Care area which comprises 12 monitored beds and facilities for 6 remote telemetry units (including ward 4 / MAU areas).  The general medical wards provide the following range of consultant led specialities, Cardiology, Respiratory, Gastroenterology, Diabetes, Endocrinology and Haematology. There are 59 Medicine for the elderly beds, a dedicated 12 bedded stroke unit and 8 palliative care beds in the purpose built Margaret Kerr Unit. Neurology, Rheumatology, Dermatology and Renal Medicine Consultants provide outpatient clinics and an inpatient consultation service.  A Hospital at Night (HaN) team operates from 9.00 pm – 9.30 am. This comprises a HaN Team Leader (a medical registrar or senior GPST), a GPST/FY2 doctor, 1 FY1 doctor and 2 advanced nurse practitioners- one of whom acts as the coordinator. The HaN team provides a generic clinical service to all adult inpatient areas in the hospital (excluding ITU) with specialty support from general surgery, O&G, paediatrics, orthopaedics and anaesthetics. |
| *****POST INFORMATION** | |
| **The Post** | We are seeking a full-time consultant physician / geriatrician to join our team of consultant physicians.  The Department of Medicine for the Elderly (DME), within the Borders General Hospital, has a team of Consultants covering both general and specialist areas in care of the elderly medicine. The full-time post comprises 10 PAs per week.  Successful applicant(s) will be responsible, along with their colleagues, for the general care of patients in the Department of Medicine for the Elderly and, through close liaison with GPs and the primary health care team, the integrated management of elderly patients. They will also be expected to act as leads in the development and support of identified specialist services, according to their particular interests and the needs of the service. They will be expected to assist the moves towards integrated care for the Scottish Borders.  Successful applicants will also be expected to contribute to on call for general medicine on an approximate 1:16 basis.    This position provides a unique opportunity to develop and enhance the existing service for Medicine for the Elderly. |
| **Reporting Line** | You will report to the Clinical Director, who will agree your job plan on an annual basis. |
| **Health and Safety** | You are required to comply with NHS Borders Health and Safety Policies. |
| **Training Grade Medical Staff** | You will be responsible for the training and supervision of the Training Grade Medical staff (Foundation Trainees, GPSTs and Specialty Registrars) 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. |
| **Medical Staffing** | **Consultant /Career Staff establishment in Department of Medicine for the Elderly**      Dr J Bennison - Medicine for the Elderly/ General  Internal Medicine      Dr A T McLaren - Medicine for the Elderly/General  Internal Medicine  Dr R Stewart - Medicine for the Elderly/General  Internal Medicine / Clinical Director  Dr J Lonnen - Medicine for the Elderly/General  Internal Medicine  Dr E Dearden - Medicine for the Elderly/General  Internal Medicine  Dr S Turpin - Medicine for the Elderly/General  Internal Medicine  Dr G Alcorn - Medicine for the Elderly/General  Internal Medicine  Dr R Woolcock - Medicine for the Elderly/General  Internal Medicine  Dr M Topping - Medicine for the Elderly/General  Internal Medicine  Dr S Kerr - Stroke  Dr Y Chun - Stroke  Dr J Inglis - H@H  **Junior Medical Staff for Department of Medicine for the Elderly**  Specialty Registrar (ST3 level) 2 (one is attached to General Medicine)  Core Medical Trainee (ST2 level) 1  GPST 2  FY2 3  Specialty Clinics at BGH include respiratory medicine, cardiology, gastro-enterology, diabetes, endocrinology, neurology and haematology and dermatology. There are visiting consultants in renal, clinical oncology and clinical genetics. |
|  | **Why work for us?**  Our Values are at the heart of all that we do:  ●Care and Compassion  ●Quality and Teamwork  ●Dignity and Respect  ●Openness, honesty and responsibility  Patients are at the centre of everything we do in our daily working lives at NHS Borders ensuring they are safe, cared for efficiently, effectively by suitably experienced and qualified staff driving quality at the heart of patient care. We are a dynamic and forward thinking team with a wealth of clinical and leadership experience. We aim for an open and honest culture and believe in nurturing future stars in NHS.  NHS Borders has an entirely integrated structure for management of health services. Decision-making is firmly embedded within an integrated Clinical Executive, part of a natural evolution towards more integrated care, which has seen health and social services within the Borders develop nationally recognised joint initiatives.  The NHS Borders Board covers an area co-terminus with the local authority and has developed close and effective links with Scottish Borders Council, including the creation of a Joint Health and Care Partnership Board.  Some key statistics:  (a) Size of Area – 1804 square miles  (5.9% of the area of Scotland)  (b) Population – 113,000 (2.2% of the Scottish population)  (c) The area has 12 main towns i.e. with over 1,500 population, the largest being Hawick (14,573), Galashiels (14,361) and Peebles (8,065). However, some 30% of the population live outwith towns of 1,000 population or more (compared to Scottish average of 12%).  (d) The proportion of the population over 65 is the highest  in Scotland  45 – 59 years 20.84% (19.29% Scottish average)  60 – 74 years 15.83% (13.98%)  75+ years 8.86% (7.09%)  (e) There are 4 Community Hospitals providing intermediate care, palliative care, slow stream rehabilitation and NHS continuing care beds – primarily for frail elderly patients.   |  |  | | --- | --- | | **Hospital** | **No. of beds** | | Peebles (**Haylodge Hospital**) | 23 | | Duns (**The Knoll Hospital**) | 23 | | **Kelso Hospital** | 23 | | **Hawick Community Hospital:** | 23 |   There are also community-based Day Hospitals within Duns Hospital, Kelso, Hawick and Peebles and the purpose built day hospital in Eyemouth each with 15 places. |
| **The Department of Medicine for the Elderly** | **Inpatients**  The Department of Medicine for the Elderly manages acutely unwell frail elderly in-patients. The consultants’ responsibility covers both the BGH DME Wards and the relevant community hospital inpatients. Patients are admitted to BGH according to their clinical need. Each consultant carries out three ward rounds and one case conference each week in the BGH Wards. The successful applicant will contribute to the general medical on-call rota and will have ongoing responsibility for some medical inpatients.  The DME service provide a front door frailty team (Consultant, OPLS nurse, PT/OT) with Monday to Friday acute assessment of frail patients admitted to the medical unit. The successful applicant will support the continuing development of this service to provide early comprehensive geriatric assessment for appropriate patients in the medical and surgical wards and ED. The post will also support the development of ambulatory care for older, frail patients within the acute assessment unit.  **Outpatient clinics**   1. **Neurovascular**   All transient ischaemic attacks and minor strokes are reviewed within 4 days of referral.  CT scans and carotid dopplers are performed the same day of attendance.  Specialist investigations, including transcranial doppler are performed as necessary.  Secondary prevention of stroke is initiated including referral for carotid endarterectomy and patent foramen ovale closure.  (b)    **Syncope and falls**  (c) **Parkinson’s**  (d) **General DME**  **Ortho Geriatric Service**  The orthopaedic unit has participated in the National Hip Fracture Audit for several years and is implementing the SIGN Guideline on Hip Fracture with the aim of involvement of Medicine for the Elderly physician from admission, linked with timely rehabilitation where appropriate in the Medicine for the Elderly unit. There are on average three hip fracture patients a week in the Borders General Hospital with seven referrals per week from orthopaedics to the DME service. Currently a DME consultant provides a thrice weekly ward round for all frail elderly trauma patients in the orthopaedic unit.  **Dementia Services**  There is a well established Mental Health for the Older Adult Team (MHOAT) covering the Borders region. Inpatient care is provided in 12 bedded Specialist Dementia Unit on BGH site. MHOAT and dementia specialist nurses link closely with the DME assessment / stroke wards.  **Community Links**  In addition to the informal links each consultant has developed with the GPs and community teams in their relevant geographical areas, there are well-established formal links between the Department of Medicine for the Elderly and community health services and social work.   * Fortnightly visits by consultants to the Community Hospitals currently covered by GPs to enable reviews of GP acute and slow stream rehabilitation patients and for multidisciplinary team meetings to take place. * Two community hospitals are under the care of the DME Team * Currently, there is a Hospital at Home service which is being managed by the DME team. * Consultants in the Department of Medicine for the Elderly participate in numerous Borders-wide groups involved in providing health and social care for the Borders population   **Network Links**  The Department has specialty registrars on rotation with Edinburgh and also accepts medical students from Edinburgh. There are postgraduate meetings at the Department of Geriatrics in Edinburgh and Stroke research meetings take place at the Western General Hospital.  The Department also has good links with the Northumberland Parkinson’s Disease Network, which is working towards Managed Clinical Network status. There are also good academic links with Newcastle University through membership of the Northern Syncope Group.  We also have good links with the Parkinson’s Interest Group in Edinburgh. The stroke MCN has good links with the units in Edinburgh. |
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| **DUTIES AND RESPONSIBILITIES** | | |
| **Main Duties** | A job plan would be agreed between the successful applicant and the Clinical Director depending on background and sub specialty. This would include participation in the on-call rota, inpatient work, ward rounds, clinics and sub specialty sessions.  **On call**   * The post holder takes part in the Acute General Medical take rota (currently an approx. 1:16 commitment including weekends), with responsibility for ongoing care of medical inpatients.   **Inpatient duties**   * The post holder would work with colleagues in a rotation to cover inpatients.   **DME ward**   * The post holder would be responsible for ongoing care of up to 20 DME inpatients within one of the DME wards. They provide a 3x weekly ward round, weekly MDT and are expected to attend the multidisciplinary board rounds where possible.   **Front door**   * The front door consultant is responsible for daily review of all frail patients within the medical assessment unit. They provide a daily consultant led ward round and attend the MAU handover and MDT huddles. * They will review any frail patients admitted during the day (before 4pm) or to ambulatory care. * They also carry the “advice” bleep for inpatient and GP advice   **Outpatients**   * The post holder will have a weekly general geriatrics / syncope and falls clinic (depending on the experience of the successful candidate). This comprises 2 new and 5 review appointments.   **Community hospitals**   * The post holder may have an allocated session in a community hospital – for review of GP inpatients on request to provide specialist advice / to attend the ward MDT meeting. * **Educational**   + Expected to contribute to the training and supervision of training grade doctors in Medicine for the Elderly, General Medicine, General Practice and Foundation House Officers. Will also participate in the teaching of undergraduate students.   + The Medical Department is an examination centre for MRCP (PACES) examinations.   **Other duties**   * Will include administration, continuing medical education and committee work. * The post holder will participate in the Clinical Audit and QI programme and undertake audit and research in accordance with their own ideas as discussed and agreed with the other physicians. * The post holder will undertake an appropriate share in the running of the clinical department. * Other SPA work as identified by the department.   Office accommodation and secretarial support will be provided. | |
| **WORK PROGRAMME AND OUTLINE JOB PLAN** | | |
|  | | The duties and responsibilities are supported by a job plan and work programme. The outline job plan is attached below. On taking up post, the formal job plan will be agreed by the Clinical Director and the successful applicant and subject to an annual cycle of review.  The job plan will include specific responsibilities as well as on-call commitment and sub specialty sessions. Therefore the content of the job plan will be dependent on the successful candidate’s subspecialty training and interests and may also be modified for part-time or job share postholders.  Agreed Support Programmed Activities (SPAs) include your own CPD, appraisal and revalidation and examples of other activities such as:   * undergraduate and postgraduate medical education * audit and committee work * service management/development   The job plan below is an indicative work plan intended to give an idea of likely workload and working arrangements. The specific job plan would be agreed with successful applicant on commencement of employment.  It is likely that the post will rotate through different aspects of DME – e.g. general / orthogeriatrics / liaison and that the final agreed timetable will reflect this. |

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| **Job Plan - example – 10 PAs – DME ward week**   |  |  |  | | --- | --- | --- | |  | Morning | Afternoon | | Monday | **Ward round medical / DME** | **SPA**  **(On call ¼ Mondays from 2pm)** | | Tuesday | **MDT meeting DME ward** | **OFF** | | Wednesday | **Ward round medical / DME** | **Community hospital or**  **Front door frailty service** | | Thursday | **Clinical admin** | **Outpatient clinic** | | Friday | **Ward round medical / DME** | **SPA** | | Saturday | **On-call in accordance with rota** | **On-call in accordance with rota** | | Sunday | **On-call in accordance with rota** | **On-call in accordance with rota** | |

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| **Borders General Hospital** |
| The Borders General Hospital is the district general hospital serving the Scottish Borders Region. It has 284 beds with 87 acute medical beds of which 12 are in a higher dependency area with monitoring and telemetry facilities. The hospital offers services in General Medicine, Haematology, Palliative Care, Medicine for the Elderly, Stroke Medicine, Paediatrics, General Surgery, Orthopaedic Surgery, Ophthalmology, ENT, Obstetrics and Gynaecology. There is a 6 bedded ITU and an active outreach programme for critically patients. A recent development is the opening of the Margaret Kerr Unit in January 2013 has provided palliative care services in the Scottish Borders with a purpose-built environment from which to deliver specialist palliative care.  Within the Department of General Medicine there are specialists in Cardiology, Respiratory Medicine, Diabetes and Endocrinology, Gastroenterology, Neurology and Rheumatology. Visiting consultants provide clinics for Oncology, Dermatology, Renal Medicine and Clinical Genetics.  The Emergency Department provides facilities for the reception, resuscitation, examination and treatment of patients in the Scottish Borders who require emergency admission, or immediate care and discharge. The ED service is well integrated with the Borders Emergency Care Service (BECS), which is the Primary Care out-of-hours service for Borders. The department is managed by a consultant emergency physician. Specialty Doctors, Salaried GPs, training grade doctors (FY2s, GP, orthopaedic and surgical trainees) manage ED patients supported by speciality medical staff from within the hospital. Nurse staffing within the ED is comprised of 23 registered nurses and 3 nursing assistants led by a senior charge nurse.  There is a 6 bedded ITU run by the Anaesthetic Department who also run an acute haemodynamic support service with outreach staff from ITU liaising with ward staff.  There is an up to date laboratory service covering Haematology, Microbiology and Clinical Chemistry with ready access to more specialised investigations in Lothian laboratories and other laboratories in Scotland. The Radiology Department is well equipped for routine radiology, CT scanning, ultrasound, Doppler studies, nuclear medicine and MRI. CT coronary angiography and cardiac MRI are well established in the department.  There is an active post graduate programme under the direction of the Director of Medical Education, with excellent facilities in the Educational Centre operated by Napier University. |

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| **Educational Facilities and Development** |
| There are opportunities for professional coaching and mentoring – an established BGH consultant will be identified as a “buddy” in your first few weeks. The Training & Professional Development Department is available as consultancy and advisory facility to advise on development activities tailored to particular service needs and for individual consultants.  There is an excellent staffed library within the Borders General Hospital grounds with good Internet access. The library is staffed Monday – Friday and security swipe card access in out of hours period, 7 days per week. As well as a range of textbooks and journals, there is access the heath e-library and to the online clinical enquiry and response service (CLEAR) from Healthcare Improvement Scotland and NHS Education for Scotland.  Post graduate and continuing medical education is actively encouraged and supported. There are weekly DME educational meetings and medical grand round meeting, and a hospital wide monthly educational half day.  There is an excellent weekly x-ray meeting with the department of radiology.  The Borders General Hospital is a teaching unit for undergraduate students in medicine. Appointed consultants act as educational supervisors for individual students attached to different teams. |
| **The Scottish Borders** |
| The Hospital is situated on the outskirts of Melrose in the Scottish Borders. The Borders covers a large and scenically beautiful area of the Southern Uplands of Scotland. Predominately rural, it is historically a unique part of the country, the home of the Border Reivers, where annually each town in the Borders maintain its links with the past during the season of Common Ridings. Seven-a-side rugby originated in Melrose, and the Melrose event in particular draws large crowds each year. The Borders has tremendous facilities for sport and leisure. Glentress and Innerleithen mountain bike parks are world renowned for both cross country and downhill biking. The beautiful Berwickshire coast provides options for sea kayaking, surfing, diving and sea fishing. In addition there are facilities for fishing, golf, swimming, horse riding, cricket, football, hiking and many other activities. The Borders has excellent cultural opportunities in terms of music and art societies, drama, and small theatres in Melrose and Selkirk as well as amateur opera. There are excellent restaurants, cinemas and shops. The Hospital also has corporate membership of an excellent Fitness Centre in Galashiels. There is a purpose built nursery in the grounds of the hospital for hospital employees’ children.  The Scottish Borders offers all the benefits of rural life with very easy access to major cities such as Edinburgh (37 miles) Glasgow (75 miles) Newcastle (75 miles). Edinburgh is renowned for its cultural activities in music, including opera and ballet, theatre, cinemas (including a film theatre) and visual arts, and of course every year there is the world famous Edinburgh International Festival and Fringe Festival. Local transport links have improved greatly in the last year or so.  The Borders Railway has train services to central Edinburgh running every thirty minutes (journey time 50 minutes approx). Tweedbank Station is a few minutes walk from the Borders General Hospital. There are rail links to the rest of the country at Berwick Upon Tweed, and Carlisle and there is easy access to Edinburgh Airport (approximately 1 hour 15 minutes) and Newcastle Airport (approximately 1 hour 30 minutes).  As part of our policy there is assistance with temporary housing costs and relocation allowances if applicable. |

**Person Specification – Consultant Physician – Medicine for the Elderly**

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| *FACTOR* | **ESSENTIAL** | **DESIRABLE** |
| Training and  experience | Wide experience in all aspects of General Internal Medicine.  Acute  Training record culminating in  award of CCT or equivalent.  Experience of clinical audit.  Teaching experience at undergraduate and postgraduate level. | Wide experience in all aspects of Medicine for the Elderly |
| Qualifications | Primary Medical Degree.  Full registration with GMC with a license to practice.  Possession of MRCP, or equivalent  GMC Specialist Registration for both Geriatric Medicine and General Internal Medicine by date of taking up appointment or within 6 months of attainment of CCT at date of interview | Higher degree (MD, Dphil, PhD) in relevant subject area.  Teaching qualification. |
| Skills, abilities and knowledge. Managerial | Knowledge of recent NHS guidelines, quality standards and recommendations.  Knowledge of clinical governance. | Familiar with structure of Scottish Health Service and recent initiatives.  Basic management skills training  Experience in day to day organisation of Medicine for the Elderly services. |
| Skills, abilities and knowledge. Audit | Thorough understanding of  principles of medical audit. | Experience in undertaking and  completing audit projects |
| Skills, abilities and knowledge.  **Research and**  **publications** | Knowledge of the principles of  medical research  Up to date knowledge of current literature. | Research experience  Publication of research and /or review article(s) |
| Personal Attributes | Self motivated to undertake service evaluations and develop patient services.  Effective communicator with patients, relatives, colleagues across primary and secondary care.  Proven ability to work in a multi-disciplinary team and co-operate with medical, nursing and all other healthcare staff.  Demonstrably good team player.  Efficient administration.  Reliable. Professional approach to work. |  |
| Other | Able to travel independently | Car driver with full driving  licence |

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| **Specification of NHS Values** | | **Method of Assessment** |
| NHS Values | **Care and Compassion**  Expectations   * Treat people as though they matter * Involve people * Consider people as individuals and acknowledge diversity * Puts the patient first * Shows they care | Structured Competency Based Interview.  Multi Disciplinary Team Discussion  Response to Scenarios (Desk Top) |
| NHS Values | **Dignity and Respect**  Expectations   * Team player * Manages own attitudes and behaviour * Addresses concerns with colleague as they arise * Communicates respectfully, openly and professionally * Listens and turns that into action * Sees things form another person’s perspective | Structured Competency Based Interview.  Multi Disciplinary Team Discussion  Response to Scenarios (Desk Top) |
| NHS Values | **Openness, Honesty and Responsibility**  Expectations   * Takes person responsibility for actions * Sharing of ideas for improvement * Observes processes * Ability to work across boundaries * Commitment to work to best of their ability | Structured Competency Based Interview.  Multi Disciplinary Team Discussion  Response to Scenarios (Desk Top) |
| NHS Values | **Quality and Teamwork**  Expectations   * Works as part of a team to support others and improve service provision * Acknowledges mistakes * Takes responsibility * Inspires the team | Structured Competency Based Interview.  Multi Disciplinary Team Discussion  Response to Scenarios (Desk Top) |

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| **TERMS AND CONDITIONS** | 1. The Terms and Conditions of Service are from the Consultant Grade Terms and Conditions of Service (New Consultant’s Contract) issued March 2004. 2. The appointment will be made by NHS Borders on the recommendation of a Recruitment Panel, constituted in terms of the National Health Service (Appointment of Consultants) (Scotland) Regulations 2009 - NHS Circular CEL 25 (2009). Any person suitably qualified and experienced who is unable for personal reasons to work full-time, will be eligible to be considered for the post on a part-time basis. 3. The full-time salary for 10-programmed activities will be on the scale £96963 - £128,841 (+ on-call availability supplement, level 1, low frequency, 3% of basic full time salary) per annum with scale placing as appropriate to previous consultant level experience and background. The appointment is available full-time (10 P.A.s) or a part-time basis is negotiable. 4. The Job Plan must be agreed in association with the Clinical Director, with input from the General Manager and Associate Medical Director. Changes will be discussed and agreed with yourself in line with service needs and subject to annual review, or more frequently on request by either party. 5. Possession of MRCP or an equivalent certificate, is essential and you should be fully registered with the General Medical Council with a licence to practice. Preferably your name should appear in the Specialist Register for General Internal Medicine. You should have obtained a CCT or equivalent or be within 6 months of award of a CCT. 6. The person appointed may be expected to take part in the undergraduate and postgraduate teaching programmes. 7. The person appointed will have a continuing responsibility for the care of patients in his or her charge and will undertake the administrative duties associated with the care of his or her patients and an appropriate share in the running of the clinical department. 8. The appointment will be superannuable and subject to the regulations of the National Health Service. Superannuation Scheme and the remuneration will be subject to deduction of contributions accordingly, unless the appointee chooses to opt out of the Scheme. 9. It is a requirement that the private residence of the person appointed shall not be more than 30 minutes travelling time by road from the Borders General Hospital unless specific approval is given. 10. NHS Borders is legally liable for the negligent acts or omissions of the employees in the course of their NHS employment. Medical staff are however advised to ensure that they have defence cover for activities not covered by the Board’s indemnity. 11. All entrants to the NHS Borders must be certified medically fit and the appointment is conditional on such certification. Arrangements for medical screening (usually by questionnaire) are the responsibility of the Occupational Health Service. 12. Termination of the appointment will be subject to a 3 month notice period of notice on either side in accordance with the terms and conditions of service. 13. For locum appointments assistance will be provided with temporary accommodation costs if required. Depending on circumstances support for relocation may be available for successful candidate in accordance with NHS Borders’ Relocation Policy. 14. NHS Borders operates a No Smoking Policy. It is a condition of your employment that you must not smoke whilst you are on duty. Failure to observe this rule could result in disciplinary action. When selecting new staff, NHS Borders does not discriminate against applicants who smoke but applicants who accept an offer of employment will, in doing so, agree to observe the Board's policy on smoking. 15. NHS Borders Equal Opportunities Policy affirms that all employees should be offered equal opportunities in employment, irrespective of their age, gender, marital status, race, religion, creed, sexual orientation, colour or disability. 16. The Ionising Radiation (Protection of Persons Undergoing Medical Examinations) Regulations 1988 will apply to this post. 17. The holder of this post may be required to undertake on a regular basis or occasional basis exposure prone invasive procedures (EPPs). As this could potentially place patients at risk, candidates must show evidence of immune status to HEPATITIS B, or agree to undergo the necessary procedures. 18. It should be noted that the offer of appointment is subject to confirmation that the successful candidate is HEPATITIS B immune. This is checked by the Occupational Health Service. |