



This is a new post for a Consultant Paediatrician with Interest in Neonatology. It comprises 10 sessions. The post is based in the Ayrshire Maternity Unit, providing acute Neonatal care.

**Introduction**

The appointee will be fully supported by the Clinical Director and the Clinical lead for Neonatology. The post is based at the Neonatal Unit, in Ayrshire Maternity Unit at Crosshouse Hospital, Kilmarnock. The appointee will form part of a 6 consultant team of consultants providing acute Neonatal care. This involves Neonatal Hot weeks and out-of-hours on-call.

The appointee will also undertake out-patient clinics for Neonates and General Paediatrics.

**About Ayrshire**

Situated in the picturesque south west of Scotland on the Firth of Clyde coastline, Ayrshire is a 30 minute drive from Glasgow, Scotland’s largest city, and an easy commute by road or rail to our capital city Edinburgh, making it an ideal location for those who want to enjoy city life but who value the benefits and quality of life offered by living in a more relaxed semi-rural district.

The area boasts all you could ask for, whether you enjoy an active outdoor lifestyle, or take a more laid back approach to life enjoying the culture and heritage of the area, it’s all on your doorstep. There are first class sports and recreational facilities, including 40 quality golf courses and award winning visitor attractions, in addition to a vast array of restaurants and bars.

The isle of Arran, less than an hour away by ferry, is known as Scotland in miniature, and provides an ideal “overseas” escape. The Isle of Cumbrae boasts one of Scotland’s premier watersports centres.

The area is supported by excellent road and rail services. National and international flights are available from Glasgow International Airport, and our own local airport, Glasgow-Prestwick, offers a wide range of air routes including daily flights to Dublin and a number of major European cities.

All this coupled with excellent housing, quality local authority and private schooling and the excellent transport links, sets Ayrshire in an enviable position when it comes to offering a quality lifestyle for those who choose to live and work in the area.

For more information on what Ayrshire has to offer visit www.ayrshireandarran.com and for information on local authority services including schooling visit, www.south-ayrshire.gov.uk ; www.north-ayrshire.gov.uk and www.east-ayrshire.gov.uk



NHS Ayrshire and Arran has a total population of approximately 370,000 with 70,000 children under the age of 16 years. There are approximately 3,000 deliveries a year.

**Facilities**

**Neonatology:**

Ayrshire Maternity Unit is the only maternity unit in Ayrshire, catering for approximately 3,000 deliveries per annum. It is a Local Neonatal Unit with close links to the Queen Elizabeth University Hospital in Glasgow. This means we look after babies born at 27 weeks or above (28 weeks or above for multiple deliveries). We are an approved cooling centre. There are 18 cots, with 8 designated as intensive care/high dependency, and a 4-bed transitional care area in the postnatal ward.

In 2023 Ayrshire Maternity Neonatal Unit delivered 400 ICU days and 1032 HDU days, making it one of the busiest Local Neonatal Units in Scotland. There were also 90 invasive ventilation care days in 2023.

The Neonatal consultants work on a 1st and 2nd on hot week system, allowing continuity of care. With the addition of this new post the out of hours will be a 1:6 non-resident on-call. There is a consultant on-call room available at all times.

The consultant team are supported by a dedicated Tier 2 rota, made up from medical staff and ANNPs. There is also a dedicated Tier 1 rota.

Out with Hot weeks the Neonatal Consultants hold out-patient clinics in different locations throughout Ayrshire (usually Kilmarnock, Ayr or Irvine). As well as dedicated neonatal clinics, most Consultants see general paediatric patients at their clinics.

**General Paediatrics:**

The Paediatric Unit at University Hospital Crosshouse is responsible for the in-patient and out-patient care of individuals up to their 16th birthday. The general paediatric unit at University Hospital Crosshouse was extended and completely refurbished to provide co-location of a dedicated Outpatient Suite with 6 consulting rooms, a 10-bedded Children’s Assessment Unit and a dedicated inpatient unit including not only medical paediatrics, but also paediatric surgical specialities (general paediatric surgery, orthopaedics, ENT, dental surgery and ophthalmology). There are 23 inpatient beds, including 4 in a dedicated adolescent facility.

The General Paediatric ward has a separate Tier 1 and 2 rota from the Neonatal Unit.

Ayr Hospital also has a dedicated Paediatric out-patient suite. In addition, General Paediatric out-patient clinics are held at Ayrshire Central Hospital in Irvine, East Ayrshire Community Hospital in Cumnock, the Davidson Hospital in Girvan and the War Memorial Hospital in Lamlash on the Isle of Arran. Most clinics are of a general nature, but there are dedicated epilepsy, cystic fibrosis and diabetes clinics. In addition there are joint clinics in cardiology, endocrinology, epilepsy, renal, rheumatology and genetics held locally with visiting specialists from The Royal Hospital for Children, Glasgow.

**Community Paediatrics and Community Child Health:**

The Community Child Health Service is delivered from numerous locations across Ayrshire and Arran. The Child Development Centre (Rainbow House) acts as our hub and is located at Ayrshire Central Hospital in Irvine. The Community Paediatric Team, comprising Medical, Nursing, Physiotherapy, Occupational Therapy, Clinical Child Psychology, Speech and Language Therapy and administrative staff, are located within Rainbow House.

**Education:**

Undergraduates from Glasgow and Dundee Universities come to Ayrshire for paediatric blocks. Foundation Year 2 and General Practice Specialty Trainees in their first 3 years of training constitute the tier 1 rota. West of Scotland Specialty Paediatric Trainees come to Ayrshire at various stages of their training for periods of up to one year on our middle grade rota. Up to 4 specialty trainees at a time are allocated to Rainbow House to achieve their community child health competencies. Both Acute and Community based staff attend joint CME meetings on a monthly basis.

**Medical Staff Resources and Advance Nurse Practitioners**

**Neonatology**

Consultants

Dr Tim Adams (Clinical Lead, Respiratory)

Dr Raju Sunderesan (Undergraduate lead for Dundee students)

Dr Althaf Ansary (Cardiology)

Dr Sue Ann Lim (RCPCH College Tutor)

Dr Beata Kamsuella

Associate Specialist

 Dr Fiona Barnes (Neurodevelopmental follow-up)

Specialty Doctors

 Dr Jamila Siddique (Realistic medicine)

 Dr Cara Owens (Neonatology / General paediatrics)

ANNPs

 1 x Neonatal Nurse Registrar (Tier 2 rota)

 4 x ANNPs (Tier 1 rota)

 4 x Trainee ANNPs

**General Paediatrics**

Consultants

Dr Bridget Oates (Clinical Director, Rheumatology)

Dr Calum Morrison (Cardiology/Epilepsy, Deputy Medical Director)

Dr Lawrence Armstrong (Gastroenterology)

Dr Scott Williamson (Endocrinology/Diabetes)

Dr Christine Findlay (Diabetes/Epilepsy)

Dr Natalie Connell (Respiratory)

Dr Amani Yacoub (Diabetes/ Child Protection/Haematology)

Dr Geetika Kumar (Nephrology/Allergy/TB/Undergraduate teaching lead)

Specialty Doctor

 Dr Sarah Coy (Palliative Care)

APNPs – 5 in post with another in training.

**Community Paediatricians**

Consultants

Dr Gemma Duffy (Clinical Lead Community, Neurodisability)

Dr Nuno Cordeiro (Neurodisability/Epilepsy/Muscle and tone/Realistic Medicine)

Dr Mona Rahim (Clinical lead Child Protection/Neurodisability)

Dr Sarah Brown (Fetal Alcohol Syndrome/Neurodisability)

Dr Ruth Addison (Child Protection/Neurodisability)

Speciality Doctors

Dr Adarsh Vijayan (Community/Vision impairment)

Dr Gerald Lui (Community/Autism)

Dr Andrea McKeown (Community/LAAC lead/Realistic Medicine lead)

Dr Theresa Carswell (Adoption and Fostering)

Middle Grade training posts: currently 11, GPST posts: 6, FY2: 7, Broad based trainee: 1



Ayrshire Maternity Unit was an early adopter for the Scottish Government’s Best Start Programme. We have adapted well to being a Local Neonatal Unit, and have developed excellent links to the Neonatal Unit at the Queen Elizabeth University Hospital in Glasgow. We have remained a busy unit, seeing a wide variety of babies and continue to deliver ICU and HDU level care at similar levels to before these changes. We remain an approved cooling centre. We are heavily involved in the National Neonatal Audit Programme.

By expanding our Consultant numbers we will be able to push forward with QI and guideline development and introduce more tailored neonatal follow-up, particularly of the later preterm infants.

Middle grade medical staff numbers remain a challenge at times, but we will continue to follow BAPM guidance and provide a dedicated Tier 2 rota for the Neonatal Unit. With time this will include more of our ANNPs. We are committed to training more ANNPs.



A prospective timetable for Neonatal 1st On Hot weeks for the 10 PA post is given below. Supporting Professional Activity will be evened out during non-hot weeks This is an example only and the appointee will be able to discuss a final job plan with the Clinical director / clinical lead for neonatology

|  |  |  |  |
| --- | --- | --- | --- |
| **DAY** | **HOSPITAL/ LOCATION** | **ACTIVITY** | **TOTAL HOURS PER ACTIVITY INCLUDING TRAVEL TIME** |
| Monday9am – 1pm1pm – 5 pm | AM Neonatal UnitPM Neonatal Unit | Ward roundAttending in NNU | 4 DCC4 DCC |
| Tuesday9am – 1pm1pm - 4 pm | AM Neonatal UnitPM Neonatal Unit | Ward roundAttending in NNU | 4 DCC4 DCC |
| Wednesday9am – 1pm1pm – 5pm | AM Neonatal UnitPM Neonatal Unit | Ward roundAttending in NNU | 4 DCC4 DCC |
| Thursday9am – 1pm1pm – 5pm | AM Neonatal UnitPM Neonatal Unit | Ward roundAttending in NNU | 4 DCC4 DCC |
| Friday9am – 1pm1pm – 5pm | AM Neonatal UnitPM Neonatal Unit | Ward roundAttending in NNU | 4 DCC4 DCC |
|  |  |  | **40 DCC****0 SPA** |

Plan to carry 8 hours out-of-hours cover to non-hotweek week.

A prospective timetable for Neonatal 2nd On Hot weeks for the 10 PA post is given below. Supporting Professional Activity will be evened out during non-hot weeks This is an example only and the appointee will be able to discuss a final job plan with the Clinical director / clinical lead for neonatology

|  |  |  |  |
| --- | --- | --- | --- |
| **DAY** | **HOSPITAL/ LOCATION** | **ACTIVITY** | **TOTAL HOURS PER ACTIVITY INCLUDING TRAVEL TIME** |
| Monday9am – 1pm1pm – 5 pm | AM Neonatal UnitPM AMU Offices | SCBU Ward roundNeonatal admin | 4 DCC4 DCC |
| Tuesday9am – 1pm1pm - 4 pm | AM OffPM Off | Time shifted for OOHTime shifted for OOH | 4 DCC4 DCC |
| Wednesday9am – 1pm1pm – 5pm | AM Neonatal UnitPM Neonatal Unit | SCBU Ward roundNeonatal clinic | 4 DCC4 DCC |
| Thursday9am – 1pm1pm – 5pm | AM Neonatal UnitPM AMU Offices | SCBU Ward roundNeonatal Admin | 4 DCC4 DCC |
| Friday9am – 1pm1pm – 5pm | AM Neonatal UnitPM AMU Offices | SCBU Ward roundNeonatal Admin | 4 DCC4 DCC |
|  |  |  | **40 DCC****0 SPA** |

A prospective timetable for Non Hot weeks for the 10 PA post is given below. Supporting Professional Activity will be evened out during non-hot weeks This is an example only and the appointee will be able to discuss a final job plan with the Clinical director / clinical lead for neonatology

|  |  |  |  |
| --- | --- | --- | --- |
| **DAY** | **HOSPITAL/ LOCATION** | **ACTIVITY** | **TOTAL HOURS PER ACTIVITY INCLUDING TRAVEL TIME** |
| Monday9am – 1pm1pm – 5 pm | AM PM  | SPAPatient Admin | 4 SPA4 DCC |
| Tuesday9am – 1pm1pm - 4 pm | AM OffPM Off | Time shifted for OOHTime shifted for OOH | 4 DCC4 DCC |
| Wednesday9am – 1pm1pm – 5pm | AM PM  | TBCTBC | 4 DCC4 DCC |
| Thursday9am – 1pm1pm – 5pm | AM PM  | Paediatric out-patient clinicClinic Admin | 4 DCC4 DCC |
| Friday9am – 1pm1pm – 5pm | AM PM  | QINeonatal meetings | 4 SPA4 DCC |
|  |  |  | **32 DCC****8 SPA** |

Hot weeks are based in Neonatology, and entirely devoted to clinical work and education of students and trainees. No clinics will be held during 1st on hot weeks, with an afternoon neonatal follow-up clinic during the 2nd on hot week (will be held within the Neonatal Unit). The frequency of hot weeks are 2 in 6 weeks (1 x 1st on and 1 x 2nd on week in each 6 week period). In general the appointee will be encouraged if possible to cover the whole hot week (10 sessions), compensating for the extra sessions in the weeks before and after

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. Opportunities may exist for Extra Programmed Activities to be undertaken subject to service requirements and in accordance with national terms and conditions of service.

**Notes on the Programme**

**Patient Administration**. This activity covers the management of individual patients including Out Patient administration, results reporting, letters/’phone calls to parents, carers, GPs and members of the wider multidisciplinary team involved in patients’ care.

**Hot weeks:** the time allocated is indicative and will be discussed with the appointee. Ward work will include teaching ward rounds as required.

**On call arrangements:** 1:6 with prospective cover. On-call may be from home as long as this is <25 miles away and the Consultant can attend the Neonatal unit within 30 minutes if called.

**Travel:** Any travel allocation will be included within the Total Programmed Activities and will be determined by location at which Direct Clinical Care and Supporting Professional Activities are carried out.

**Supporting Professional Activities:** NHS Ayrshire and Arran recognise the important role Job Planning has in ensuring consultants are supported in delivering high quality, safe, sustainable clinical care to patients. It is therefore important to ensure there is an adequate balance between direct clinical care activities and activities which support both the personal and professional development of the consultant workforce and facilitates agreed contribution to activities including:

* Under and post graduate teaching/training
* Clinical Governance
* Quality and Patient Safety
* Research and Innovation
* Service management and planning
* Work with professional bodies

All consultants will have 1 SPA as a minimum to support job planning, appraisal and revalidation. However the final balance of SPA and DCC activity will be agreed between the appointee and clinical manager prior to contracts being agreed.

There may be a requirement to vary the DCC outlined in the indicative timetable below when the final balance of DCC and SPA is subsequently agreed. There may also be opportunities to contract for Extra Programmed activities Opportunities subject to service requirements and in accordance with national terms and conditions of service.

If the post-holder will be responsible for the formal training and supervision of post-graduates and under-graduates, a suitable additional allocation of SPA time will be made in accordance with national guidance.

The total programme is 10PA.

**Job Plan Review**

New appointees will discuss the indicative job plan with the Clinical Director, prior to commencement and will at that time review the balance of activities. Where it is possible to agree a revision to the indicative plan in advance of commencement this will be acted upon. In any event however, there must be an interim Job Plan review conducted at 3 months post commencement to agree and finalise the Job Plan. The consultant at time of induction should ask for an interim review date to be scheduled. The agreed job plan will include all the consultant’s professional duties and commitments, including agreed Supporting Professional Activities.    Thereafter Job Planning will be carried out annually as part of the Board Job Planning process.

**Private Practice:** If the post-holder wishes to undertake any private practice, they are obliged to inform their employer at the time of appointment of their intentions to do so. This should be submitted in writing to the Clinical Director. The conduct of private practice will be in accordance with the Consultant Contract (Scotland) Terms and Conditions.

The post-holder shall be free to undertake private practice without approval provided such work is undertaken outside the time agreed in the job plan for programmed activities. (Refer Section 6 of the New Consultant Contract).



* The post-holder will be accountable to the Clinical Director for Paediatrics and Child Health, Dr Bridget Oates, who will agree the Job Plan.
* The post-holder will be expected to work with local managers and professional colleagues in the efficient running of services and will share with Consultant colleagues in providing the medical contribution to management.  Subject to the provisions of the Terms and Conditions of Service, they are expected to observe the Directorate’s agreed policies and procedures, drawn up in consultation with the profession on clinical matters, and to follow the standing orders and financial instructions of NHS Ayrshire & Arran.
* In particular, where the postholder formally manages employees of NHS Ayrshire and Arran, the postholder will be expected to follow the local Board and National Employment and Personnel Policies and Procedures.
* The postholder is required to comply with the Organisation's Health and Safety Policies.

**Resources**

The staff resources of the department are listed elsewhere.  The postholder will have access to such general administrative support as is required for the discharge of his/her duties and responsibilities. This will include the provision of adequate secretarial and clerical support and the availability of accommodation, equipment etc.

The postholder will receive support from such other professional staff as are employed within the Directorate and are deployed to his/her area of patient care.

The postholder will be provided with necessary personal devices to enable the fulfilment of their duties and responsibilities.

**Duties and Responsibilities**

The main duties and responsibilities of the post include:

* The new appointee will be responsible, with consultant colleagues, for the care and management of babies and children in Ayrshire who require secondary level care.
* Responsible for clinical management of the Neonatal unit on a hot week basis.
* Responsibilities for carrying out teaching, accreditation and examination duties as required, and for contributing to undergraduate andpostgraduate medical education. The postholder will be expected to comply with College recommendations on Continuing Medical Education.
* The postholder will be required to comply with Organisational Policies on Clinical Governance.
* The successful applicant will be encouraged to participate in research and to develop a relevant sub-specialty interest, subject to resources and local priorities.
* Requirements to participate in medical audit and in continuing medical education
* Managerial, including budgetary, responsibilities (where appropriate).

**Annual Appraisal & Job Planning**

The postholder will also be required to participate in annual appraisal.   Job planning is linked closely with, but is separate from, the agreed appraisal scheme for consultants.   The job plan review will take into account the outcome of the appraisal discussion and reflect the agreed personal development plan.

**Summary**

The successful applicant will join a friendly, hard-working team striving to provide excellent care and to develop services in a purpose-built Unit with a relaxed and supportive ethos.



The Terms and Conditions of Service are those determined by the Terms and Conditions of the New Consultant Grade (Scotland) as amended from time to time. The distance that a consultant can reside from the principal base hospital, where travel time is seen as more important than mileage, is subject to the agreement of the Executive Medical Director, but it is usually anticipated that a journey that takes no more than 30 minutes for any emergency situation would be acceptable.



Please come to visit us and have a look about! Applicants wishing further information about the post are invited to contact Dr Tim Adams or Dr Bridget Oates, with whom visiting arrangements can also be made.



**Post of: Consultant Paediatrician with an interest in Neonatology**

**Location: Ayrshire Maternity Unit, University Hospital Crosshouse, Ayrshire**

## Qualifications:

|  |  |
| --- | --- |
| Essential | Desirable |
| Full GMC Registration with current Licence to Practice |  |
| **Existing Consultants**: Inclusion on the GMC Specialist Register**New Consultants**: CCT in Paediatrics or be within 6 months of anticipated award of a CCT at the time of interview for the post.  |  SPIN or GRID training in Neonatology |
| Membership of Royal College of Paediatrics and Child Health or equivalent |  |
| **NLS or equivalent paediatric resuscitation certificate**  |  |

**Skills/Knowledge/Competence**

|  |  |  |
| --- | --- | --- |
| **Requirements** | **Essential** | **Desirable** |
| **General Experience:*** Expertise in Generalist field
* Expertise in sub-specialty field
 | * Comprehensive knowledge of neonatology
* Ability to communicate effectively with families and with all levels of staff
* Ability to work efficiently and timeously
 | * IT literacy
* Experience of child protection
 |
| **Team Working**  | * Ability to lead others and think strategically
* Effective Team Player
 |  |
| **Development** | * Evidence of relevant Continuing Professional Development
* Evidence of satisfactory compliance with appraisal requirements
 |  |
| **Teaching & Training** | * Ability to deliver high quality teaching to medical students, junior medical staff and colleagues in other health professions
 | * Interest in and knowledge of advances in medical education and training.
 |
| **Research & Publications** |  | * Evidence of publications of a high standard relating to specialty
 |
| **Clinical Audit** | * Evidence of interest and experience in medical audit
 |  |
| **Management and Administration** | * Ability to lead a clinical team
* Commitment to effective departmental management
* Proven organisational skills
 | * Proven management experience
* Understanding of resource management and quality assurance.
 |
| **Personal and Interpersonal Skills** | * A willingness to accept flexibility to meet the changing needs of the NHS in Scotland
* Effective communicator and negotiator
* Demonstrate effective leadership
* A willingness to develop special interests which conform to the needs of NHS Ayrshire and Arran
* Ability to operate on a variety of different levels
 | * Knowledge of recent changes in the NHS in Scotland, especially Best Start
 |