

Delivering care through collaboration

NHS Golden Jubilee

Beardmore Street, Clydebank G81 4HX

Telephone: 0141 951 5000

www.nhsgoldenjubilee.co.uk



Chair: Susan Douglas-Scott CBE

Chief Executive: Gordon James

Recruitment line: 0800 0283 666

Dear Candidate,

POST: Consultant Anaesthetist

HOURS: 40 hours per week

BAND: Consultant

SALARY: £107,144 - £142,369 per annum

CLOSING DATE: 24th April 2025

INTERVIEW DATE: 12th May 2025

NHS Golden Jubilee welcomes your enquiry in connection with the above post. Please find enclosed an information pack.

Should you wish to submit an application for the above post, please ensure you do so in advance of the closing date. Late applications will not be forwarded for shortlisting.

When providing referees on the application form, please be aware that we require a minimum of two references to cover at least **three years** of previous employment/training history. If there is insufficient space on the application form to list all of your referees, please provide on an additional page. Where possible, please provide us with e-mail addresses for contact. Additionally, you should note that as part of the pre-employment checks a PVG or Disclosure Scotland check will be completed. **It is an offence for barred individuals to apply for regulated work.**

Should you contact the recruitment team to discuss any queries regarding your application it is advisable that you retain the job reference number as you will be asked to quote this when you call.

In the meantime, I wish you success with your application and should you require any further information please do not hesitate to contact the recruitment team on the contact telephone number shown above.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'G Swinyard', written over a light blue horizontal line.

Gabriella Swinyard
Senior Recruitment Advisor

NHS Golden Jubilee

General Information for Candidates

- This information package has been compiled to provide prospective candidates with details of the post and background information about NHS Golden Jubilee.
- The contents of this package are as follows:
 - Job Description/Person Specification
- The Equal Opportunities Monitoring form which you will be requested to complete via our electronic application system is required for monitoring purposes only and will not be made available to the interview panel during any part of the recruitment process.
- NHS Golden Jubilee operates a No Smoking Policy on all Premises and Grounds and in shared vehicles.
- All offers of employment will be subject to the receipt of two years' satisfactory References, Occupational Health screening and Disclosure Scotland clearance. Please note that it is an offence for barred individuals to apply for regulated work.
- Please submit your completed application through the Jobtrain Recruitment System.
- The shortlisting process will take place shortly after the closing date.
- As a Disability Confident Leader we recognise the contribution that all individuals can make to the organisation regardless of their abilities. As part of our ongoing commitment to extending employment opportunities all applicants who are disabled and who meet the minimum criteria expressed in the person specification will be guaranteed an interview.
- We are committed to ensuring our recruitment process is inclusive and accessible to all. If you have a disability or long-term health condition (for example: dyslexia, anxiety, autism, a mobility condition or sensory impairment) and need us to make any adjustments, changes or do anything differently during the recruitment process, please let us know by contacting our recruitment team at the earliest opportunity.

Email us at recruitment@gjnh.scot.nhs.uk

How we can help you

Below are some examples of how we can support potential new employees through the recruitment and interview process:

- Where a post closes earlier than the originally published deadline, granting an extension for application submission up to the normal application deadline.
- Holding interviews specific to individual circumstances, e.g. arranging alternative formats and locations for interview where appropriate – such as via a video call.
- We can offer a named contact person for reasonable adjustments and a dedicated email contact.

If you would like to discuss accessibility adaptations for the recruitment application process and interview we are happy to discuss what support you require.

Please note: requests should be made at the earliest opportunity to ensure tailored support can be provided.

- The organisation has introduced a set of shared values. These values will be measured during our Values Based Competency Interview. Our values are:
 - Valuing dignity and respect
 - A “can do” attitude
 - Leading commitment to quality
 - Understanding our responsibilities
 - Effectively working together

Person Specification

Essential	Desirable	How or where to be judge
<p>1. Qualifications</p> <ul style="list-style-type: none"> • MBChB or Equiv. • FRCA or Equiv. • On GMC specialist register or eligible to be within 6 months 	<ul style="list-style-type: none"> • Higher research degree • Evidence of mandatory training e.g. resuscitation, hand hygiene and fire training. 	<ul style="list-style-type: none"> • Application • Application • Application
<p>2. Training / Experience</p> <ul style="list-style-type: none"> • Extensive training in Anaesthesia 	<ul style="list-style-type: none"> • Recent experience of working within the NHS provider. • Specialist training in regional anaesthesia. • European Society of Regional Anaesthesia (ESRA) diploma 	<ul style="list-style-type: none"> • Application/Interview • Application/Interview • Application/Interview
<p>3. Skills/Knowledge</p> <ul style="list-style-type: none"> • Effective MDT working • Excellent team working skills 	<ul style="list-style-type: none"> • Experience in ultrasound for regional anaesthesia • IT skills including use of clinical systems. 	<ul style="list-style-type: none"> • Interview • Application/Interview
<p>4. Understanding of the objectives of the NWTC Board Clinical Strategy</p>		<ul style="list-style-type: none"> • Interview
<p>5. Teaching & Education</p> <ul style="list-style-type: none"> • To provide clinical supervision of postgraduate training doctors 	<ul style="list-style-type: none"> • Ability to become an educational supervisor • “Training the trainer” qualification. 	<ul style="list-style-type: none"> • Application/Interview • Application/Interview

<ul style="list-style-type: none"> Teaching undergraduates and other health professionals 		
<p>6. Clinical Audit & Risk Management</p> <ul style="list-style-type: none"> Demonstrate recent experience of clinical audit and evidence based practice Key principles of Clinical Governance and Data Protection Understanding of risk management and patient safety initiatives 		<ul style="list-style-type: none"> Application/Interview Application/Interview Application/Interview
<p>Essential</p>	<p>Desirable</p>	<p>How or where to be judge</p>
<p>7. Research and innovation</p> <ul style="list-style-type: none"> Previous and current active interest in research with evidence of publications 	<ul style="list-style-type: none"> Peer-reviewed publications in recognised journals reflecting peri-operative medicine Previous contributions to innovative service developments 	<ul style="list-style-type: none"> Application/Interview Interview
<p>8. Understanding of GMC Requirements</p> <ul style="list-style-type: none"> Knowledge of 'good medical practice 	<ul style="list-style-type: none"> Knowledge of appraisal/revalidation process Understanding of the GMC and its new roles 	<ul style="list-style-type: none"> Interview Interview

9. Leadership/Management <ul style="list-style-type: none">• Demonstrate leadership potential	<ul style="list-style-type: none">• Previous management and Clinical Leadership roles• Management qualification or leadership training e.g. MBA	<ul style="list-style-type: none">• Interview• Application/Interview
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Job Description

Job Title : Consultant, Anaesthetist
Responsible to: Clinical Director, Anaesthetics and Critical Care
Responsible to: Associate Medical Director, National Elective Services Division

Department: Anaesthetics and Critical Care

2. About the Organisation

The Golden Jubilee University National Hospital is an NHS Scotland special health board, which comprises:

- Golden Jubilee University National Hospital (GJUNH)
- Golden Jubilee Research Institute
- Golden Jubilee Innovation Centre
- Golden Jubilee Conference Hotel

Golden Jubilee Foundation is the charity associated with the board (£1.8m income in 2019-20).

NHS GJUNH is a unique facility in Scotland which provides national tertiary services for Scotland, elective surgical and diagnostic services for Scotland and regional services for the West of Scotland. The hospital opened in 1994 as a private facility for the international healthcare market. It was bought over by NHS Scotland in 2002, and has grown every year since. In 2019-20, we have 2,525 employees, an annual expenditure of £161m, and performed 26,297 procedures and 42,621 radiology images.

The physical estate is of a high specification:

- 138 general beds with two additional wards of 59 beds currently being commissioned, plus 8 CCU beds. The rooms are all single rooms with en-suite facilities.
- 43 critical care beds, currently configured as two intensive cares (19 beds) and three high dependency wards. One intensive care has 9 beds in an open layout, with all other critical care beds single rooms.
- 15 theatres (currently 4 cardiac, 2 thoracic, 4 general surgery, 5 orthopaedic - all laminar flow), one endoscopy room plus a temporary mobile endoscopy suite. We have one thoracic theatre and one colorectal theatre equipped with da vinci robots in addition to a further three robots within our orthopaedic theatres.
- Phase 1 expansion (Eye Centre) opened in late 2020, and has provided six ophthalmology theatres and two ophthalmology clinics.
- Phase 2 expansion (Surgical Centre) due to open in 2024 and will provide an additional five orthopaedic theatres and two additional endoscopy rooms.

- 5 cardiac catheterisation suites with two configured for electrophysiology and devices. The Cardiac Cath labs are supported by the dedicated Cardiac Day Unit with 16 chairs. 4 MRI scanners and 2 CT scanners

The main clinical services provided are:

- Anaesthesia and Critical Care
- Cardiology (interventional cardiology, devices and electrophysiology, advanced imaging)
 - Scottish Advanced Heart Failure Service* (including cardiac transplant)
 - Scottish Adult Congenital Cardiac Service*
 - Scottish Pulmonary Vascular Unit*
- Cardiac Surgery
- Diagnostics (including the Scottish National Radiology Reporting Service)
- Day General Surgery & Endoscopy
- Colorectal surgery (including robotic procedures)
- Ophthalmology (cataract surgery)
- Orthopaedics (lower limb arthroplasty, revision surgery, soft tissue knee, hand, foot and ankle surgery)
- Thoracic Surgery

**Designated national services funded by the National Services Division*

NHS GJUNH has established the NHS Scotland Academy in partnership with NHS Education Scotland, which is intended to provide accelerated training for all healthcare professionals, using a blended approach of distance learning, on-site training, simulation and virtual/augmented reality training. This will provide opportunities to be at the forefront of medical education in Scotland and beyond. The initial focus is on the needs of NHS Scotland, but with the intention of providing for the international market once established.

Arising from the Innovation Centre, we are developing an Innovation Accelerator. Building on previous experience the goal is to assist industry (especially SMEs) in accelerating the development of healthcare products from concept to prototype, and from prototype to market.

As indicated above, NHS GJUNH is in the process of delivering an ambitious plan of growth, with significant investment in the expansion of elective services to support NHS Scotland meet the predicted demand between now and 2035. In Sept 2020 the first phase of this investment was commissioned, our new purpose built Eye Centre which has provided a 100% increase in pre-operative assessment capacity and 300% increase in theatre capacity. In addition, two additional general theatres within the

existing main theatre suite were recently commissioned to support the delivery of cancer surgery for NHS Scotland and are now delivering colorectal surgery and additional general surgery capacity.

Phase 2 of the hospital expansion is under construction (due to be complete in 2023). It will provide a significant expansion of our main theatre suite including:

- 5 additional orthopaedic theatres and improved staff and support facilities
- A new purpose built surgical admissions and recovery unit
- a new purpose built endoscopy unit

A number of refurbishment projects will also be completed to increase outpatient and pre-operative assessment capacity and support the expansion of our clinical and non-clinical support services.

This investment in new state of the art facilities together with our ambitious recruitment and training plan will allow us to undertake circa 13,500 additional procedures and 9,500 additional new outpatient consultations per annum.

The Golden Jubilee University National Hospital (GJUNH) is on the banks of the River Clyde in close proximity to Glasgow International Airport and within 30 minutes of the centre of Glasgow by road and rail. Direct trains to Edinburgh and an overnight sleeper rail service to London are available at the local station, five minutes from the hospital. The GJNH is minutes away from the countryside of the West of Scotland and Loch Lomond. Glasgow City has a population of 600,000, with an additional 600,000 in the surrounding conurbation. It is Scotland's largest city and commercial capital. The West of Scotland region has a population of 2.7m, close to half of Scotland's population. The city has a renowned vibrant cultural life, with municipal art galleries and museums, first class sports and leisure facilities, a wide range of theatres and restaurants and excellent shopping.

3. About the Department: Anaesthetics and Critical Care (Perioperative Medicine)

The anaesthetic department currently comprises 35 consultants. 13 are specifically allocated to general and orthopaedic surgery, with some support from the 22 cardiothoracic anaesthetists. 10 of the cardiothoracic anaesthetists also provide critical care services. Despite the different clinical focus of the individual groups of Consultant Anaesthetists, the department functions as a single entity. There are monthly business meetings chaired by the Clinical Director and deputy CD's. There are also CME activities in which the whole department participates.

The successful candidate will support the work of the general group of anaesthetists and deliver service to the Orthopaedic and general surgical elective programmes in NHS GJ.

General Anaesthetists

The successful applicant will join thirteen other consultant anaesthetists. This group works closely as a team in developing the policies and protocols required to deliver safe, effective and patient-centred services to the elective orthopaedic, general surgical, colorectal and cancer programmes. This group also

supports the work of the acute pain service (APS), and the elective programme preoperative assessment clinics.

The general anaesthetists also provide a limited, medium to long term Central Venous Access service (using peripherally inserted central catheters), which is offered hospital wide and supported by the radiology department with access to the imaging facilities in the fluoroscopy suite, allowing precise, real-time placement of lines.

The general anaesthetic team join with the cardiothoracic anaesthetic team for monthly department meetings and CPD activities. The General Team also have some separate CPD programmed activities and some shared CPD activities with the Orthopaedic department.

Orthopaedic Surgery

The orthopaedic service currently works across five laminar flow theatres in a modern theatre suite, delivering approximately 25% of all hip and knee replacements for the NHS in Scotland, and approximately 45% per cent of those carried out by West of Scotland hospitals. The service has undergone a series of successive expansions in recent years. One of the great successes within the Orthopaedic programme is development of the 'CALEDonian' Technique (Clinical Attitudes Leading to Early Discharge). This is a multi-disciplinary team approach to peri-operative care aimed at promoting Enhanced Recovery and facilitating early discharge.

The programme has reduced the length of hospital stay following joint replacement to an average of 2 days. Day case activity continues to grow, predominantly foot and ankle surgery including ankle replacement. Recently day of surgery discharge for selected hip arthroplasty patients has been developed and successfully embedded in practice, and this has further encouraged enthusiasm to explore the principles and apply to other areas of practice. The department has, in recent years, significantly increased the rate of day of surgery admissions for joint replacements. This has been facilitated in part by providing Consultant Anaesthetic sessions in the preoperative assessment clinic. Despite the fact that the GJUNH has no defined geographical 'catchment area' (by virtue of being a national hospital), day of surgery admissions are possible in some patients by allowing overnight stay in the adjacent hotel facility prior to surgery.

General Surgery There is a programme of elective General Surgery. With General Surgery cases being predominantly day case, short stay procedures with minimal complexity anticipated (either surgical or patient-related). At present, all of the surgeons providing this service are visiting. As outlined, there is a further significant expansion in this service planned in the near future, as part of the GJUNH expansion programme.

The current general surgical service provides elective surgery and endoscopy to support any board in Scotland. Most commonly referrals come from NHS Lanarkshire, NHS Greater Glasgow & Clyde, NHS Forth Valley, NHS Lothian and NHS Grampian. In 2019-20, 958 theatre procedures were performed, with the most common listed in the table below. We also provided 2,370 diagnostic endoscopies (423 upper, 221 sigmoidoscopies and 1,726 colonoscopies).

OPCS4 Code	Description	Number (2019-20)
J183	Total cholecystectomy NEC	334
T202	Primary repair of inguinal hernia using insert of prosthetic material	279
T242	Repair of umbilical hernia using insert of prosthetic material	78
H444	Examination of rectum under anaesthetic	71

The general surgical team also provides a key role in supporting the cardiothoracic surgical programme, dealing with uncommon but serious general surgical emergencies. There were 15 emergency procedures in 2019-20, 10 of which occurred out with working hours (predominantly laparotomies and endoscopies).

The scope nature of the work undertaken is likely to evolve in response to the ambition to establish a new department of general surgery within GJNH (as discussed below).

Colorectal Surgery

An in house colorectal surgery programme has recently been established following the appointment of a number of experienced colorectal surgeons. Colorectal procedures being undertaken include both major and minor procedures. The bowel resections are performed open or robot assisted. We have recently commenced robotic assisted hernia repair.

Acute Pain Service (APS)

NHS GJ has a mature and well-resourced APS that is part of the Department of Anaesthesia and Perioperative Medicine. This service is consultant led (staffed from the general team of anaesthetists), and supported by a dedicated team of specialist APS nurses. The APS adopts a proactive team approach in delivering an individualised patient-centred service which is primarily aimed at supporting the various enhanced recovery initiatives across the hospital and minimising the impact of pain as a factor limiting the rate of recovery from surgery. The APS team are responsible for developing and delivering education programmes across the hospital to the various multidisciplinary teams in relation to pain management. The management of pain within GJNH is highly protocolised in order to provide both efficacy and safety in pain management.

The development of policies and protocols is the responsibility of the Consultant APS Lead and the APS Nursing team in partnership with other stakeholders throughout the hospital and changes are made through the APS steering group which meets quarterly. The APS is continuously involved in audit and maintains a comprehensive database. This is subject to regular review and helps to inspire innovations which directs changes towards improvements to clinical practice in the continuous evolution of the CALEDonian technique and Thoracic enhanced recovery programmes. Involvement with the APS provides considerable scope to engage in clinical audit and quality improvement initiatives.

A recent review of the APS highlighted the need to devolve more responsibility to ward nursing staff. A programmes of support and training for staff is ongoing while the changes are implemented.

Preoperative Assessment Clinic

As a result of the large and expanding elective programmes in orthopaedics and general surgical specialties, there are large volumes of patients passing through the GJNH preoperative assessment service. There is a consultant anaesthetist present in the clinic every day to support this activity. The consultant anaesthetist works in close partnership with nursing staff and pharmacists to focus on maximising the numbers of patients who are suitable for day of surgery admission, minimising delays to listing and medically optimising complex patients and also minimising avoidable late cancellations. There is also focus on ensuring that patients are well informed using a variety of media, and that there is a consistent high standard maintained in the consent process. The anaesthetic consultant team are also involved in the development of up to date protocols for use in the clinic and also to assist with the training and development of clinic nursing staff.

A recent innovation has been the introduction of anaesthetic preoperative assessments conducted using video-conferencing equipment to remote areas served by GJNH (Including Shetland and the Western Isles). This has been very successful and is likely to be rolled out further in its application. The model of delivery of preoperative assessment services is rapidly evolving and developments have been accelerated in the light of the COVID-19 pandemic. It is highly likely that there will be a move towards increasing use of technology and virtual preassessment consultations conducted via video-conferencing systems. This move represents a patient-centred initiative since it reduces the requirement for the patient to travel long distances. This is also a cost effective change which may result in cost savings to the NHS. In the near future we also anticipate implementation of an electronic patient record system within the preoperative assessment clinic in NHS GJ resulting in improved communication and ease of access to clinical data for clinicians on the clinical portal.

HDU

With the change in scope and expansion of our surgical services, there is a need for a greater number of level 2 – High Dependency Unit type beds. This has become apparent during the covid pandemic, as we have helped NHS Scotland address urgent cancer care, and this has tested the limits of our capacity. The general group of anaesthetists will work in partnership with critical care, cardiothoracic anaesthetic colleagues and members of the wider multidisciplinary team to develop this additional capacity. There will be opportunities for interested individuals to contribute to this effort, in developing high quality facilities to support enhanced recovery in patients requiring level 2 care following non-cardiothoracic surgery.

Continuing Medical Education (CME)

There is a rolling, full day CME session per month. Activities on this day include general continuing professional development education sessions, mortality & morbidity reviews, audit and quality improvement sessions, well as a hospital grand round presentation.

Future of the general surgical service

Our phase 1 expansion plan released two additional theatres for general surgery (bringing us to 4), which were utilised to support urgent cancer operations as part of our COVID-19 response. Additional endoscopy rooms (bringing us to 5) will become available as part of our phase 2 expansion in early 2022. These expansions are expected to increase our surgical procedures by 1,748 to 2,828 procedures per year and our endoscopy output by 7,695 to 10,745 per year. These expansions were funded based on projected increasing demand until 2035. The demands are likely to be brought forward because of the

impact of the COVID-19 pandemic on backlog and decreased throughput for each session due to PPE requirements across the country.

During the COVID pandemic, our elective general surgery and orthopaedic programmes were paused, and the capacity was used to support a wide variety of urgent cancer procedures including colorectal resections and gastrectomies, as well as osteosarcomas, urological (laparoscopic radical nephrectomies), gynaecological (hysterectomies) and ENT (laryngectomies, thyroidectomies) work. While the operating consultants came from referring boards, the rest of the pre-operative, theatre and post-operative care was provided by our own teams. This experience, the good outcomes and very positive feedback from patients and surgeons, has increased our ambition to provide a wider range of general surgical procedures to support NHS Scotland. We have recently appointed a number of experienced colorectal surgeons and have established a colorectal surgical service which includes a robotic colorectal programme.

Our institution is committed to the development of robot-assisted surgery, having purchased an Intuitive da Vinci X robot for our thoracic service in 2018, and two Stryker Mako robots for our orthopaedic service. We now have an additional Da Vinci robot which is used for colorectal procedures. We have established a robotic colorectal service which serves patients throughout Scotland. Our robotic colorectal programme also provides training for surgeons from other health boards.

Support Services

Physiotherapy, occupational therapy, dietetics, speech and language therapy and pharmacy are all provided onsite. We do not have stoma nurses, but work collaboratively with neighbouring boards.

We have fully functional biochemistry, haematology, blood transfusion and microbiology laboratories onsite. The radiology department provides a wide range of modalities including MRI (4 scanners), CT (2 scanners), ultrasound, fluoroscopy and general radiology including a barium room. The cardiology and pulmonary function laboratories are particularly strong as would be expected in a national heart and lung centre. Pathology (including frozen section) is provided by NHS Greater Glasgow & Clyde.

4. Our Management Structure

Board

Chair	Susan Douglas-Scott, CBE
Chief Executive	Gordon James
Deputy Chief Executive, Director of Operations	Carolynne O'Connor
Director of People and Culture	Laura Smith
Director of Transformation, Strategy, Planning and Performance	Carole Anderson
Director of Nursing	Anne Marie Cavanagh
Medical Director	Mark MacGregor
Interim Director of Finance	Graham Stewart

National Elective Services Division Management Team

Director	Christine Divers
Interim Deputy Director	Caroline Handley
Associate Medical Director	Christopher Gee
Associate Nurse Director	Elaine Kettings
Lead Nurse NES	Emma Smith

Departmental Management Teams

Anaesthetics & Theatres	
Service Manager, Anaesthetics	Elaine Stewart
Service Manager, Theatres	Jennifer Haynes
Clinical Director	Kenneth McKinlay
Deputy Clinical Director (Ortho / Gen)	Ruth Thomas
Clinical Nurse Manager	Leanne Fyfe
General Surgery & Endoscopy	
Service Manager	Jennifer Haynes
Clinical Director	Mark Vella
Clinical Nurse Manager	Jackie McLellan
Orthopaedics	
Service Manager	Elaine Stewart
Clinical Director	Jason Roberts
Clinical Nurse Manager	Cameron Murray
Ophthalmology	
Service Manager	Elaine Stewart
Clinical Director	Vacant
Clinical Nurse Manager	Jackie McLellan
Rehabilitation	
Head of Rehabilitation	Christina MacLean

Heart, Lung & Diagnostics Division Management Team

Director	Lynne Ayton
Deputy Director	Alex McGuire
Associate Medical Director	Mitchell Lindsay
Head of Nursing	Kate Robb

Departmental Management Teams

Cardiology	
Service Manager (inc SACCS, SPVU)	Frank Hearl (Interim)
Clinical Director	Dr Keith Robertson
Clinical Nurse Manager	Shona MacLeod
Cardiothoracic Surgery	
Service Manager (inc SNAHFS)	Amanda Forbes
Clinical Director	Matthew Thomas
Clinical Nurse Manager	Emma McColl
Clinical Psychology	
Head of Clinical Psychology	John Sharp
Diagnostics	
Service Manager	Laura Miller
Clinical Lead, Laboratories & Microbiology	Sarah Whitehead
Head of Laboratories	Jackie Wales
Clinical Director, Radiology	Andrew Hunter
Site Lead of Radiology	Karen Main
Medical Physics	
Head of Medical Physics	Steven Friel

**Based in NHS Greater Glasgow & Clyde*

5. What Do We Expect of You?

Leadership

Leadership skills are an essential component for a consultant anaesthetist. It is an exciting time to join the organisation, as we look to expand both the volume and range of our surgical activities. It is therefore important that all Consultants demonstrate clinical leadership skills.

There are opportunities to develop clinical leadership skills whilst employed in NHS GJUNH.

Together with NHS Dumfries & Galloway and NHS Ayrshire & Arran, we run the Leadership 3 course, a multi-professional course with formal teaching, group sessions and an associated relevant project. Places on this course may be available for motivated individuals.

Clinical Service

We expect all of our clinicians to provide high quality, reliable and efficient clinical care. Patient-centredness is a key focus, using a shared decision-making approach. You will be fully engaged with the multi-disciplinary team to deliver the best outcome for each of our patients.

Specific to this role, you will be delivering regular theatre sessions in Orthopaedics and general surgery. In addition, you may have regular sessions supporting the activities of the APS or preoperative assessment services.

The board has a comprehensive programme of clinical governance and all medical staff are expected to uphold clinical and non-clinical policies and be exemplar role models for all other medical and non-medical staff. Infection control, hand hygiene and dress code policies and guidance must be adhered to at all times. Patient safety underpins clinical practice and initiatives following the guidance of the SPSP and subsequent programmes apply to all staff.

The appointee will be accountable to the Medical Director for matters relating to the GMC's guidance on Good Medical Practice and the Duties of the Director. Any concerns raised relating to GMC guidance are referred to the Medical Director.

Research and Development

The board is committed to supporting clinical research and has several highly performing research groups in interventional cardiology, heart failure, cardiothoracic surgery and anaesthetics and orthopaedics. Professor Colin Berry is the Director of R&D (honorary consultant cardiologist, and professor of cardiology at the University of Glasgow), supported by our head of R&D, Dr Catherine Sinclair. We have ongoing collaborations with the Universities of Glasgow and Strathclyde. The total research budget is currently £1.7m per annum. We have a dedicated clinical research facility with clinical rooms for study reviews, basic laboratory facilities with -80°C freezers and a motion analysis laboratory. For those interested there are opportunities and support available to develop an active research programmes in anaesthesia for sufficiently motivated individuals.

Audit and Quality Improvement

The post holder will be expected to participate in audit both related to clinical and organisational practice. There are numerous opportunities within our existing clinical programmes for both clinical audit and quality improvement activities. These opportunities will increase as our services expand. It is therefore expected that consultants appointed into substantive posts will make a significant contribution in this area. Evidence of this is a mandatory requirement for annual appraisal and revalidation.

Training and Education

The Director of Medical Education is Alan Kirk (consultant thoracic surgeon). Most middle grade doctors are in cardiothoracic surgery or orthopaedic surgery. There are rotating anaesthetic trainees from the west of Scotland programme and elsewhere who rotate through the cardiothoracic service.

At present, we do not have anaesthetic trainees rotating through the non-cardiothoracic programmes within NHS GJ. However, we believe that the potential educational and training opportunities on offer are of significant value, and this is an area which we will explore in the future.

The Medical Adviser to the NHS Academy is Ian Colquhoun (consultant cardiothoracic surgeon; Director of Clinical Skills at the Royal College of Physicians & Surgeons; Director of the Clinical Anatomy Skills Centre, a collaboration between the University of Glasgow and the Royal College). The Academy was launched in 2020, and offers substantial opportunities to become involved in training and education for all healthcare professionals.

Our on-site four-star hotel with auditorium and suite of breakout rooms, provides a tremendous resource for those wishing to provide courses or meetings. Video links to some of our theatres and catheterisation laboratories are available, and we have provided live streaming of procedures to international conferences.

These posts are not specifically required to contribute to the development and provision of medical education. Nevertheless, all consultants are expected to be actively involved in education, both as a participant and as a teacher. The latter will include nurses and other health care professionals as well as junior medical staff. The post holders will take part in the CME and will develop this locally as well as regionally and nationally.

Medical Appraisal and Revalidation

You are expected to fully engage with, and keep your appraisal and revalidation status up to date. The Appraisal Lead and Deputy Responsible Officer is John Luck (consultant anaesthetist). If interested in becoming an appraiser, please contact John once appointed.

6. Provisional Job Plan

The indicative job plans are based on 10 PA contracts. Up to 2 extra programmed activities may be available. Agreed job plans will be reviewed within 3 months after commencement. Job plans are reviewed on an annual basis. We use service planning to engage our consultant and management teams in the approach to meeting expected demand for the coming year. Changes will be discussed and agreed with the post holders in line with the service needs and objectives set for the consultants. It is also expected that you will participate in the on call rota which has a frequency of circa 1 in 9.

Two SPA are shown in the indicative job plan. All full-time consultants will be allocated one SPA automatically. The second SPA is available in the departmental budget, but will be allocated in line with taking on specific commitments (e.g. education, research, leadership etc.).

We currently run 2 orthopaedic theatres every Saturdays and the direction of travel is to move towards a 6 day job planned service. There is an opportunity now for regular job planned Saturdays on a rotational basis, however this is negotiable with the Clinical Director after appointment.

Indicative Job Plan

Day	<i>DCC Activity</i>	<i>Comment</i>	<i>PA's</i>
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	Monday		Flexible activities	
	Tuesday		Flexible activities	
	Wednesday	Pain Service	Alt weeks	1.25
	Thursday	General Surgery Theatre		2.5
	Friday	Orthopaedics		2.75
	Flexible	On-call		1.0
		Flexible Theatre		0.5
		SPA	Personal	1.0
		SPA	By discussion	1.0
	Total			10.0

On-call Arrangements

The successful candidate will be expected to work flexibly on the basis of the needs of the Anaesthetic service. There may be the opportunity to contribute to the on call rota which attracts one PA per week and the relevant availability supplement (currently 5%).

The Hospital does not have a general emergency receiving unit, but will directly readmit patients with complications that have arisen from treatment at the Golden Jubilee University National Hospital. Emergency Cardiology and Cardiothoracic patients are received directly 24/7 There are currently 3 Consultant Anaesthetic on-call rotas:

ICU 1:10

CT Theatres/Cath lab 1:8

General Anaesthetist 1:10

Prospective cover of colleagues for annual and study leave is a requirement of the post.

The main duties on the general anaesthetist on call rota out of hours includes: theatre care of emergency non-cardiothoracic cases, dealing with APS enquiries or undertaking interventions as appropriate, assisting with the care of acutely unwell non-cardiothoracic patients as appropriate.

There is 24/7 emergency general surgery consultant cover currently provided by consultants who their principle employment in adjacent health boards.

All consultants are provided with a laptop, hot-desk office accommodation and remote connection (allowing access to all clinical systems from home). You will have secretarial support for your clinical activities.

7. Terms and Conditions of Service

- National terms and conditions of service (Consultants (Scotland) 2004) cover the post
- The post is subject to pre-employment checks such as Disclosure Scotland, Occupational Health, Visa Clearance (where appropriate) and satisfactory references
- You are required to be registered with the General Medical Council/General Dental Council throughout the duration of your employment and to comply with and abide by the relevant code of professional practice as appropriate
- Salary Scale: National salary scales per annum
- The appointee will be expected to work with local managerial and professional colleagues in the efficient running of services and will share with consultant colleagues the medical contribution to management. The appointee will be expected to follow the local and national employment and personnel policies and procedures
- All medical and dental staff employed by the board are expected to comply with the agreed health and safety policies
- The appointee will have responsibility for the training and supervision of junior medical staff who work with him/her and will devote time to this on a regular basis. If appropriate he/she will be named in the contracts of junior doctors in training grades as the person responsible for overseeing their training and as a main source of advice to such doctors on their careers.
- The successful candidate(s) will normally be required to live within 30 minutes' drive of GJNH
- Where however the successful candidate already resides within 45 minutes' drive of GJNH he/she will not be required to remove his/her home nearer to the board
- Where the successful candidate's present residence is more than 45 minutes' drive of GJNH he/she will be required to move his/her home to meet the residential clauses of his/her contract, unless he/she has the written consent of the board to the contrary
- The terms and conditions of service state that the "removal expenses shall be reimbursed and grants paid only when the employing authority is satisfied that the removal of the practitioner's home is required and the arrangements proposed are reasonable". Therefore, successful candidates are advised not to enter into contractual arrangements for the removal of their home until such time as the formal approval of the board is confirmed in writing
- Annual appraisal and job planning is a requirement for all permanent medical staff

6. Further Information and arrangements to visit

In the first instance please contact:

Dr Mark MacGregor
Medical Director
Email: mark.macgregor@gjnh.scot.nhs.uk
Telephone: 0141 951 5957

Dr Kenneth McKinlay
Clinical Director for Anaesthetics and Critical Care
Email: kenneth.mckinlay@gjnh.nhs.scot
Telephone: 0141 951 5607

Mrs Christine Divers
Divisional Director, National Elective Services Division
Email: christine.divers@gjnh.scot.nhs.uk
Telephone: 0141 951 5386

8. Job Description Agreement

A separate job description will need to be signed off by each job holder to whom the job description applies.

Job Holder Signature: Date:

Head of Department Signature: Date:

