

1. Job Title

Job Title: Consultant(s), Ophthalmology

Responsible to: Clinical Director, Ophthalmology

Department: Ophthalmology, with the National Elective Services Division

2. About the Organisation

NHS Golden Jubilee is an NHS Scotland special health board, which comprises:

- Golden Jubilee National Hospital (GJNH)
- 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).

The GJNH 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) and one endoscopy room. Two theatres are equipped for robotic assisted surgery (one with an Intuitive da Vinci X, one with a Stryker Mako orthopaedic robot).
- Phase 1 expansion (Eye Centre) opened in November 2020 providing six purpose built ophthalmology theatres.
- Phase 2 expansion (Surgical Centre) due to open in 2022 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)
- General Surgery & Endoscopy
- Ophthalmology (cataract surgery)

- Orthopaedics (lower limb arthroplasty, revision surgery, soft tissue, hand, foot and ankle)
- Thoracic Surgery

*Designated national services funded by the National Services Division

NHS Golden Jubilee is also a national commissioner of elective services, managing all private sector orthopaedic activity and commissioning elective centres in Stracathro and Forth Valley, working with NHS Forth Valley, NHS Grampian and NHS Tayside.

NHS GJ is currently establishing 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.

The Golden Jubilee National Hospital (GJNH) 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.

The estate has a high specification with a four-star hotel and conference centre as an integral unit alongside the hospital. This has provided a very pleasing and attractive working environment for staff and desirable patient experience.

NHS GJ 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 November 2020 we opened the first phase of this investment, our new purpose built Eye Centre which will provide 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.

Phase 2 of the hospital expansion is under construction (due to be complete in 2022). 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

In addition, a number of refurbishment projects will 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.

3. About the Department: Ophthalmology

Current service & Future of the service

The Ophthalmology service was established in 2007 as a specialist provider of high volume cataract surgery in line with the Scottish Government's commitment to the Treatment Time Guarantee. The service continues to expand and is now one of Scotland's largest ophthalmic units. Over the last 5 years, we have developed a novel patient pathway, allowing c.48 new patients to be assessed by a single consultant per day. This model has been adopted as the clinical pathway to be used in the new Phase 1 expansion. We have also established process to enable high-volume cataract theatre lists, achieving 9 or 10 cases on some lists.

The appointment of additional Consultant ophthalmologists is a key part of our future expansion plans. We are looking for Surgeons who are committed to high quality, high volume cataract surgery, who are comfortable working with "pooled waiting lists", and are willing to work collaboratively with consultant colleagues and optometrists in the management of individual patients, and to take an active part in training junior surgeons.

We currently have fourteen Consultants working in our department with a further 3 due to start in the upcoming months.

Name	Joined GJNH	WTE	Other NHS commitments out with the GJF
Natalie Boyle	2020	0.3	NHS Fife
Graham Cormack	2017	0.6	none
John Ellis	2020	0.6	none
Paul Flavahan	2018	0.3	NHS Forth Valley
Anne Cees Houtman	2020	0.3	NHS GG&C (Children's Hospital)
Patrick P Kearns	2013	0.3	none
Timothy Lavy	2021 (having been with NHSGJ previously)	0.2	None

Sanjay Mantry	2019	0.3	none
Sumona McLaughlin (<i>Clinical Director- as of 1.2.2021</i>)	2017	0.75	none
David Miller	2019	0.3	NHS Forth Valley
Eoghan Miller	2020	0.3	NHS GG&C (Children's Hospital)
Soo Park	2019	0.3	NHS Lanarkshire
Jonathan Ross	2016	0.3	none
Suzannah Drummond	2021	0.05	NHS GG&C (Children's Hospital)
	Total	5.0	

4. Our Management Structure

Board

Chair	Susan Douglas-Scott, CBE
Chief Executive	Jann Gardner
Deputy Chief Executive, Director of Operations	June Rogers
Director of Quality, Innovation and People	Gareth Adkins
Director of Nursing	Anne Marie Cavanagh
Director of Global Development & Strategic Partnership	Angela Harkness
Medical Director	Mark MacGregor
Director of Finance	Colin Neill

National Elective Services Division Management Team

Director	Claire MacArthur
Deputy Director	Christine Divers
Deputy Director, National Commissioning	To be appointed
Associate Medical Director	Helen Mackie
Head of Nursing	Jane Rodman

Ophthalmology	
Service Manager	Elaine Stewart
Clinical Director	Sumona McLaughlin
Clinical Nurse Manager	Kirsty MacLean

5. What Do We Expect of You?

Teamwork

We expect all our Consultants to work constructively not only with consultant colleagues but all other members of the wider Ophthalmology team, respecting both the principles of GMC "Good medical practice" and the values of NHS Golden Jubilee.

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, as consultant ophthalmologist, you will be doing a mix of outpatient clinics and theatre, on a ratio of somewhere between 1:1 and 1:3 (clinic:theatre). In clinic you will be expected to work closely with our Optometrists, who carry out the full assessment of the patient, discuss treatment options and often arrive at an agreed management plan with the patient and taking informed consent, before presenting the patient to the clinic consultant. In theatre you will be expected to operate on patients taken from the pooled waiting list in addition to those you have listed yourself. We have devised a process of selection of patients suitable for the pooled waiting list which works very well, but is entirely reliant on our consultants being in agreement about the criteria used and how they are applied. Similarly, our service requires consultants to adhere to agreed departmental protocols (for example, regarding indications for the use of Toric lenses), to ensure smooth running of the service and equity of access to patients. You will be expected to give support to Optometrist and Nursing colleagues who triage post-op. calls from patients and to see a small number of review patients, as the need arises. You will also be expected to attend to clinical administration generated from your own clinical work, and on occasion on behalf of other consultant colleagues in the event of absence, through leave or illness.

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. Within the Ophthalmology department we have a very robust and secure process for monitoring intra-operative complications. Every surgeon is expected to log any significant events (Posterior capsule ruptures and Vitreous loss-with or without PCR) on the Theatre Management system at the end of the theatre list; results for the department are sent to the clinical Director monthly, and all surgeons are sent an anonymised report quarterly, allowing them to see their own results in comparison to others.

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.

Audit & Patient safety

The post holders will be expected to participate in audit both related to surgical and organisational practice.

Research & Development

The board is committed to supporting clinical research and has several highly performing research groups in interventional cardiology, heart failure, cardiothoracic surgery & 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.

We have no ophthalmology research and it is not a priority for this post. We will, however, support any credible research activity.

Training and Education

The Director of Medical Education is Alan Kirk (consultant thoracic surgeon).

In Ophthalmology, we have recently established a TSC (trainee selected component) training post with the West of Scotland TPD, so that experienced trainees can come to us and gain experience of high volume cataract surgery in a state of the art setting. Our first trainee joined us in August 2020.

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 is due to launch later in 2020, and will offer substantial opportunities to become involved in training and education for all healthcare professionals. Endoscopy simulation is a likely early investment.

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. Within Ophthalmology the monthly CME afternoon is for all Ophthalmology staff, during which there is a 30 minute Clinical Governance meeting. Consultant Ophthalmologists take it in turn to chair this Clinical Governance meeting and contribute to teaching. Because of the unusual constitution of our department (12 consultants or more, mostly part-time, with commitments elsewhere when not at the GJNH) we have a monthly Consultant meeting on a rolling Monday/Tuesday/Wednesday evening, lasting no longer than 90 minutes, by video conference, during which operational matters, clinical governance issues and clinical cases are discussed. This counts towards both Consultants SPE and CME.

Medical Appraisal & 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

We would like to appoint one or more consultant -ophthalmologists. We would be pleased to consider making less than full time appointments, down to a minimum of 2 PAs. We are keen to work with other boards to create “split posts”, which we have found work very well. Surgeons do exclusively cataract surgery here at the GJNH, and can then pursue other interests. For our current consultant team this includes General Ophthalmology, sub-specialty work, other non-clinical or non-NHS work.

The indicative job plans are based on a 10 PA contract and a 6PA contract (note flexibility above) with up to 2 extra programmed activities which may be available for those on 10PA's. *Clinical admin is available for job plans over 6PA's and is pro-rata. The indicative job plans will be reviewed within 12 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.

Indicative Job Plans – 10PA's

Day		PAs
Fixed sessions	Theatre	4-5
	Outpatients	2-3
Subtotal		7.0
Day & time not specified	Other SPA	1.0
	Personal SPA	1.0
	*Flexible Session / Clinical Admin (to be agreed)	1.0
Subtotal		3.0
Grand Total		10.0

Gold shading: DCC

Blue shading: SPA

Indicative Job Plans – 6PA's

Day		PAs
Fixed sessions	Theatre	3
	Outpatients	1
Subtotal		4.0
Day & time not specified	Other SPA	1.0
	Personal SPA	1.0
Subtotal		2.0
Grand Total		6.0

Gold shading: DCC

Blue shading: SPA

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
- 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 Sumona McLaughlin
Clinical Director for Ophthalmology
Email: Sumona.McLaughlin@gjnh.scot.nhs.uk
Telephone: 0141 951 5003

Dr Helen Mackie
Associate Medical Director
Email: helen.mackie@gjnh.scot.nhs.uk
Telephone: 0141 951 5957

Mrs Claire MacArthur
Divisional Director, National Elective Services Division
Email: claire.macarthur@gjnh.scot.nhs.uk

Telephone: 0141 951 5519

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:

Recruitment Person Specification – Consultant, Ophthalmology

Please note that numbered elements are used in the shortlisting process. If your written application does not clearly document your personal achievements in these areas it may lead to you not being shortlisted, especially for essential elements.

	Essential	Desirable	How /where
Qualifications/ Training	1. Full GMC Registration and Licence to Practice 2. FRCOphth. or equivalent 3. Included on Specialist Register (or eligible for admission to the register within 6 months of the interview date)		Application
Clinical Experience	4. General Ophthalmology 5. Proficiency in Phacoemulsification and IOL implantation under LA	6. Experience of cataract surgery in a high volume setting	Application/ Interview
Skills/ Knowledge	7. Knowledge of and skill relevant to the management of patients 8. Ability to communicate effectively with all levels of staff and patients 9. Ability to work efficiently and timeously 10. Good team player		Application/ Interview
Understanding of the objectives of the department, board and NHS Scotland	11. Knowledge of Cataract Services within GJNH. 12. Understanding of the GJ Board objectives 13. Understanding of NHS Scotland	14. Recent experience of working within the NHS	Application/ Interview
Teaching & Education	15. Experience of clinical supervision of postgraduate training doctors		Application/ Interview
Clinical Governance & Risk Management	16. Demonstrate experience and ongoing participation in clinical audit and evidence based practice	18. Understanding of risk management and national patient safety initiatives (SPSP)	Application/ Interview

	17. Key principles of clinical governance, data protection and patient safety	19. Previous experience as clinical lead, or clinical governance lead	
Research and innovation	Willingness to be innovative	11. Publication(s) in peer-reviewed journal(s) 12. Masters or doctorate level qualification in research 13. Demonstrable innovation	Application/ Interview
Understanding of GMC Requirements	Knowledge of 'duties of doctor' and good medical practice		Interview
Leadership		14. Evidence of involvement in delivering clinical service change 15. Masters level qualification in leadership or related subject	Application/ Interview