CONSULTANT PHYSICIAN IN
DIABETES & ENDOCRINOLOGY AND
GENERAL MEDICINE

Candidate’s Application Pack

JANUARY 2017
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PART 1

THE ROYAL WOLVERHAMPTON NHS TRUST

Our Vision and Values
Together with our staff we have developed a vision and set of values which form a framework for a positive and supportive environment for our patients, visitors and staff. We believe that all candidates should be able to demonstrate and be equally committed in fulfilling these values to be successful in their application.

Our vision and values are detailed below; if you feel that you are as committed as we are to their delivery, please continue with your application.

OUR VISION

“An NHS Organisation that is Striving Continuously to Improve Patient Experience and Outcomes”

OUR VALUES

Safe & Effective
- We will work collaboratively to prioritise the safety of all within our care environment.
- We will always communicate clearly.
- We will always raise concerns immediately and constructively.
- We will be open and candid with persons in our care and with colleagues.
- We will always work within our sphere of competence and maintain our knowledge and skills.

Kind & Caring
- We will always demonstrate a person centred approach.
- We will always act in a way that is respectful to others, our profession and ourselves.
- We will act in the best interest of others at all times.
- We will always make time to listen.
- We will go out of our way to make others feel valued for their efforts and achievements.

Exceeding Expectation
- We will always look for ways to improve our evidenced based practice and performance.
- We will always provide a learning and supportive culture.
- We will demonstrate positive attitudes to inspire others to achieve outstanding experiences.
- We will not accept mediocrity.
- We will grow a reputation for excellence as our norm.
The Trust
The Royal Wolverhampton NHS Trust was established in 1994 and is a major acute Trust providing a comprehensive range of services for the people of Wolverhampton, the wider Black Country, Staffordshire, North Worcestershire and Shropshire. It gained Cancer Centre status in 1997, was designated as the 4th Regional Heart & Lung Centre during 2004/05 and became one of the first wave Bowel Screening Centres in 2006. The Trust is the largest teaching hospital in the Black Country providing teaching and training to around 130 medical students on rotation from the University of Birmingham Medical School. It also provides training for nurses, midwives and allied health professionals through well-established links with the University of Wolverhampton.

One of the largest acute and community providers in the West Midlands the Trust has an operating budget of almost £510 million, more than 800 beds on 3 sites and employs around 8,000 staff. The Trust serves the catchment area of Wolverhampton with a core population in excess of 245,000 for its community services, 336,000 for its secondary care services and around one million for its tertiary services. The Trust has grown its specialist service portfolio and its income significantly over the last few years as part of a business strategy to increase tertiary services both directly and as a driver to secure secondary service referrals from Clinical Commissioning Groups on our geographical boundaries.

A range of specialty services are provided along with excellent pathology services based within a state of the art building covering most aspects of clinical biochemistry, haematology, microbiology and histology. There is a large, modern radiology department and an on-site neurophysiology department.

The Trust provides a comprehensive range of community, acute and specialist/tertiary services from the following locations:

- New Cross Hospital (secondary and tertiary services, Maternity, Accident & Emergency, Critical Care, outpatients)
- West Park Hospital (rehabilitation inpatient and day care services, therapy services, outpatients)
- More than 20 Community sites (community services for children and adults, Walk in Centre, therapy and rehabilitation services)
- Cannock Chase Hospital (General Surgery, Orthopaedics, Rheumatology, Dermatology)

Achievements
The last few years have seen the Trust reinforce its position as a leading healthcare provider. We have continued to drive forward change with clinicians and managers working in partnership to deliver the patient safety and quality agenda, push the boundaries of efficiency and productivity and embed cultural change to proactively manage issues such as mortality and Never Events.
**Developing Services for the Future**

The Trust’s business is delivering high quality, safe and effective healthcare to our patients. Our service strategy, informed by our vision and our strategic goals, ensures that:

- We maintain our position as the provider of choice for local people for a full range of services, thereby building on our vision and strategic goals.
- We consolidate our position as a major provider of community and acute healthcare within the Black Country and beyond into Shropshire and Staffordshire.
- We maximise opportunities through organic growth to extend our boundaries and market share, centralising only when needed and outreaching into the community where possible. Boundary extension into surrounding counties is a particular goal for tertiary services as a way of supporting our consolidation objective for a wider range of services.
- We ensure that strong sustainable safe services can be maintained for the people we serve.

Integral to all our plans moving forward is the continued growth of our tertiary services portfolio. This, linked to our increasing reputation for research, development and innovation will enable us to secure the provision of a full portfolio of clinical services across the community, secondary and tertiary continuum. Our service portfolio and clinical expertise put us in a unique position in our ability to respond to the changing health market where we will actively pursue opportunities to offer our services to a wider population.

The high quality of the services we deliver is based upon a foundation of excellent relationships between clinicians and managers working together in partnership to safeguard the organisation for the future. These relationships have enabled the Trust to drive through transformational change which has improved quality, driven out inefficiency and positioned the organisation at the top of the league.

**Urgent & Emergency Care Centre**

The new Urgent & Emergency Care Centre opened in November 2015. The provision of redesigned services within this new facility supports significant operational benefits for Emergency Services within the Trust and across Wolverhampton.

This provides:

- An Emergency Service which puts patients’ needs at the core of its provision
- An Emergency Service which achieves high quality and safe care provision, which is measured both by external and internal KPIs
- An Emergency Service where staff ask to work
- An Emergency Department which is perceived as the best in the West Midlands; one which staff from other organisations visit as a source of ideas and leadership
- An Emergency Service which has education, research and innovation at the heart of its provision
- An Emergency Service which is affordable for the local health economy

This underpins the cohesive vision of the local health economy in relation to urgent and emergency care and provides an improved, simplified and sustainable 24/7 urgent and emergency care system that supports the right care in the right place at the right time for all of our population. Our patients receive high quality and seamless care from easily accessible, appropriate, integrated and responsive services. Self-care is promoted at all access points across the local health economies and patients guided to the right place for their care and their views are integral to the culture of continuous improvement.

**GENERAL**

**Audit**
There is a fully staffed Audit Department with a well-organised team and there is regular, on-going clinical audit. Clinical audit has a strong base within the Trust and this has been incorporated into a robust clinical governance structure. This is being developed with the Trust Board having an increasing focus on the monitoring of clinical outcomes.

**Research & Development**
The Trust has a busy, proactive Research & Development Directorate with an overall objective to improve patient care, treatment and quality of life by the performance and dissemination of clinical research and innovation.

Formed in 1998, the R&D Directorate has grown rapidly in parallel with the development of the Trust’s research and innovation culture. The R&D Clinical Director and management team are supported by a team of experienced research nurses and administrators who operate efficient and effective systems for research management and governance. We aim to increase the opportunities for local patients and the public to participate in and benefit from, research.

The Directorate supports all research conducted within the Trust from questionnaire studies to randomised controlled trials and the Trust acts as sponsor for a variety of own account investigator led studies, guiding and streamlining the management of research across many clinical areas. The Directorate has established links with a number of Universities and other research partners and has a wealth of experience conducting commercial research.
The Trust takes pride in being the Host for the NIHR Clinical Research Network: West Midlands. Through the Network, support is generated across 6 clinical divisions to provide the infrastructure that allows high-quality clinical research to take place by helping researchers to set up clinical studies quickly and effectively; support the life-sciences industry to deliver their research programmes; provide health professionals with research training and work with patients to ensure their needs are at the very centre of all research activity.

With the on-going dedication of enthusiastic researchers we aim to establish the Trust as a recognised centre of research excellence and attract, develop and retain the best professionals to conduct NHS research and deliver the highest quality care.

**Continued Professional Development, Revalidation and Appraisal**

Continued Professional Development (CPD) for Consultant Staff is supported and encouraged by the Trust, within funding, time and facilities available.

Medical revalidation is the process by which the General Medical Council (GMC) confirms the continuation of a doctor’s licence to practise in the UK, provides greater assurance to patients, the public, employers and other healthcare professionals that licensed doctors are up-to-date and fit to practise. It is a key component of a range of measures designed to improve the quality of care for patients.

The Trust fully supports the GMC’s Revalidation agenda and we have a dedicated Revalidation Support Team who support the co-ordination of Revalidation and medical appraisal activity, providing personalised support for all consultants, which includes the facilitation of 360° Multi-Source Feedback, providing advice and guidance on completing appraisal documentation and sourcing evidence.

A mentoring programme is in place for consultants at the Trust and newly appointed consultants are routinely offered a consultant mentor in line with Royal College and GMC requirements.

**Undergraduate Medical Education**

We are a teaching Trust of the University of Birmingham and we aim to provide high quality undergraduate medical education to inspire our future doctors to deliver excellent medical care and patient safety.

**Health and Safety**

All employees of the Trust have a responsibility to abide by the safety practices authorised by the Trust. They have an equal responsibility with the management for maintaining safe working practices.

**Infection Prevention and Control**

All healthcare workers have an overriding duty of care to patients and are expected to comply fully with best practice standards. As a senior medical staff member you must act as a role model in reducing all risks of patient harm. You have a responsibility to comply with Trust policies for personal and patient safety and for the prevention of Healthcare Associated Infection (HCAI). This includes a requirement for rigorous and consistent compliance
with Trust policies for hand hygiene, use of personal protective equipment, safe disposal of sharps, dress code and compliance with mandatory training requirements. Knowledge, skills and behaviour in the workplace should reflect this; at annual appraisal you will be asked about application of practice measures known to be effective in reducing HCAI.

**Standards of Behaviour**
As an employee of the Royal Wolverhampton NHS Trust you will have an absolute commitment to the delivery of high quality services for our patients and for their right to be treated with dignity and respect.

**Safeguarding**
All employees have a responsibility to support the safety and well-being of children, young people and adults at risk of harm and to practice in accordance with legislation. Knowledge, skills and competency are to be maintained according to role and responsibilities in order to fulfil Safeguarding Children and Adults at Risk responsibilities. All employees are expected to comply with existing local Safeguarding policies and procedures, and Trust and Wolverhampton Safeguarding Children Board and Safeguarding Adults at Risk requirements.

**TRUST EXECUTIVE STRUCTURE**
The Executive Directors of the Trust are:

- **David Loughton CBE**  Chief Executive
- **Kevin Stringer**  Chief Financial Officer
- **Cheryl Etches OBE**  Chief Nursing Officer / Deputy CEO
- **Dr Jonathan Odum**  Medical Director
- **Gwen Nuttall**  Chief Operating Officer

In addition, the following Directors also sit on the Trust Main Board:

- **Alan Duffell**  Director of Workforce
- **Mike Sharon**  Director of Planning and Contracting

The Medical Director is the Trust Lead for Clinical Governance and to assist him in this role Associate Medical Directors, who are members of the consultant staff, have been appointed as follows:

- **Dr B Mckaig**  Associate Medical Director for Revalidation
- **Dr L Dowson**  Divisional Director for Division 2
- **Dr A Viswanath**  Divisional Director for Division 2
- **Prof B Singh**  Clinical Director for IT
- **Dr J Cotton**  Clinical Director of R & D
- **Dr M Cooper**  Director of Infection Prevention & Control
- **Dr D Rowland**  Cancer Lead

**TRUST DIVISIONAL STRUCTURE**
A Divisional and Clinical Directorate system operates within the Trust. There are two divisions consisting of the following specialties, which are grouped under Divisional Management units. Each has a dedicated management
team comprising of Divisional Medical Directors, a Deputy Chief Operating
Officer and a Head of Nursing. Each Directorate within the Divisions are led by a Directorate Management Team comprising of a Clinical Director, Directorate Manager and Matron.

The Divisional Medical Directors, whilst retaining his/her clinical commitments, also undertake responsibility for formulating the Division’s strategic development, management of the budget and clinical governance.

<table>
<thead>
<tr>
<th>Division 1</th>
<th>Division 2</th>
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<tbody>
<tr>
<td>➢ Radiology</td>
<td>➢ Adult Community Services</td>
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<td>➢ Pathology</td>
<td>➢ Rehabilitation</td>
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<tr>
<td>➢ ITU/Anaesthetics/Theatres</td>
<td>➢ Care of the Elderly</td>
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<td>➢ Cardiotoracic</td>
<td>➢ Stroke</td>
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<td>➢ General Surgery</td>
<td>➢ Neurology</td>
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<td>➢ Urology</td>
<td>➢ Rheumatology</td>
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<tr>
<td>➢ Trauma &amp; Orthopaedics</td>
<td>➢ Sexual Health</td>
</tr>
<tr>
<td>➢ Obstetrics and Gynaecology</td>
<td>➢ Dermatology</td>
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<tr>
<td>➢ Ophthalmology</td>
<td>➢ Respiratory</td>
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<td>➢ Head and Neck</td>
<td>➢ Diabetes</td>
</tr>
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<td>➢ Children’s Services</td>
<td>➢ Gastroenterology</td>
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<td></td>
<td>➢ Renal</td>
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<td>➢ Emergency Services</td>
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<td>➢ Therapy Services</td>
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<td>➢ Pharmacy</td>
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<td></td>
<td>➢ Oncology/Haematology</td>
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**LOCAL INFORMATION**

**The City of Wolverhampton**

Wolverhampton is a modern industrial city situated on the western fringe of the Black Country. It is compact, with no boundary more than four miles from the centre. It is approximately a 30 minute drive to Birmingham (15 miles) and 1 hour 20 minutes to Manchester (60 miles).

Wolverhampton is an urban, multi-ethnic city with a population of around 250,000. This is made up of 77.79% white and 22.21% black and other ethnic minorities. The wider hospital catchment area has a population of in excess of 350,000.

Shopping in Wolverhampton offers a varied selection of facilities and amenities. There are modern shopping precincts (the Mander Centre and the Wulfrun Centre) with further shopping areas in Darlington, Victoria and Dudley Streets along with Queen Square. Shopping is also available in nearby conurbations, including Birmingham.

There are the usual public amenities found in cities. The Civic and Wulfrun Halls are used for concerts and promotions. In addition, there is an Art Gallery and a good public library. The Grand Theatre in the city centre has been extensively refurbished. The city centre has an active nightlife, offering a variety of night clubs, bars, restaurants and a
cinema. Sporting facilities include Wolverhampton Wanderers Football Club, several health and fitness clubs as well as clubs for cricket, hockey, rugby, tennis, squash, athletics, and sailing. In addition there is an all-weather racetrack for horses and at least six golf clubs are within easy reach.

**Accommodation and Education**

The main residential areas within the city are situated on the western boundary and include Tettenhall, Wergs, Wightwick, Compton, Finchfield, Merry Hill and Penn. In addition there is a more modern housing development at Perton which offers choice at all price levels. This development has its own supermarket and supporting shops, schools and churches which makes this area a self-contained community.

Outside the city there are numerous villages, both small and large, which offer attractive opportunities for housing. They include Beckbury, Ryton, Burnhill Green, Pattingham, Worfield, Claverley, Seisdon, Trysull and Albrighton to the west, Brewood and Codsall to the north and Womborne to the south. There is further choice of residential areas between Wolverhampton and Birmingham if family needs so require.

Education is well catered for with many excellent maintained schools, Wolverhampton College and the University of Wolverhampton. Independent schools include the Wolverhampton Grammar School, the Royal Wolverhampton School, Tettenhall College, St Dominics (Brewood), Birchfield Boys Preparatory and Newbridge Mixed Preparatory Schools.

**The Environs**

To the south east is the Black Country (with the major urban areas of Dudley, Walsall and Wolverhampton) which used to be the industrial heartland of England. There is a working Black Country Museum at Dudley, which offers an opportunity to see the cultural heritage of the Industrial Revolution. In addition Birmingham, England's second city, is only 15 miles away. Facilities there include theatres, concert halls and the major sporting facilities of Aston Villa, West Bromwich Albion and Birmingham City Football Clubs, Warwickshire County Cricket Club at Edgbaston and the Alexander Athletics Stadium. There is also the Barclaycard Arena (NIA) and National Exhibition Centre which host many national and international events.

The nearby countryside of Staffordshire and Shropshire is delightful. To the north is Cannock Chase and to the west the Shropshire borders with attractions of Bridgnorth, the Clee Hills, the Long Mynd, Wenlock Edge, and the Severn Valley. South of Wolverhampton, the City of Worcester is easily accessible, and to the west north-Wales can be reached in just over an hour. The area has a large network of canals, the majority renovated, offering adjacent housing and popular for narrow boat holidays.
**Transport Links**

Travel links to Wolverhampton are excellent. The area is well served by the motorway network, with the M5, M6 and M54 within easy reach. There are regular direct rail services to London Euston (journey time about 2 hours) and to Manchester (journey time about 1 hour). Cross country rail services to many parts of England and Scotland are operated by Virgin Trains which has its hub in Birmingham.

Birmingham International Airport is 30 minutes away by road and Manchester International Airport can be reached within 1 hour 20 minutes.
PART 2

JOB DESCRIPTION

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Consultant in Diabetes &amp; Endocrinology</th>
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</thead>
<tbody>
<tr>
<td>Grade</td>
<td>Consultant</td>
</tr>
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<td>Programmed Activities (PAs)</td>
<td>10 PAs</td>
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<tr>
<td>Division</td>
<td>Division 2 - Medicine</td>
</tr>
<tr>
<td>Work Base</td>
<td>New Cross Hospital, Wolverhampton</td>
</tr>
<tr>
<td>Tenure</td>
<td>Permanent</td>
</tr>
<tr>
<td>Operationally Accountable to</td>
<td>Chief Operating Officer through the Clinical Director</td>
</tr>
<tr>
<td>Professionally Accountable to</td>
<td>Medical Director</td>
</tr>
</tbody>
</table>
| Key Working Relationships  | Clinical Director 
General Manager  
Specialty Manager  
Professional Head  
Consultant and Senior Medical Staff  
Doctors in Training |

1.1 District Diabetes Services

The Diabetes and Endocrine service is based in a purpose built centre and includes an established Wolverhampton diabetes information system, district wide diabetes retinal screening programme, foot screening service, dietetics and a variety of nurse led clinics. There are established care pathways and specialist clinics for complex diabetes care (renal, antenatal, pump, adolescents & young people, special therapy, joint peritoneal dialysis and high risk foot clinic).

We have a well-established inpatient diabetes team (diabetes outreach) who provide a proactive, IT driven and risk-stratified service. The outreach team has demonstrated improved bed occupancy for diabetes patients through reductions in unnecessary admissions, delayed discharges, and re-admissions and through improved allocation of patients to appropriate specialist care.

We provide comprehensive care for inpatients on the diabetes ward and have demonstrated the benefits of 7 day working which includes weekend ward rounds.

Wolverhampton has a longstanding tradition of effective diabetes care through its co-working arrangements with primary care and community teams, which is encapsulated our model of care called
WICKED. This has received national recognition and we are in the process of securing the future of this care model.
Our service prides itself on being progressive and innovative. We wish to support all forms of developmental activity that improve the quality of care for our patients. Central to that is the need to ensure continuous professional development of our staff. The post holder will have support and every opportunity to grow and develop. We have a strong history of clinical research and have published consistently year on year.

For more information regarding our service please refer to
http://www.wdconline.org.uk/

1.2 Endocrinology Services

Wolverhampton has a full-fledged service with general endocrine clinics on Tuesday at New Cross Hospital and on Thursday afternoon at Cannock Hospital. We have a dedicated RAI clinic, joint thyroid/parathyroid and thyroid eye disease clinics with our surgical colleagues. Professor R Gama, Consultant in Chemical Pathology, runs an endocrine investigations service in the department on Thursday afternoons. Full imaging services are available on site. Clinical and Radiology Endocrine meetings are held in the department on a monthly basis. Tertiary referral centres are in Birmingham and Stoke.

1.3 Consultant Team

The post holder/s will join 7 other consultants within the Diabetes and Endocrine establishment.

Prof BM Singh was appointed in 1994. His current clinical and research commitments are now only in Diabetes. He holds additional roles as Clinical Director of IT with the Trust, Associate Dean with the West Midlands Deanery and leads the ABCD National Consultant Mentorship Programme. He is currently seconded part time to develop a post graduate medical school with the University of Wolverhampton. He was appointed Professor of Academic Medicine in 2015, giving the unit its professorial status.

Dr H Buch has been in post for 10 years. He is the clinical lead for endocrinology. He is currently the consultant responsible for the direct educational and managerial supervision of the non-consultant doctors and departmental CME activities.

Dr A Viswanath is also the Divisional Medical Director for Division two and has been in post for 9 years. He is also the joint lead for Antenatal Endocrine service, obesity service and oversees the diabetes foot screening programme and in-patient diabetes care.

Dr. R Raghavan is the Clinical Director for diabetes and endocrinology and has been in post for 5 years.
He is the clinical lead for district wide diabetes retinal screening programme. Dr. Raghavan leads the pump and intensive type 1 programme and adolescent services. Dr. Raghavan is the Trust clinical Lead for VTE prevention and a senior academy tutor.
Dr. Cherukuri was appointed in 2014 and supports diabetes renal service and in-patient diabetes care. She is the departmental lead for audit and leads 3\textsuperscript{rd} year undergraduate teaching.

Dr. Hariman has been in post since August 2015. He is leading the high risk foot service and supports antenatal care and leads 4\textsuperscript{th} year undergraduate teaching.

Dr. J Young was appointed in 2016 and covers the foot service, pump clinic and general diabetes and endocrinology.

Dr. K Jadoon was appointed in 2016 and covers foot service, radioiodine clinic, and general diabetes and endocrinology.

1.3.1 Consultant Co-working

Consultants in Diabetes & Endocrinology work as a unified team to maximise efficiency of the service, develop key areas and minimise duplication. This process incorporates the principles of flexibility, co-working and cross cover amongst consultants in a process that is being duplicated in several specialities within Medicine. These general principles govern the job plan of all consultants within the specialty. Accordingly, over time, job plans will vary according to the needs of the service. These will be balanced against the changing commitments of individual consultants, in particular new ways of working as our service increases its community orientated perspective and effective inpatient care.

The post holder will work with the existing team to support, develop and deliver a comprehensive outpatient and inpatient service. With the proposed expansion the consultants rotate roles regularly, with 4 consultants at any one time covering in-patients whilst the remaining 4 will have an increased OPD commitment. We cover 48 inpatient beds in the diabetes ward (C15 &16) plus any outliers on our twinned surgical ward (D7), and support the Diabetes Outreach (Inpatient) Service. With the trust taking over Cannock Chase hospital there has been an expansion in outpatient activity especially at the Cannock hospital site with the potential for further developments.

The Post-holder will have the opportunity of developing services especially in the arena of in-patient diabetes and endocrine care, support to high-risk surgical patients, transitional endocrine care and providing support to the expansion of type1 diabetes, pump and obesity services. Developing an active clinical research portfolio will be encouraged.
1.3.2 Consultant team timetable

The timetable below refers to the service timetable and an individual consultant’s programme will be agreed in the job planning process in line with the sections below. Work pattern will vary according to monthly rotating responsibilities. At any one time 4 consultants will be off ward, 3 will be covering inpatients on the diabetes ward (C16 & 15) and 1 consultant covering Diabetes Outreach and outliers.

<table>
<thead>
<tr>
<th>DAY</th>
<th>AM</th>
<th>PM</th>
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<tbody>
<tr>
<td>Monday</td>
<td>Diabetes new patient and rapid access clinic Ward round</td>
<td>Teaching (4th Year medical) New patient clinic Diabetes Outreach/outliers Joint Thyroid/parathyroid clinic</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Endocrine clinic Ward review</td>
<td>Diabetes meeting Team Clinical Governance Endocrine clinic Diabetes Outreach/outliers Diabetes clinic Joint Thyroid Eye Clinic</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Diabetes clinic High risk foot clinic Ward round</td>
<td>Endocrine meeting/ Journal club Diabetes Outreach/outliers Diabetes clinic Joint Thyroid Eye Clinic</td>
</tr>
<tr>
<td>Thursday</td>
<td>Diabetes clinic Special therapies Insulin Pump Joint High risk foot clinic Ward review Radio-iodine clinic</td>
<td>Diabetes Renal MDT/ Endocrine Radiology MDT Diabetes Outreach/outliers Diabetes Renal clinic Joint Obesity clinic Adolescent joint clinic</td>
</tr>
<tr>
<td>Friday</td>
<td>Ward round Diabetes clinic High risk foot clinic Joint antenatal clinic</td>
<td>Grand Round Monthly Governance &amp; Directorate meetings Young</td>
</tr>
<tr>
<td>Saturday/Sunday</td>
<td>Ward round C15/C16</td>
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</tbody>
</table>
1.2 Diabetes Establishment and Key Internal Working Relationships

**Medical**
2 GP Clinical Assistants
2 SPR in Diabetes/Endocrinology,
3 Trust appointed middle grades (Teaching fellows) 1 MD Research Fellow
2 CMT, 2 FY2 and 4 FY 1 doctors

**Nursing**
8 WTE Specialist Diabetes Nurses
1 WTE Registered Nurses
1.28 WTE Clinic Nursing Assistants
1.0 WTE Asian Support workers/Diabetes educator

**Speciality Management**
Clinical Director
Matron
Directorate (Group) manager

**Dieticians**
0.6 WTE

**Chiropodists**
1.6 WTE Diabetes Specialist Chiropodists

**Diabetes Information Service**
0.54 WTE Retinal Screening Facilitator
1.08 WTE Clerical Support

**Secretarial Support**
Currently 0.5 WTE per Consultant

**Clerical/Administrative Staff**
3.0 WTE

1.4 Key External Working Relationships

Dr. N Pargass – Paediatrics
Mr A Bhatnagar –
Ophthalmology Mr S
Sandramouli – Ophthalmology
Mr D Churchill – Obstetrics
Dr P Carmichael – Nephrology
Professor R Gama – Chemical Pathology Mr S Hobbs – Vascular Surgeon
Mr A Garnham – Vascular and Endocrine Surgery
1.5 **District Diabetes Register (Wolverhampton Diabetes Information System)**

The Wolverhampton Diabetes Information System has been developed over several years. It is the core component of the district integrated diabetes care system, district wide diabetes audit and the retinal screening programme. It has been modernised to run web-based, information driven services. It is audited to maintain a very high level of data accuracy.

1.6 **District Diabetes Retinal Screening**

A highly effective digital systematic non-referral pathway is in place.

1.7 **Service development in Diabetes**

A variety of aspects of the diabetes service need to continue to develop in relation to local, regional and national initiatives. A variety of care protocols are established in line with National Service Frameworks in addition to processes which facilitate their implementation district wide.

The post holder will be expected to participate in development of clinical services and provide clinical leadership, working towards defined objectives with the Directorate structure.

The post holder will be both encouraged and be expected to actively participate in a variety of exciting developmental areas including foot, renal, obstetrics and obesity services.

It is emphasised that the crucial perspective of our specialist team is to work in partnership with primary care to develop effective patient centred, whole systems, integrated processes and services. The post holder will have a key role in pan district aspects of clinical governance and staff training.
SECTION 2

2 THE POST

2.1 Main Aims and Objectives of the Post

We are looking to appoint an additional colleague in Diabetes & Endocrinology to enable the directorate to provide comprehensive care for patient on the diabetes wards, support inpatient diabetes care, effectively deliver outpatient clinical services, support and up skill primary care teams and implement the integrated diabetes care model.

General Acute Take

The post holder will participate in the acute general medicine rota. A new purpose built Urgent & Emergency Care Centre (UECC) was opened in November 2015. All patients arriving through the common emergency portal are triaged by the senior ED (emergency department) staff. Essentially there will be 2 consultants on-call for acute & general medicine during the week day and weekends each with a registrar and team of junior doctors. Medical patients are reviewed by medical consultants in the Physician A rota with the team based in ED, and those requiring admission are either transferred to the specialist wards or to the acute medical admissions unit (AMAU). Physician B is based in the AMAU and provides senior cover for patients admitted acutely to the medical unit from the emergency department. Consultant B is expected to cover the unit from mid-day and review patients admitted during the day and the following morning only review those that have moved to outlying wards following the night admissions. The Acute Physicians do the morning post-take ward round on the AMAU for patients admitted overnight. The frequency of on-call for consultant A is 1in12 and for consultant B is 1 in 28 (from a 7 person team). All medical specialties including Diabetes are expected to contribute to the Consultant A rota till acute physician’s team are able to fully recruit to the vacant posts. In diabetes we plan to cover this on a rotational basis.

2.3 Principle Duties of the Post

Work closely with clinical colleagues, to provide and further develop diabetes/endocrinology/medical services for the Trust in collaboration with colleagues in all disciplines including primary and tertiary care where appropriate to provide an integrated service for patients.

- To provide OPD diabetes/endocrinology/medical services in conjunction with the established physicians operating a system of cross cover for annual, study and professional leave.
• To cover diabetes wards on a rotational basis, where there are approximately 16 in-patients under his/her care plus any outlying medical patients in the „twinned“ surgical ward.

• The diabetes team provides effective in-patient care, which includes 7 day working. The post-holder will be required provide weekend cover on a rotational basis.

• To develop such special skills and interests appropriate to the agreed overall development of the department.

• To take an equal share of general acute medical takes and be responsible within the Consultant based ward system for continuing care.

• To develop and maintain collaborative relationships with medical colleagues in other specialties and participate, where appropriate, in clinical meetings and other postgraduate activities.

• To take joint responsibility for the professional supervision and development of trainee doctors in the department. This will include the appraisal and supervision of junior doctors. The post holder will be involved in the teaching of medical students from the Birmingham Medical School.

• To develop and maintain excellent communications with general practitioners and appropriate external agencies.

• To demonstrate a firm commitment to Clinical Governance, Risk Management and Clinical Audit – This will include the development and maintenance of appropriate systems and practices to ensure continued safe clinical practice.

• To ensure own practice is up-to-date. This will include taking responsibility for own continuing professional development and participating in the Trust”s Performance Review.

• To comply with all relevant Trust policies and procedures.

2.4 Job Plan

In line with the ethos and spirit of team working and shared responsibility of this consultant body and the rotational “off ward” and “on ward roles” all individual job plans will vary month by month.

In agreement with the Clinical Director, the individual job plan will represent a mix of OPD (3-4 clinics per week), ward (0-5 ward
rounds per week) and acute on call work to minimally deliver a 10 PA content at commencement (see sample timetable and job plan). Within any allocation up to 2.5 SPA’s are allocated for administration, continuing professional development, teaching, educational supervision and quality improvement activities. The post holder
will be the nominated clinical supervisor for 2 trainees with 0.25 PA allocated for each trainee. It should be noted that SPA allocation is subject to neither a minimum nor a maximum, and should be evidenced at job planning. Capacity for enhanced research, governance or managerial activity is afforded by negotiating through the job planning process and will be encouraged and supported.

The service will be highly receptive to the changing needs of individual consultants as their commitments and interests expand, develop or change direction.

2.4.1 Individual OPD sessions will vary according to needs and interests and ward round sessions will only be required when on ward duty.

2.4.2 The post holder will be required to participate in the consultant on call commitment and be expected to cancel fixed commitments and give priority to the post take ward rounds.

2.4.3 The post holder will be strongly encouraged to develop interests and pursue a rewarding continuing professional development plan. There is a developing and productive Diabetes Research Group. There are considerable opportunities to explore clinical research and its relevance to effective heath care delivery, particularly in the context of multi-disciplinary and cross- organisational working relationships.

2.4.4 The successful candidate will have their own desk and office space shared with one other consultant, a personal PC with internet access, and personal secretarial support. The diabetes consultants share a personal assistant between two with separate, additional pooled typing support.

2.5 **Clinical Governance**

Everyone is expected to participate in all aspects of clinical governance. The post holder will ensure that all services are provided in an effective and efficient manner and that the principles of risk management and clinical governance are maintained at all times.

2.5.1 **Clinical Audit:** One session per month is devoted to clinical audit attended by all consultants and junior staff. A full time audit officer, who is responsible for prospective audit studies as determined by the Division, supports this activity.

2.5.2 **Education:** The Wolverhampton Medical Institute – the Postgraduate Centre on the New Cross site, provides excellent library and postgraduate facilities in a modern and rapidly expanding environment. There is a very active postgraduate programme for hospital staff, general practitioners, nurses and
professions allied to medicine. Regional and national meetings are regularly held in the centre. The Trust now has medical undergraduate teaching hospital status and medical student numbers are substantial.
There is a high expectation for consultants to maintain an exemplary standard in their continuing medical education and professional development and in their roles as educational supervisors, mentors and teachers. It is expected that all newly appointed consultants will attend the local “training consultant teachers” course or an equivalent.

2.5.3 **Research and Development:** Many consultants are involved in research. This is mainly clinical in nature but there are a number of epidemiological and basic science projects in publication. The Research and Development Directorate is now well established and provides infrastructure support to encourage and facilitate research activity and to provide help in seeking funds. There is outstanding experience in clinical research and collaborative links with the pharmaceutical industry.

2.5.4 **Mentorship:** Any newly appointed consultant will have access to a full personal development process within the trust which will include mentorship. In addition they will have access to the ABCD National Diabetes Consultant Mentorship Programme (of which Prof B M Singh is the national lead).

2.5.5 **Appraisal and Revalidation:** Annual appraisal with a trained appraiser will be provided. The Trust has a revalidation support office which supports all doctors going through the revalidation process including advice, practical support and ensuring timely reminders of appraisal due date.
**Sample Job plan and timetable**

### Ward cover week

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Work</th>
<th>Location</th>
<th>Category</th>
<th>No. of</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monday</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0900-1000</td>
<td>Ward round</td>
<td>Diabetes ward</td>
<td>DCC</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>1000-1100</td>
<td>New patient clinic</td>
<td>OPD</td>
<td>DCC</td>
<td>0.7</td>
</tr>
<tr>
<td></td>
<td>1100-1200</td>
<td>Admin</td>
<td>Office</td>
<td>DCC</td>
<td>0.2</td>
</tr>
<tr>
<td><strong>Tuesday</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0900-1000</td>
<td>Ward</td>
<td>Ward</td>
<td>DCC</td>
<td>0.2</td>
</tr>
<tr>
<td></td>
<td>1000-1100</td>
<td>Junior doctor supervision 2</td>
<td>Office</td>
<td>SPA</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>1200-1300</td>
<td>Admin</td>
<td>Office</td>
<td>DCC</td>
<td>0.2</td>
</tr>
<tr>
<td></td>
<td>1300-1400</td>
<td>Departmental</td>
<td>Diabetes centre</td>
<td>SPA</td>
<td>0.2</td>
</tr>
<tr>
<td></td>
<td>1400-1500</td>
<td>Endocrine clinic (alternate week)</td>
<td>Office</td>
<td>DCC</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Wednesday</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0900-1000</td>
<td>Ward round</td>
<td>Diabetes Ward</td>
<td>DCC</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>1300-1400</td>
<td>Wednesday meeting/Journal</td>
<td>Diabetes centre</td>
<td>SPA</td>
<td>0.2</td>
</tr>
<tr>
<td></td>
<td>1400-1500</td>
<td>Diabetes clinic (alternate week)</td>
<td>Diabetes centre</td>
<td>DCC</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>1700-1800</td>
<td>Admin</td>
<td>Office</td>
<td>SPA</td>
<td>0.2</td>
</tr>
<tr>
<td><strong>Thursday</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0900-1000</td>
<td>High risk foot clinic</td>
<td>Diabetes centre</td>
<td>DCC</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>1100-1200</td>
<td>Teaching</td>
<td>Diabetes centre</td>
<td>SPA</td>
<td>0.2</td>
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<tr>
<td></td>
<td>1300-1400</td>
<td>Admin</td>
<td>Office</td>
<td>SPA</td>
<td>0.2</td>
</tr>
<tr>
<td></td>
<td>1400-1500</td>
<td>free</td>
<td></td>
<td></td>
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<td><strong>Friday</strong></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>0900-1000</td>
<td>Ward round</td>
<td>Diabetes ward</td>
<td>DCC</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>1000-1100</td>
<td>Medical institute</td>
<td>Grand Round</td>
<td>SPA</td>
<td>0.2</td>
</tr>
<tr>
<td></td>
<td>1100-1200</td>
<td>Departmental Governance meeting (once a)</td>
<td>Diabetes centre</td>
<td>SPA</td>
<td>0.2</td>
</tr>
<tr>
<td></td>
<td>1200-1300</td>
<td>Audit</td>
<td>Office</td>
<td>SPA</td>
<td>0.2</td>
</tr>
<tr>
<td></td>
<td>1300-1400</td>
<td>Service</td>
<td>Office</td>
<td>SPA</td>
<td>0.2</td>
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<tr>
<td><strong>Weekend ward</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0900-1200</td>
<td>Ward round (1 in 4-6)</td>
<td>Diabetes ward</td>
<td>DCA</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Acute medicine on-</strong></td>
<td></td>
<td>Works out to 1 in 20 on-call</td>
<td></td>
<td>DCC</td>
<td>1.0</td>
</tr>
</tbody>
</table>

**Total DCC (Direct Clinical Care)**  
DCC 8.0

**Total SPA (Supporting Professional Activity)**  
SPA 2.2

**Total PA**  
10.25

---

JD – Consultant in Diabetes & Endocrinology  
MED-253
## Off Wards week

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Work</th>
<th>Location</th>
<th>Category</th>
<th>No. of PAs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monday</strong></td>
<td>0900-1300</td>
<td>New patient clinic</td>
<td>OPD</td>
<td>DCC</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>1300-1400</td>
<td>MDT (Renal/foot)</td>
<td>Diabetes centre</td>
<td>DCC</td>
<td>0.25</td>
</tr>
<tr>
<td></td>
<td>1400-1700</td>
<td>Low GFR clinic or</td>
<td>OPD</td>
<td>DCC</td>
<td>0.25</td>
</tr>
<tr>
<td><strong>Tuesday</strong></td>
<td>0900-1000</td>
<td>Endocrine clinic</td>
<td>OPD</td>
<td>DCC</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>1300-1400</td>
<td>Departmental meeting</td>
<td>Diabetes centre</td>
<td>SPA</td>
<td>0.25</td>
</tr>
<tr>
<td></td>
<td>1400-1600</td>
<td>Junior doctor supervision 2 juniors</td>
<td>Office</td>
<td>SPA</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>1600-1700</td>
<td>Management</td>
<td>Office</td>
<td>SPA</td>
<td>0.25</td>
</tr>
<tr>
<td><strong>Wednesday</strong></td>
<td>0900-1300</td>
<td>Admin</td>
<td>Office</td>
<td>DCC</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>1300-1400</td>
<td>Wednesday meeting/Journal</td>
<td>Diabetes centre</td>
<td>SPA</td>
<td>0.25</td>
</tr>
<tr>
<td></td>
<td>1400-1700</td>
<td>Diabetes renal clinic or Antenatal clinic (alternate)</td>
<td>Renal unit/Maternity</td>
<td>DCC</td>
<td>0.50</td>
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<tr>
<td></td>
<td>1700-1800</td>
<td>Admin</td>
<td>Office</td>
<td>DCC</td>
<td>0.25</td>
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<tr>
<td><strong>Thursday</strong></td>
<td>0900-1300</td>
<td>High risk foot clinic (alternate week) Specialist</td>
<td>DCC</td>
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<tr>
<td></td>
<td>1300-1400</td>
<td>Teaching</td>
<td>Diabetes centre/WMI</td>
<td>SPA</td>
<td>0.25</td>
</tr>
<tr>
<td></td>
<td>1400-1700</td>
<td>Admin</td>
<td>Office</td>
<td>DCC</td>
<td>0.75</td>
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<tr>
<td><strong>Friday</strong></td>
<td>0900-1300</td>
<td>Diabetes clinic</td>
<td>OPD</td>
<td>DCC</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1300-1400</td>
<td>Medical institute</td>
<td>Grand Round</td>
<td>SPA</td>
<td>0.25</td>
</tr>
<tr>
<td></td>
<td>1400-1500</td>
<td>Departmental Governance meeting (once a)</td>
<td>Diabetes centre</td>
<td>SPA</td>
<td>0.25</td>
</tr>
<tr>
<td></td>
<td>1500-1600</td>
<td>Audit</td>
<td>Office</td>
<td>SPA</td>
<td>0.25</td>
</tr>
<tr>
<td></td>
<td>1600-1700</td>
<td>Service</td>
<td>Office</td>
<td>SPA</td>
<td>0.25</td>
</tr>
<tr>
<td><strong>Weekend ward cover</strong></td>
<td>0900-1300</td>
<td>Ward round (1in 4-6 weekends)</td>
<td>Diabetes ward</td>
<td>DCA</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Acute medicine on-call</strong></td>
<td></td>
<td>Works out to 1 in 15 on-call (approximately 2-3 pm)</td>
<td>DCC</td>
<td>1.0</td>
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</tr>
</tbody>
</table>

**Total DCC (Direct Clinical Care)**  
DCC  7.5

**Total SPA (Supporting Professional Activity)**  
SPA  2.50

**Total PA**  
10.0
PART 4
CONDITIONS OF EMPLOYMENT

Terms and Conditions of Service
The successful appointee will be employed by the Royal Wolverhampton NHS Trust subject to the National Terms and Conditions as per the new Consultant Contract (England) 2003 as amended from time to time. This job description is not exhaustive and may be updated from time to time, with consultation, as the needs of the service dictate. A Joint Local Negotiating Committee is in place and any revised Terms and Conditions will be negotiated within that Committee.

Tenure
The appointment is a substantive, full or part time position which, unless terminated, will be held until retirement. The notice period is three months on either side. The appointment is subject to the provisions of Schedule 14 of the TCS.

Salary
The salary scale is that of the Consultant Grade and the current scale is £76,761 rising to £103,490 per annum (2017/18 rates) for 10 programmed activities per week. Any agreed extra programmed activities and on-call requirement will be paid in addition to the basic salary.

Pay progression will be on the anniversary of appointment and is subject to satisfactory participation in annual appraisal, the completion of a job plan review and agreed personal objectives as set out in Schedule 15 of the TCS.

Starting salary will be determined according to the TCS. Where a candidate has service, in or outside the NHS, which s/he feels should be taken into account in determining the starting salary, this will be considered following the offer of appointment.

Annual Leave
The annual leave entitlement is 32 working days per annum rising to 34 days on completion of 7 years consultant service. In addition, there is an entitlement to 8 days Public Holiday per annum. Personal leave years will run from 1 April. At least six weeks’ notice is required before taking annual leave.

Study Leave
Study Leave entitlement is at the rate of 30 days over a 3-year period. At least six weeks’ notice is required before taking study leave.

Superannuation
This post is superannuable under the NHS Pension Scheme for the main contract only. Additional Programmed Activities are not superannuable.
Registration
Candidates must have full registration and a licence to practise with the GMC for the duration of the appointment. In addition, you are required to appear on the Specialist Register or be within 6 months of the award of CCT at time of interview.

Residence
The post-holder will reside within a distance of 30 minutes or ten miles by road from their designated base hospital and will ensure clear arrangements are in place to be contacted immediately when on call.

Travelling Expenses
Travelling expenses are paid in accordance with the TCS.

Potential applicants wishing to visit the Trust will be reimbursed for two preliminary visits (one informal visit prior to application and one for the formal visit before interview) plus actual interview expenses. **If a post is offered and subsequently refused, expenses will not be reimbursed.**

Interviewed candidates travelling from outside the UK (this includes Eire) will be entitled to travelling and subsistence expenses but only in respect of the journey from the point of entry in the UK to the interview location.

Accommodation & Removal Expenses
The post is non-residential. Single accommodation is available for which a charge will be made. Some family accommodation is available and again a charge is made for this accommodation.

Relocation and / or removal expenses are paid in accordance with the Trust’s Policy on Relocation Expenses.

Interview accommodation is available on request.

Car Parking
Car parking is available and it is the condition of employment that all employees who use these facilities purchase a car permit and pay the required fee.

**The following conditions must be met before the Trust will confirm an offer of employment.**

Asylum & Immigration Act
All employees must provide the Trust with one of the following pieces of documentation to prove their eligibility to work in the United Kingdom under the Asylum and Immigration Act 2006:

- P45 or other Pay documentation from the last employer
- National Insurance Number
- Birth Certificate
- Current Passport
- Work Permit
**Criminal Convictions and Police Checks**
Employees must declare full details of all criminal convictions or cautions under the Rehabilitation of Offenders Act, 1974. The information given will be treated in the strictest confidence and taken into account only where the offence is relevant to the post applied for.

Successful applicants will be required to undergo a check to be done by the Disclosure & Barring Service.

**References**
It is a condition of employment that references are provided which are acceptable to the Trust.

**Health Screening**
It is a condition of employment that all successful candidates are assessed as fit for duty by the Occupational Health Department before commencing their appointment.

**Confidentiality**
The Trust is fully committed to encouraging its staff to freely contribute views on all aspects of health service activities, especially those on delivery of care and services to patients. However, you shall not, either during or after the end of your employment (however it is terminated), divulge to any unauthorised person confidential information relating to the Trust. This includes, but is not limited to, information covering patients, individual staff records, industrial relations, financial affairs, contract terms and prices or business forecasts.

Your obligations of confidentiality under this clause shall not prevent you from raising genuine concerns about healthcare, or a belief that criminal conduct, breach of a legal obligation, health and safety breaches or damage to the environment has been, is being, or is likely to be committed, or any information tending to show any of the above has been, is being, or is likely to be, deliberately concealed, provided that such disclosure is made in good faith and in accordance with the provisions of the Public Interest Disclosure Act 1998 and the Trust’s Policy on Raising Concerns at Work - Whistle Blowing Policy, a copy of which is available from the Human Resources Department.

**Private Practice**
To comply with the arrangements for undertaking Private Professional Services and the Code of Conduct for Private Practice.
PART 5
APPLICATIONS & VISITING THE TRUST

Further information and visiting the Trust

The Trust welcomes applicants who wish to seek further information or visit. Please contact the following to arrange a visit or for an informal discussion:

Dr. Ananth Viswanath, Clinical Director Director 01902 695315
Dr Rajeev Raghavan Consultant in Diabetes 01902 695314
Dr Jonathan Odum, Medical Director: 01902 695958
Mr David Loughton, Chief Executive: 01902 695950

Application

Candidates should complete the required application form on NHS Jobs; further information on the recruitment and interview process can be obtained from:

Medical Recruitment
New Cross Hospital
Wolverhampton Road
Wolverhampton, WV10 0QP

Telephone: 01902 695442 / 695441

Please also send an electronic copy your CV to:

rwh-tr.medicalrecruitment@nhs.net

You are requested to provide details of 3 referees, one of which must be your current or most recent employer. References will be taken up if you are shortlisted for interview unless you have specified otherwise. Please quote reference: MED-XXX
<table>
<thead>
<tr>
<th>REQUIREMENTS</th>
<th>ESSENTIAL</th>
<th>DESIRABLE</th>
<th>METHOD OF ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Qualifications</td>
<td>Full registration and a licence to practise with the GMC</td>
<td>Higher Medical Degree</td>
<td>CV</td>
</tr>
<tr>
<td></td>
<td>On the GMC Specialist Register or within 6 months of CCT from the date of interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clear evidence of training in General Medicine, Diabetes and Endocrinology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experience</td>
<td>Clear evidence of wide experience in Medicine and Diabetes/Endocrinology</td>
<td>Subspecialty training or equivalent</td>
<td>CV/Interview</td>
</tr>
<tr>
<td>Research and Audit</td>
<td>Evidence of audit and the implementation of change following the audit</td>
<td>Relevant research published in peer review</td>
<td>CV/interview</td>
</tr>
<tr>
<td>Education and Teaching</td>
<td>Demonstrate experience in teaching at an undergraduate and post graduate level</td>
<td></td>
<td>CV/ Interview</td>
</tr>
<tr>
<td>Management Skills</td>
<td>Demonstrate effective team working skills, time management and organisational ability. Knowledge of systems and process of the NHS.</td>
<td></td>
<td>Interview/CV</td>
</tr>
<tr>
<td>Leadership*</td>
<td>An understanding of and ability to demonstrate your ability to:</td>
<td></td>
<td>Interview/Applicatio n</td>
</tr>
<tr>
<td></td>
<td>1. Empower others</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Lead through change</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Influence strategically</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Collaborative working</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Drive for improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>To live within 30 minutes travelling time to New Cross and be available for out of hours on call</td>
<td></td>
<td>Interview</td>
</tr>
</tbody>
</table>
**Leadership Definitions**

- Empowering others – striving to facilitate others’ contributions and to share leadership, nurturing capability and long-term development of others.

- Leading change through people – communicate the vision and rationale for change and modernisation, and engaging and facilitating others to work collaboratively to achieve real change.

- Effective and strategic influencing – being able and prepared to adopt a number of ways to gain support and influence diverse parties, with the aim of securing health improvements.

- Collaborative Working – being committed to working and engaging constructively with internal and external stakeholders.

- Drive for improvement – a deep motivation to improve performance in the health service and thereby to make a real difference to others’ health and quality of life.

- Political astuteness – showing commitment and ability to understand diverse interest groups and power bases within organisations and the wider community, and the dynamic between them, so as to lead health services more effectively.

- Personal Integrity – a strongly held sense of commitment to openness, honesty, inclusiveness and high standards in undertaking the leadership role.