



## **Clinical Directorate of Neonatal, Children & Young People's Services**

### **Job Description- Consultant in Paediatric Gastroenterology**

#### **Full Time (10 Programmed Activities)**

## **SECTION 1 -TRUST INFORMATION**

### **Introduction**

The Chelsea & Westminster Hospital NHS Foundation Trust is seeking to appoint an individual to the role of Consultant Paediatric Gastroenterologist. This is a new post has been created to help support the Paediatric Gastroenterology unit at Chelsea and Westminster which offers sub-specialist services for children in NW London with gastrointestinal and nutritional needs.

The appointment will be for 10 programmed activities, based at the Chelsea and Westminster site.

### **1.0 Chelsea and Westminster Hospital NHS Foundation Trust**

Chelsea and Westminster Hospital NHS Foundation Trust comprises two main hospital sites, the Chelsea and Westminster Hospital site in the Royal Borough of Kensington and Chelsea and the West Middlesex University Hospital site in the London Borough of Hounslow. We have a range of other services available in community settings, including our award winning HIV and sexual health centres.

With 5,000 staff caring for nearly one million people locally, regionally, nationally and internationally, we provide a range a specialist clinical services as well as general hospital services for people living locally, which include A&E and maternity at both our hospital sites. We will 'go beyond' for our patients and community.

Our ambition is to lead the NHS with world class patient focused healthcare, delivered locally. We are driven by a culture of caring, bringing the best from around the world to deliver excellence in research, treatment and care.

The Trust's strategic vision is "to deliver safe and sustainable care of the highest quality and to be the provider of choice for our local population and those using specialist services, provided in a modern way by multi-disciplinary teams working in an excellent environment, supported by state-of-the-art technology and world class academic research."

The Trust has launched its first set of values since merger to patients and members of the public in order to demonstrate the standard of care and experience they are entitled to expect from any of our services. This brings together the former values of both Chelsea and Westminster and West Middlesex hospitals, to form the mnemonic PROUD:

- Putting patients first
- Responsive to, and supportive of, patients and staff
- Open, welcoming and honest
- Unfailingly kind, treating everyone with respect, compassion and dignity
- Determined to develop our skills and continuously improve the quality of care

This is so that patients know what to expect when they are cared for and staff know what is expected of them in terms of how we treat patients and each other as colleagues. Every member of staff is expected to embody these values in whatever they do. Doing this translates into excellent care and experience for our patients.

For further information on the Trust and the services it provides please visit our website [www.chelwest.nhs.uk](http://www.chelwest.nhs.uk).

### 1.1 University Links

Chelsea and Westminster is and will remain a main campus for teaching Imperial College medical students, with state-of-the-art facilities for undergraduate medical education including an on-site Simulation Centre - a virtual operating theatre used to train medical students.

Please refer to Appendix 1 for further information.

### 1.2 Research and Innovation

Excellence in research and the development of NHS staff for the future to improve patient care are integral to the Trust's status as a teaching hospital.

Our aim is to be a leading centre of excellence focusing on areas of expertise for research and innovation, and the training and development of highly skilled academic and clinical researchers, whilst developing a culture of patient-focused and patient-driven research responsive to changing health care priorities and the needs of the local community.

Chelsea and Westminster is a key partner in the Academic Health Science Partnership for North West London (Imperial College Health Partners) which aims to develop innovative solutions and translate research into practice to improve the quality of healthcare and health outcomes for patients. The Trust also hosts the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Northwest London—which aims to embed research findings into clinical practice as quickly as possible.

### 1.3 Information Technology Strategy

The Trust has recently embarked on an exciting journey with its Information Technology strategy. It has selected Cerner to provide its new electronic patient record system. This will be installed in West Middlesex Hospital in 2018 and will follow shortly afterwards on the Chelsea and Westminster Hospital site.

We will be implementing the instance of the system that is already in use by neighbouring acute trust, Imperial College Healthcare Trust. We expect to gain many benefits from this collaboration. This has been recognised by NHS Digital as we have been jointly chosen as one of the first tranche of Global Digital Exemplar centres.

This will allow the two Trusts to deliver more coordinated care pathways for our patients across the healthcare sector. The quality and performance benefits of this will be immediately apparent. We will be able to optimise the system more rapidly by using an instance that has already been implemented. In addition, as we have many staff and students who rotate or are jointly appointed between the Trusts, we will provide a stable platform that will enhance their experience and allow them to concentrate on the delivery of high quality care.

These benefits align the Trust to the aims of the local digital roadmap for Northwest London which is centred on providing interoperability of systems across the health and social care settings.

### 1.4 Divisional and Directorate Management Structures

The Trust Management structure comprises of 3 Clinical Divisions each managed by a Divisional Medical Director and Divisional Director of Operations. The Divisions are;

HIV/Sexual Health; Women's Services, Neonatal, Children and Young People	Emergency and Integrated Medical Care	Planned Care
HIV/ Sexual Health& Dermatology Women's Services & Neonatology Children & Young People's Services	Medicine Emergency Medicine Cancer Services Therapy Services	Surgical Specialties Theatres Anaesthetics ITU Pharmacy TSSU All Diagnostics Pathology

## SECTION 2 – DIRECTORATE SPECIFIC INFORMATION

### 2.1 Neonatal, Children and Young People’s Directorate (NCYPS)

The Directorate is part of the Division of **HIV/Sexual Health; Women’s Services and NCYPS**

The Directorate offers a high quality, family focussed service with a seamless approach from foetus to adolescence. The transfer of the Westminster Children’s Hospital brought with it a continuing ethos of child centred care, with dedicated facilities and services for children within the context of a general teaching hospital. The further expansion of the Trust with the acquisition of the West Middlesex Hospital in September 2015 has resulted in the provision of services to children over a wide catchment area.

### 2.2 Children’s Services

The two hospital sites bring together a range of general and specialist services in order to provide integrated health care for children and their families in hospital, community and at home. The hospital boasts the second largest paediatric emergency department in London, and one of the few offering 24 hour cover by a full complement of paediatric nurses and doctors on the Fulham Road site.

Paediatrics falls within the Children’s, Young People’s and Neonatal Directorate, although the paediatric emergency department is within the Emergency Medicine Directorate.

The overall approach of the paediatric service is family and child centred with multi-professional teams including paediatric nurses, psychologists, dieticians, physiotherapists, social workers and the Hospital School working together. Accommodation for parents is also available.

The paediatric department on the Fulham Road site is a large unit, comprising an inpatient base of 60 beds, including a 12 bed adolescent unit, a surgical day case and medical day unit, dedicated 24 hour paediatric emergency department which has just undergone a major redevelopment, 4 state of the art paediatric theatres and a large outpatient suite. To help accommodate the additional activity needed to meet the national 18 weeks referral to treatment target, the directorate has agreed access to a further 15 beds. There has been considerable investment in the development of paediatric services with new buildings to house the paediatric theatres, development of the Paediatric High Dependency Unit (PHDU) with 12 beds into a high specification area for potential future high level critical care, a separate paediatric burns area, and refurbishment of wards and the Medicinema which also serves a space for providing education to the directorate. Future developments include a short stay unit.

The hospital provides secondary paediatric and neonatal surgical services and is the NWL tertiary surgery referral centre, organised on a hub and spoke principle with the hub at Chelsea & Westminster with spokes at St. Mary’s Hospital and Queen Charlotte’s Hospital. The Trust also provides tertiary gastroenterology, endocrinology, neurology, dermatology, burns, plastics, Level 2 paediatric critical care and a range of other services including craniofacial and orthopaedic surgery. Other specialties include ENT, ophthalmology, maxillofacial, dental and orthognathic surgery. Patients are thus from the local area, wider North West London sector and beyond often based on patient choice. The paediatric burns unit is part of the London and South East England Burns Network (LSEBN) and covers a wide geographical area. Patients are cared for jointly with the paediatricians.

Furthermore, there is a comprehensive community paediatric service, which is fully integrated with the paediatric department. The newly extended and rebuilt paediatric emergency department has seen a massive rise in activity from 12,500 when it opened to over 35,000 with a co-located urgent care centre. It is run as a dedicated 24 hour unit by paediatric nurses and doctors. There has been an expansion in paediatric emergency consultant numbers and with the Resident Paediatric Consultant team provide 24 hour consultant presence in the department on weekdays and 1300 to 0800 at weekends.

Supporting and associated services include a team of dedicated paediatric anaesthetists providing full 24 hour emergency cover. Paediatric imaging incorporates x-ray, ultrasound, CT, MRI, and isotope scanning. There is also a full range of pathology services including histopathology, chemical pathology, microbiology, haematology and immunology.

- **Paediatric Gastroenterology**

The Paediatric gastroenterology & Nutrition service provides a multidisciplinary approach to the assessment and management of acute and chronic gastrointestinal disorders and it coordinates the activity of the nutrition team. Medical and surgical expertise are closely linked particularly in relation to the neonatal intensive care unit and also to the management of children with chronic

inflammatory bowel disease.

The Gastroenterology/Nutrition service covers the sub-specialty needs of children from NW London and beyond. Clinics take place in a multidisciplinary setting running in parallel with paediatric surgical clinics. Sub-speciality clinics include IBD, motility, intestinal failure and feeding clinic. There is comprehensive dietetic, pharmaceutical and psychological support. Inpatients are managed by the GI/Nutrition Multidisciplinary Team on the paediatric wards, adolescent unit, and day case beds.

Endoscopy (3 lists per week) takes place in dedicated paediatric theatres adjacent to the inpatient beds. There is also an emergency service with access to emergency endoscopy lists. Motility investigations including oesophageal pH and impedance monitoring are undertaken, with facilities available for oesophageal manometry and ano-rectal manometry.

The Nutrition team provides advice and supervision for the management of children requiring total parenteral nutrition and enteral nutrition support. There are weekly consultant led ward-rounds on the neonatal intensive care unit and general paediatric wards. There is a weekly multidisciplinary feeding clinic comprising Dietitians, Psychologist, and Speech Therapist for the management of children with feeding disorders.

The GI medical unit runs in conjunction with the paediatric surgical GI service offering joint management where required (joint clinics, weekly MDT and joint endoscopy lists). The service also offers seamless transition for children with chronic GI disorder / intestinal failure where initial management was surgical (e.g. neonatal).

A full range of support services are in place: paediatric imaging (X ray, ultrasound, CT, MRI, isotope scanning and angiography), pathology services etc. Adult Gastroenterology is also well established on-site providing support for "transition" to adult care, and offering therapeutic and capsule endoscopy.

We currently run monthly or bi-monthly shared care clinics in several associated hospitals (Northwick Park / St Marks, West Middlesex, Ealing, St Mary's, and Hillingdon). We also provide GI/Nutrition support for respiratory medicine and cardiology services at the Royal Brompton Hospital.

- General Paediatric Surgery

The Paediatric surgeons have a large and varied case load with special interests in urology, robotic, laparoscopic and gastrointestinal surgery due to the co-location of a tertiary gastroenterology service. In 2015/16 financial year there were 1703 -Emergency, 2547 Elective and 1257 Day cases operated on and does not include patients in the other hospitals our surgeons visit. These figures reflect our position as a lead provider of paediatric surgical services and gastroenterology to a large geographical area.

- Paediatric High Dependency Unit

The stand alone NHSE commissioned Level 2 Paediatric Critical Care Unit opened to 8 beds in April 2010 and provides elective short term Level 2 PIC to postoperative patients.

- Neonatal Services

The Level 3 Neonatal unit is one of the largest in London with 44 cots providing intensive care, high dependency and special care facilities for over 6,000 deliveries. It is one of two lead perinatal centres in the North West London Perinatal Network and the neonatal surgery referral centre. It is undergoing a multimillion pound redevelopment

The unit looks after approximately 500 babies a year and the service has a complement of 12 consultant Neonatologists working on the unit and together provide near 24 hour resident consultant presence to enhance clinical care to babies and teach and support junior staff. The neonatologists work closely with a team of Paediatric Surgeons and Gastroenterologists to provide a comprehensive neonatal surgical service and the paediatricians to transition appropriate infants to the general wards and Paediatric High Dependency Unit.

## 2.3 Staffing within the Neonatal, Children and Young People's (NCYPS) Directorate

**Consultant Staff:**

**Chelsea and Westminster Hospital**

Emergency care	Dr E Abrahamson Dr J Hacking Dr C Stewart Dr J Ross  Dr H Yorke	Paediatric Emergency Paediatric Emergency Paediatric Emergency Service Director Paediatric Emergency and HDU (interim lead), Clinical Governance Lead Paediatric Emergency
Acute / General paediatrics	Dr S Alexander  Dr M Markiewicz Dr W Alsaud Dr K Aminu  Dr I Kovar Dr M ElSawi Dr P Hargreaves Dr Y Ioannou Dr J Maynard* Dr C Hore* Dr J Penny* Dr R Kapoor* Dr S Maccario* Dr K Alatzoglou* Dr K Doubal*	General Paediatric, Endocrinology and Diabetes (Service Director Acute Paediatrics) General Paediatrics, Rheumatology and Allergy General Paediatrics, Allergy and Oncology General Paediatrics ,Diabetes, Endocrinology (Clinical Director) General Paediatrics General and Oncology General Paediatrics General and Named Doctor for Safeguarding General Paediatrics ( Interim HDU Lead) General and Allergy (Interim HDU Lead) General Paediatrics and College Tutor General and Gastroenterology General Paediatrics General Paediatrics and Endocrine General Paediatrics and Neurology
Paediatric surgery	Mr M Haddad Ms D DeCaluwe Ms N Rahman Mr S Clarke Mr W Sherwood Ms M-C Farrugia Mr M Choudhary Mr A Saxena	Paediatric Surgery Paediatric Surgery Paediatric Surgery Paediatric Surgery (Service Director) Paediatric Surgery Paediatric Surgery(Surgical Network Lead) Paediatric Surgery Paediatric Surgery
Specialist paediatrics	Dr J Fell Dr W Hyer Dr Epstein Dr K Soondrum Dr N Bridges  Dr Kinali Dr Naila Ismayilova Dr R Daubeney Dr I Balfour Lynn Dr N Roberts Dr N Morar Dr B Laguda Miss L Dhir Miss C Wilson Miss A Hulme Mr S Evans	Gastroenterology Gastroenterology Gastroenterology Gastroenterology Endocrinology and Diabetes (Service Director- Community and Medical Specialties)) Neurology Neurology with Royal Brompton Cardiology, with Royal Brompton Respiratory, with Royal Brompton Dermatology Dermatology Dermatology Ophthalmology Ophthalmology Orthopaedics Orthopaedics

	Mr J Harcourt Mr G Sandhu Mr W Grant Mr E Benjamin Mr S Eccles Mr G Bantick Mr L Ion Miss J Atkins Miss I Jones Mr J Leon-Villapolas Mr A Williams	ENT ENT ENT ENT Paediatric Craniofacial Paediatric Plastic Surgery Paediatric Plastic Surgery Paediatric Burns Paediatric Burns Paediatric Burns Paediatric Burns
Community paediatrics	Dr P O'Driscoll Dr M Adebuseyi Dr S Carthegisan Dr K Hajighaberi	Community Community Community (neurodisability) Community
Paediatric Dentistry & Orthodontics	Ms K Barnard Ms G Al-Jaddir Ms Mary Lo Mr J Collier	Paediatric Dentistry Paediatric Dentistry Consultant Orthodontist Cranio-Maxillo-facial
Neonatology	Prof N Modi Dr G Hartnoll Dr S Uthaya Dr M Thomas Dr S-L Chuang Dr E Ogundipe Dr D Patel Dr C Gale Dr W D'Costa* Dr P Desai* Dr L Mills* Dr A Kopuri* Dr Bhojnagarwala* Dr A Pahuja*	Neonatology- President RCPCH Neonatology (Associate Medical Director) Neonatology- Senior Lecturer Neonatology (Service Director) Neonatology Neonatology Neonatology Neonatology- Senior Lecturer Neonatology Neonatology Neonatology Neonatology Neonatology Neonatology

\*Resident Consultant

The medical team also comprises of Specialty Registrars, GPVTS Registrars and Non Training Grade Doctors as follows:

Paediatric Emergency

ST1-3 / SHO: 5 paediatric trainees and 3 EM trainees  
ST6-8/Middle Grade: 3 paediatric trainees (1-2 PEM Grid) and 1 Clinical Fellow

Paediatric Wards

GPVTS: 3 (Paediatrics)  
ST1-3 / SHO: 4 recognised Training posts  
2 FY2 doctors  
7 clinical fellows  
This creates a 16 person rota to ensure 2 doctors at this level cover all inpatient medical and surgical patients at night

ST6-8/Middle Grade: 9 Specialist trainees (2.5 for paediatric gastroenterology)

The Directorate also comprises a Divisional Director of Nursing, Lead Paediatric Nurse, Matrons, Clinical Nurse Specialists, Clinical Educators and Allied Health Professionals.

## 2.4 West Middlesex Hospital (Paediatric Department)

Children's Services at the West Middlesex are provided in Starlight Children's Unit and Sunshine Day Unit. Both are dedicated Children's facilities encompassing Medical, Surgical, ENT and orthopaedic provision. Our new Paediatric Assessment Unit has been highly successful since opening in September 2015. There is a busy, dedicated children's' outpatient department; all these services are co-located on level 3 of the East Wing.

Starlight ward has capacity for up to 20 in-patients beds; Sunshine Day Unit is a designated 8-bedded assessment area which has recently been fully refurbished.

The Consultants run a system of attending consultant of the week, both on the general paediatric and neonatal side aiming to ensure continuity of care and a commitment to high standard of general paediatric and neonatal care along with strong leadership at senior level. In addition, we have a daily 2:00pm until 10:00pm PAU Consultant which has further strengthened our clinical and operational resilience.

The emphasis of the department is on minimising length of in-patient stay and supporting children at home. This aim is facilitated by the: 'Hospital to Home" Nursing Service for Children. The service is linked to consultant-led care and managed from the hospital.

The busy Special Care Baby Unit (level 1 unit) is based within the Queen Mary Maternity and has 19 cots, 2 of which are open cots designated for Intensive Care. Infants under 1kg or 30 weeks gestation are stabilised prior to transfer to a tertiary neonatal unit within the North-West London Network. We are proactive members of the North West London Neonatal network and attend all relevant meetings.

There is a midwifery-led birthing unit at WMUH enhancing the ability to look after the increasing numbers of expectant mothers seeking to book at our hospital. There were approximately 5000+ births on the WMUH site in 2015/16 and following the Shaping a Healthier Future maternity changes within the sector, this is anticipated to grow.

There is a designated children's A&E facility open 24 hours with paediatric nurse staffing which treats over 24,000 children per year. Paediatric A&E is closely linked to Children's Services and professionally supported by the Head of Children's Services.

We have a busy Starlight Ward for children and also have an 8 bedded day unit, Sunshine Day Unit.

Our successful and growing OPD had over 15,000 attendances last year

Children's Services are supported by allied health professionals, teachers and play specialists

### Paediatric assessment unit

A 24 hour PAU was opened in September 2015, located adjacent to the children's ward. This model has been replicated in other hospitals in NW London. This enables the unit to see and assess children directly referred by GPs.

## 2.5 Staffing within the NCYP Directorate

### Consultant Staff:

	Special Interest	Other responsibilities
Dr Anne Davies	Gastroenterology, Haematology	Paediatric service director, RCPCH Tutor, Named Doctor Safeguarding
Dr Jayanti Rangasami	Endocrinology, Diabetes and Dermatology	Diabetes lead, Endocrine lead, Audit & Guidelines lead
Dr Debnarayan Pathak (Locum)	Epilepsy	Epilepsy lead
Dr Nour Elhadi	Respiratory, Neonatology, Infectious diseases	Simulation training lead, Respiratory lead, Infectious disease lead
Dr Elizabeth Eyre	Neonates	Neonatal service director

Dr Anjan Chakrabarty	Allergy, A&E liaison	Infection control lead, Allergy lead
Dr Eleanor Hulse	Cardiology, Neonates	Undergraduate student lead, Cardiology lead
Dr Dipali Shah	PAU, nephrology, rheumatology	PAU lead, nephrology, rheumatology
Dr Archana Kshirsagar	Endocrinology and Diabetes	Medical rota
Dr Grace Audu	PAU	
Dr Ramnik Tallur	PAU	
Dr Hena Salam(locum)	PAU	

The medical team also comprises of Specialty Registrars, GPVTS Registrars and Non Training Grade Doctors.

## **2.6 Royal Brompton Hospital and Chelsea and Westminster Hospital**

Chelsea and Westminster Hospital and the Children's cardiac and respiratory unit at the RBH have a long history of collaboration and shared services. There are several joint consultant appointments across both Trusts including cardiology, respiratory medicine and neurology with service level agreements for the delivery of endocrine, surgical, gastroenterological, dermatological, dental and safeguarding expertise to the patients and staff. There is clinical nurse specialist input to both sites, nursing rotations and allied health professional collaboration. There is a strong and demonstrable desire to continue to bring both Children's services together and to provide the right care for children at the right place and time.



### **SECTION 3 – THE POST**

Title of Post:	Consultant in Paediatric Gastroenterologist
Location:	Chelsea and Westminster Hospital/ West Middlesex Hospital
Full time/ part time:	10 PAs
Responsible to:	Dr Nicola Bridges- Service Director Medical Specialities and Community Paediatrics
Accountable to:	Dr Kingi Aminu – Clinical Director
Divisional Medical Director:	Professor Simon Barton
Divisional Operations Director	Mr James Beckett
Divisional Nurse:	Mr Nathan Askew
Divisional HR Business Partner:	Ms Rebecca Millar
Medical Director	Ms Zoe Penn
Chief Executive:	Ms Lesley Watts

### **3.1 Specific Duties of the post**

- 3.1.1 Responsibility for in-patients to provide the highest possible standards of care in diagnosis and management of children with gastrointestinal / nutrition
- 3.1.2 Endoscopy list, plus emergency endoscopies (including out of hours).
- 3.1.3 Gastroenterology out-patient clinics
- 3.1.4 Develop areas of special interest and service provision to complement the skills of the current paediatric gastroenterologists in post.
- 3.1.5 Participation in outreach clinics at allied institutions and also development of further outreach/shared care work with allied institutions particularly in the West London sector.
- 3.1.6 Provision of out of hours advice for gastroenterology/nutrition cases, and out of hours endoscopy
- 3.1.7 Week-end ward round and on call (responsibility shared with the other paediatric Gastroenterology consultants 1:4).
- 3.1.8 Regular contribution to post-graduate education programme of SHOs and SpR teaching.
- 3.1.9 Active contribution to the elements of the clinical governance programme including audit.
- 3.1.10 Support and carry out research in line with the departmental research strategy.
- 3.1.11 Contribution to undergraduate curriculum through lectures, tutorials, and OSCEs.
- 3.1.12 Involvement in specific management tasks and membership of hospital committees as proposed by the Lead Clinician and Directorate Policy Board.
- 3.1.13 Out of hours commitments will be shared with the 3 other full time paediatric gastroenterologists: Saturday ward round, telephone on call, emergency endoscopies. Other emergency care will be delivered by the on-call paediatric medical team.

### **3.2 Indicative Weekly Job-Plan**

Please refer to the chart below for an indicative job plan denoting the allocation of programmed activities

The job plan may be subject to change in the future, subject to the needs of the service. This would be via consultation with the post-holder.

**Chelsea and Westminster Hospital Timetable** 10PA (including a weekend ward round 1:4)

Calculations available upon request

**Non Attending 3 weeks in 4**

	Mon	Tue	Wed	Thu	Fri
<b>Am</b>	<b>Motility diagnostics</b> <b>0900-1100</b> <b>0.5 DCC PA</b>	<b>NNU (C&amp;W) 2:3</b> <b>0900 – 1000</b> <b>0.17 DCC PA</b> <b>1:3 SPA</b> <b>0. 08SPA</b> <b>1000-11 00 3:3</b> <b>SPA 0.25</b>	<b>Royal Brompton 2:3</b> <b>0900 – 1200</b> <b>0.5 DCC PA</b> <b>1:3 SPA 0.25 SPA PA</b>	<b>09-1200 off</b> <b>1200-1300</b> <b>0.25 SPA</b>	<b>IBD OPD 1:3</b>  <b>0.33 DCC PA</b> <b>Clinical Admin 2:3</b> <b>0.66 DCC PA</b> <b>0900-1300</b>
	<b>Referrals meeting</b> <b>11-12am</b> <b>0.25 DCC PA</b> <b>Business meeting</b> <b>12-1 pm</b> <b>0.25 DCC PA</b>	<b>Upper GI Surgical Mtg</b> <b>1100 -1300</b> <b>0.5 DCC PA</b> <b>3:3</b>	<b>GI Teaching 12-1 pm</b> <b>0.25 SPA</b>		
<b>am total</b>	<b>DCC 1.0</b>	<b>DCC 0.67</b> <b>SPA 0.33</b>	<b>DCC 0.5</b> <b>SPA 0.5</b>	<b>Off 0.75 PA</b> <b>SPA 0.25</b>	<b>DCC 1.0</b>
<b>Pm</b>	<b>Postgraduate meeting</b> <b>1300-1400</b> <b>0.25 SPA</b> <b>GI Specialist Clinic</b> <b>1400-1730</b> <b>OPD 3:3</b>	<b>1SPA</b>	<b>XRay</b> <b>1300-1330</b> <b>0.125DCC PA</b>  <b>Grand round 3:3</b> <b>0.875 PA</b> <b>DCC</b>	<b>Endoscopy 2:3 0.66 DCC PA</b>  <b>Clinical Admin (1:3)</b> <b>0.33 DCCPA</b> <b>1300-1700</b>	<b>1300 -1330</b> <b>0.125 SPA PA</b>  <b>GI Clinic OPD 3:3</b> <b>1330-1700</b> <b>0.875 DCC</b>
<b>pm total</b>	<b>DCC 0.875</b> <b>SPA 0.25</b>	<b>SPA 1.0</b>	<b>DCC 1.0</b>	<b>DCC 1</b>	<b>DCC 0.875</b> <b>SPA 0.125</b>
<b>Non-attending grand total</b>	<b>DCC 6.92+0.425 On call DCC</b> <b>SPA 2.45</b>				

=9.8 Pas/non attending week

**Attending (all consultants) 1:4**

	Mon	Tue	Wed	Thur	Fri
<b>am</b>	WR and PAC review (infliximab infusions etc) 0900-1100	WR and PAC review 0900-1100	WR and PAC review 0900 -1100	WR and PAC review 0900-1100	WR and PAC review 09-1100
	Referrals Meeting 1100-1200 Business Meeting 12-1 pm	Upper GI surgical meet 1100-1200 Nutr Round 1200-1300	Lower GI surgical meet 1100-1200 GI Teaching 1200-1300 0.25 SPA	Attending admin incl telephone OPD 1100-1200 1200-1300 0.25 SPA	Attending admin incl telephone OPD 1100-1300
<b>am total</b>	DCC 1.0	DCC 1.0	0.25 SPA 0.75DCC	0.25 SPA 0.75DCC	DCC 1.0
	1300-1330 Ward	1300-1330 Ward	XRay 1300-1330	Psychosocial 1300-1400	1300-1330 Ward
<b>pm</b>	GI specialist clinic OPD 1330- 1700	GI Clinic OPD 1330-1700	Grand Round PACC	Clinical admin/PACC	Urgent endoscopy 0.5DCC and 0.5 SPA
<b>pm total</b>	DCC 1.0	DCC 1.0	DCC 1.0	DCC 1.0	DCC 1.0 0.5 DCC 0.5 SPA
<b>Attending grand total</b>	DCC 9.0 +1 SPA +on call DCC of 0.425				

**Out of hours duties**

- Emergency endoscopies DCC 0.25
- Saturday ward round (2 hrs) DCC 0.2

## On call supplements

- Telephone advice 3 %
  - Return to site 3 %
- 

### **3.3 Provide High Quality Care to Patients**

- 3.3.1 The post holder must adhere to the standards outlined by the GMC for Good Medical Practice.
- 3.3.2 Develop and maintain the competencies required to carry out the duties required of the post and to participate in a recognised programme of continuing medical education and professional development.
- 3.3.3 Ensure prompt attendance at agreed direct clinical care Programmed Activities.
- 3.3.4 Ensure patients are involved in decisions about their care and to respond to their views.
- 3.3.5 Demonstrate, model and encourage Trust Values at all times to all patients and staff.

### **3.4 Research, Teaching and Training**

- Provide high quality teaching to medical undergraduates and members of other health care professions as agreed with the Service Lead. To contribute to training and teaching of medical trainees, medical students, other doctors in training and other staff groups.
- Act as a clinical supervisor and appraiser as delegated by the Clinical Director/Service Lead to ensure external accreditation of training post.
- Where possible to collaborate with academic and clinical colleagues to enhance the Trust's translational research/audit portfolio, at all times meeting the full requirements of Research Governance.
- Ensure that your mandatory training is up to date as per Trust policy.
- The Trust expects all consultants to participate fully in continuing professional development to ensure that skills and knowledge are updated in line with relevant medical developments. Consultants may apply to the study leave budget for help with associated expenses in line with the terms and conditions of their contract. In addition consultants will be expected to undertake some non-clinical training and development at the discretion of the trust management, for example, Leadership Training.

### **3.5 Performance Management**

- To work with medical, nursing and managerial colleagues to ensure high performance in the following
- areas:
  - Clinical efficiency e.g. Length of Stay (LOS) reductions, admission on day of surgery, reducing cancelled operations and DNA rates.
  - Quality of outcomes e.g. infection control targets, reducing re-admission rates
  - Financial management e.g. identification, implementation and achievement of cost improvement programmes and participating in efforts to ensure services are provided cost effectively e.g. managing locum agency spend, monitoring and managing the drug budget to target, ensuring accuracy of clinical data for the team.
  - Operational efficiency e.g. day-case rates, waiting list activity and demand management.

### **3.6 Medical Staff Management and Accountability**

- Work with colleagues to ensure Junior doctors' hours are compliant in line with EWTD and the New Deal.
- Ensure that Trust systems and procedures are in place and followed to control and monitor leave for junior medical staff and to ensure that there is appropriate cover within the clinical areas, including on-call commitments.
- Adhere to Trust / department guidelines on leave, including requesting and reporting absence, and professional and study leave, and to ensure that members of staff for whom you are responsible do the same.
- Participate in the recruitment and induction of junior medical staff as delegated by the Clinical Director/Service Lead.
- Participate in team objective setting as part of the annual job planning cycle.
- Be responsible for ongoing assessment and regular appraisal of all doctors in training, Trust doctors and non-consultant grades as delegated by the Clinical Director/Service Lead /General Manager.
- Participate fully in regular departmental activities including department meetings and team building activities.

### **3.7 Governance**

- Participate in ensuring governance standards are met for the joint critical care service.
- Review clinical outcomes in designated area using external benchmarking data where appropriate, to identify and advise variances to the Clinical Director/Service Lead.
- Participate in clinical audit, incident reporting and analysis and to ensure resulting actions are implemented.
- Work closely with the Directorate in relation to clinical and services developments as delegated by the Clinical Director/Service Lead.
- Participate in ensuring NICE, NSF, CNST and other national guidance requirements are reviewed and implemented and monitored in the speciality areas.
- Ensure clinical guidelines and protocols are adhered to by junior medical staff and any other staff for whom the post has responsibility and that these are updated on a regular basis.
- Keep fully informed about best practice in the speciality areas and ensure implications for practice changes are discussed with the Clinical Director/ Service Lead.
- To role model good practice for infection control to all members of the multidisciplinary team and adhere to the Trust Infection Control measures (available on the Trust Intranet).
- To report all clinical and non-clinical accidents or incidents promptly, and to co-operate accordingly with any investigations undertaken.
- To take on safeguarding responsibilities towards their patients. This includes seeking advice from general paediatric colleagues and the Named Doctor and Nurse for safeguarding. It is general requirement to ensure that one is up to date with safeguarding training and familiar with the problems likely to come arise in this specialty such as factitious illness.

### **3.8 Strategy and Business Planning**

- Work with medical managers and general managers to take forward the business planning and objective setting process for the directorate and Trust where appropriate.
- Represent the Trust at appropriate clinical networks/other external clinical meetings, as delegated by the Clinical Director/Service Lead.
  - To attend and contribute at regular Departmental meetings as identified by the Clinical Lead.

### **3.9 Leadership and Team Working**

- Demonstrate appropriate leadership skills with regard to individual performance, clinical teams, the Trust and when participating in national initiatives.
- Participate in any necessary management and leadership development courses as required by the trust.
- Work collaboratively with all members of the multi-disciplinary team and Imperial College as

required.

- Set up and chair meetings relevant for clinical domain.
- To promote local resolution of any conflict or differences of opinion. To involve appropriate parties for mediation, negotiation or discussion as appropriate.
- Provide commitment and leadership in relation to equality and appropriate senior level management of diversity issues, particularly as they apply to training, people management and service delivery.

### **3.10 Appraisal & Revalidation**

The post holder is required to participate in the annual appraisal system in line with the Trust's appraisal and revalidation guidelines. Individual appraisal interviews will be held annually and reports, (including updated job plans) submitted to the Medical Director or HR Director. You are expected to inform yourself of the annual timetable for appraisal and ensure that appropriate time is set aside to update your portfolio and your mandatory requirements.

### **3.11 Job Plan**

A formal job plan will be agreed between the appointee, Clinical Director and Divisional Medical Director including relevant general managers, on behalf of the Medical Director; this should be done within 3 months of starting the post. It is the post holder's responsibility, working with the Clinical Director to ensure that the job plan reflects an average timetable of activity. However, consultants are senior professionals, and variation in activity is therefore to be expected.

The post holder and Divisional Medical Director/Service Lead will review the Job Plan annually with relevant general managers. Either may propose amendment of the job plan. The expectation is that the Trust and the post holder will work together to benefit the patient and individuals will view the job plan as a guide which may be amended in line with service changes. The formulation of a job plan should not prevent a flexible approach to work to ensure the efficient running of the department.

The Trust will aim wherever possible to keep the job plan activity to a minimum consistent with achieving the best quality patient care and ensuring that members of staff work in accordance with the European Working Time Regulations. Job plans in excess of 10 PAs will be subject to annual review to ensure that all activity contained in the job plan is clinically and organisationally necessary.

Further details are outlined in the Trust's Consultant Job Planning Policy.

### **3.12. Variation to Job Description**

The job description gives a general outline of the duties of the post and is not intended to be an inflexible or finite list of tasks. It may be varied, from time to time after consultation with the post holder and in particular during regular job plan review where the strategic direction of the trust or its constituent departments requires it.

### **3.13. Preliminary Visits**

Enquiries about the functioning of the Business and Operational activities of the NCYPS Directorate at **Chelsea and Westminster Hospital** can be made to

Dr John Fell. Cons Paediatric Gastroenterologist 0203 315 8628 [john.fell@chelwest.nhs.uk](mailto:john.fell@chelwest.nhs.uk)

Dr Nicola Bridges Consultant Paediatrician Service Director for Medical Specialties and Community Paediatrics [Nicola.Bridges@chelwest.nhs.uk](mailto:Nicola.Bridges@chelwest.nhs.uk) Telephone 0203 315 8695

Nicola Sprigens General Manager [Nicola.sprigens@chelwest.nhs.uk](mailto:Nicola.sprigens@chelwest.nhs.uk)

Dr Kingi Aminu Clinical Director Telephone 0203 315 8695 or [Kingi.aminu@chelwest.nhs.uk](mailto:Kingi.aminu@chelwest.nhs.uk),

## **SECTION 4 - MAIN CONDITIONS OF SERVICE FOR CONSULTANT STAFF**

### **4.1 CONDITIONS OF EMPLOYMENT**

4.11 The new 2003 consultant contract terms and conditions apply to this post, including any future revisions to these national terms and conditions.

The full-time hours of work for a consultant post are 10 programmed activities (40 hours). Any additional PA's worked are by agreement with the Service Lead, Clinical Director, General Manager and, ultimately, the Trust's Medical Director working to the Chief Executive of the Trust. Any PA's above 10 will be reviewed on an annual basis.

Salary scale: £76,001 - £102,465 per annum (2015/16)

London weighting £2,162 pa pro rata

Increments over and above the minimum of the salary scale will only be given for previous consultant level experience or where training has been lengthened by virtue of being in a flexible training scheme or because of undergoing dual qualification. Time spent doing a higher qualification or additional years spent doing clinical work, research or sub-specialty training does not count towards additional credit (see Schedule 12 of the Terms and Conditions).

The successful applicant would be expected to live approximately half an hour from the main hospital, unless specific agreement is given to residing at a greater distance.

Trust arrangements for adherence to the EU Working Time Directive are in place. Consultants are required to participate in monitoring working hours. Those working in excess of 48 hours per week have the option to opt out of the total hours monitoring aspect of the working time directive.

Consultant members of staff are accountable to the Service Lead or Clinical Director for their day to day activities, including the quality of their clinical work. In carrying out their work, consultants are reminded of their responsibility to understand and adhere to the guidance contained in the GMC's Good Medical Practice.

Consultant medical staff must inform their Service Lead immediately of any issues which may affect their or another member of staff's fitness to practice.

#### **4.12 Statutory Medical Examination**

All appointments are conditional upon prior health clearance by the Trust's Occupational Health Service. Failure to provide continuing satisfactory evidence will be regarded as a breach of contract.

#### **4.13 Disclosure and Barring Check**

Applicants for posts in the NHS are exempt from the Rehabilitation of Offenders Act 1974. All applicants who are offered employment will be subject to a criminal record check from the Disclosure and Barring Service before the appointment is confirmed. This includes details of cautions, reprimands, final warnings, as well as convictions. Further information is available from the Disclosure websites at [www.disclosure.gov.uk](http://www.disclosure.gov.uk)

## **4.2 ADDITIONAL INFORMATION & CONDITIONS**

### **4.21 Professional Association/Trade Union Membership**

It is the policy of the Trust to support the system of collective bargaining and as an employee in the National Health Service; you are therefore encouraged to join a professional organisation or trade union. You have the right to belong to a trade union and to take part in its activities at any appropriate time and to seek and hold office in it.

### **4.22 Health and Safety at Work**

a) It is the duty of every employee while at work not to intentionally or recklessly interfere with anything provided in the interest of health and safety, including anything provided in pursuance of statutory provision.

b) It is the duty of everyone while at work to take reasonable care of the Health and Safety of themselves and other persons who may be affected by acts or omissions at work.

c) It is the duty of every employee while at work to cooperate with the employer in ensuring that all statutory and other requirements are complied with.

### **4.23 Infection Prevention and Control**

It is the duty of every employee to comply with The Health Act (2006): Code of Practice for the Prevention



and Control of Healthcare Associated Infections (also known as “The Hygiene Code”). Effective prevention and control of healthcare-associated infections has to be embedded into everyday practice and applied consistently by everyone. Failure to do so may result in disciplinary action. The hospital is a partner in the clean your hands campaign. It is the responsibility of every staff member to be aware of and comply with the hand hygiene policy and campaign in all patient areas, and promote the ethos of the policy and campaign to all hospital users.

#### **4.24 Governance**

All consultants are expected to participate actively in the Trust wide Clinical Governance Programme. Details of the Clinical Governance Annual Development plan are available from the Clinical Governance department.

#### **4.25 Information Quality Assurance**

As an employee of the Trust it is expected that you will take due diligence, care and follow Trust requirements and instructions with regard to any information collected, recorded, processed or handled by you during the course of your work.

All Clinical staff making entries into patient health records are required to follow the Trust standards of record keeping.

#### **4.26 Intellectual Property Rights**

The Trust will assume joint or outright ownership of all intellectual property arising from your work unless it can be proven that the invention demonstrably arises outside your area of duty. The Trust operates a reward to invention scheme, details of are available from the Human Resources Department.

#### **4.27 Freedom of Information**

The postholder should be aware of the responsibility placed on employees under the Freedom of Information Act 2000 and is responsible for helping to ensure that the Trust complies with the Act when handling or dealing with any information relating to Trust activity. Guidance is available from the Trust FOI Lead.

#### **4.28 Violence and Aggression**

The Trust has adopted a security policy in order to:-

- Help protect patients, visitors and staff
- Safeguard their property

All employees have a responsibility to ensure that those persons using the Trust and its services are as secure as possible.

#### **4.29 Confidentiality**

The post holder has a responsibility to comply with the Data Protection Act 1998 and maintain confidentiality of staff, patients and the trust business.

#### **4.30 Conflict of Interest**

The Trust is responsible for ensuring that the services for patients in its care meet the highest standards. Equally, it is responsible for ensuring that staff do not abuse their official position, gain or benefit their family or friends.

#### **4.31 Data Protection**

If you are required to obtain, process or use information held on computer or word processor, you should do it in a fair and lawful way, ensuring accurate data is maintained. You should hold data only for the specific registered purpose and not use or disclose it in any way incompatible with such a purpose.

You should disclose data only to authorised persons or organisations as instructed. Breaches of confidentiality in relation to data will result in disciplinary action which may include dismissal. Employees are expected to comply with all Trust data management processes and procedures. For those posts where there is management or supervision of other staff it is the responsibility of that employee to ensure that their staff receive appropriate data training (e.g. HISS induction, organising refresher sessions for staff when necessary).

#### **4.32 Equality and Diversity**

Chelsea and Westminster Hospital NHS Foundation Trust is an equal opportunities employer. We are committed to promoting equal opportunities in employment and will keep under review our policies and procedures to ensure that the job related needs of all staff working in Chelsea and Westminster Hospital NHS Foundation Trust are recognised.

The Trust will aim to ensure that all job applicants, employees or clients are treated fairly and valued equally regardless of sex, marital status, domestic circumstances, age, race, colour, disablement, ethnic or national origin, social background or employment status, sexual preferences, religion, beliefs, HIV status, gender reassignment, political affiliation or trade union membership. Selection for training and development and promotion will be on the basis of the individual's ability to meet the requirements of the job.

#### **4.33 Patient and Public Involvement**

The Trust has a statutory duty to involve service users, carers and the public in the work of the organisation. We consider that Patient and public involvement is the responsibility of every individual working for our Trust. All staff have a responsibility to listen to the views of patients and to contribute to service improvements based on patient feedback. You will be expected to support the Trust in this aim through your working practice.

#### **4.34 No Smoking Policy**

The Chelsea and Westminster Hospital Foundation NHS Trust operates a No Smoking policy in all buildings and on Trust premises.

#### **4.35 Private Practice**

Consultant staff are encouraged to use the extensive and well-resourced private patient facilities within the Trust. Money generated is reinvested to support the Trust's mission to achieve excellence in clinical practice, research and teaching. Consultants wishing to establish private practices off site will require the agreement of senior management and consideration in the job plans agreed by the Clinical Director.

It is the post holders responsibility to ensure that the provision of private professional services or fee paying services do not result in detriment to NHS patients or services or diminish the public resources available for the NHS. The timing and location of regular private work commitments must therefore be included in the job plan and reviewed at least annually.

Private practice on Trust premises falls within the Trust's Clinical Governance arrangements and Consultants are required to observe the code of conduct on private practice in order to fulfil NHS pay progression and clinical excellence awards eligibility criteria.

#### **4.36 Removal Expenses**

The Trust has the discretion to agree a payment for actual removal costs of an employee's home as per the current Trust Removals Policy where this is required to take up a post within the Trust. Removal expenses will only be paid by prior agreement with candidates. Contact the Human Resources Department for further details.

#### **4.37 Car Parking and Public Transport**

There are public car parks at both hospital sites for which a fee is payable for a permit to park. Further details are available from the transport department within the Trust.

#### **4.38 Trust Policies and Procedures**

Trust Policies and Procedures are available on the Trust Intranet. All Human Resources Policies (such as Disciplinary, Grievance, including Bullying and Harassment at Work, Sickness Absence, Career Break, Maternity/Paternity/Adoption/Parental Leave and Flexible Working) are listed on the Intranet under Human Resources/Policies and are also available directly from Human Resources. Doctors are also managed in accordance with the national framework for managing medical conduct, capability and ill health "Maintaining High Professional Standards" which is also available on the Intranet or via Human Resources.

#### **4.39 Facilities and Benefits**

The Trust offers a number of benefits to employees and details can be found on our intranet, these include an on-site Occupational Health and Wellbeing Service which run events throughout the year, schemes for staff to benefit from salary sacrifice, including bike purchase, car leasing, computer and phone purchase. Childcare vouchers and access to play schemes during school holidays, an interest-

free season ticket loan for public transport, and My Trust Benefits, a fantastic benefits service which offers discounts to staff at hundreds of retailers locally and nationwide.

#### **4.40 Pension Scheme**

For further information on the current NHS Pension Scheme visit [www.pensions.nhsbsa.nhs.uk](http://www.pensions.nhsbsa.nhs.uk) or contact our payroll provider SBS via phone: 0303 123 1144 or visit the website [www.sbs.nhs.uk/esd](http://www.sbs.nhs.uk/esd).



**CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST**

**PERSON SPECIFICATION Paediatric Critical Care Consultant CWH and RBH**

	<b>ESSENTIAL</b>	<b>DESIRABLE</b>
<b>Qualifications and Training:</b>	<p><b>Qualifications/Training</b></p> <p>Candidates must have current GMC Registration and be included on the GMC's specialist register in Paediatrics</p> <p>MRCPCH, FRCPCH or Equivalent qualification</p> <p>CCT in Paediatrics and in Paediatric Gastroenterology Hepatology and Nutrition, or a UK specialist trainee within 6 months of CCT on interview date (and can produce evidence that he / she is expected to achieve a CCT), or currently working as a consultant paediatric gastroenterologist</p> <p>Good understanding of and adherence to the principles of Good Medical Practice set out by the General Medical Council.</p>	<p>MD, PhD or equivalent higher postgraduate training</p>
<b>Clinical Experience:</b>	<p>Wide training in Paediatric Gastroenterology / nutrition (including diagnostic upper and lower GI endoscopy, and nutrition)</p> <p>Level 3 child safeguarding</p>	<p>Specific area of interest within paediatric gastroenterology complementary to the interests of the existing consultants</p>
<b>Knowledge and Skills:</b>	<p>Comprehensive understanding of Paediatric Gastroenterology / nutrition disorders and their management</p> <p>Understanding of clinical governance and risk</p> <p>Understanding of clinical audit</p> <p>Evidence of written guidelines</p> <p>Evidence of Revalidation, completed and satisfactory annual appraisal</p>	<p>Risk Management Course</p> <p>Advanced IT skills</p>

<b>Research:</b>	<p>Evidence of recent or on-going research Experience of implementing evidenced based changes in practice</p>	<p>Evidence of experience in supervising juniors doing research</p> <p>Research experience with significant publication record and contributions to major professional conferences</p>
<b>Teaching and training:</b>	<p>Experience of undergraduate teaching and post-graduate training</p>	<p>Medical Education or Adult Education Training</p>
<b>Management:</b>	<p>Evidence of leadership skills</p> <p>Knowledge of best practice in management</p>	<p>Experience of departmental management including personnel, business and budgets</p> <p>Attendance of Management/Leadership Training courses</p>
<b>Other Competencies (see below for details of each competency)</b>	<p>Dynamic and motivated and a strong personality. Robustness and positivity.</p> <p>Understanding Self</p> <p>Excellent communication and influencing skills</p> <p>Ability to work effectively within a multi-disciplinary team.</p> <p>Managing self effectively</p> <p>Ability to plan ahead whilst being innovative and flexible in approach.</p> <p>Demonstrable evidence of being able and willing to understand the Trust values of</p> <ul style="list-style-type: none"> <li>● Putting patients first</li> <li>● Responsive to, and supportive of, patients and staff</li> <li>● Open, welcoming and honest</li> <li>● Unfailingly kind, treating everyone with respect, compassion and dignity</li> <li>● Determined to develop our skills and continuously improve the quality of care.</li> </ul>	

## **COMPETENCIES FOR MEDICAL CONSULTANT**

### **UNDERSTANDING SELF**

- projects a confident, professional image; is credible; acts as a positive leader role model;
- is positively and constructively ambitious;
- is committed to own professional and personal development
- knows own strengths and limitations;
- is emotionally tempered and resilient in a range of complex, demanding and sensitive situations;
- remains motivated and focused when under pressure or experiences setbacks;
- acts with honesty and integrity;

### **COMMUNICATING AND INFLUENCING**

- communicates in a clear and concise manner, both verbally and in writing;
- communicates sensitive information with tact and diplomacy;
- adapts the content and style of communication appropriately to the needs of the recipients;
- is able to empathise with patients and families;
- develops two-way communication; is an active listener; checks for understanding;
- asks relevant and investigative questions;
- seeks, explores and constructively challenges the views, opinions and suggestions of others;
- influences and persuades others to gain buy-in and change views;

### **WORKING WITH OTHERS**

- builds rapport and maintains good working relationships with colleagues within and across departments and hospitals;
- shows respect for others and develops a constructive working environment;
- is a team player with collegial working style;
- provides open and constructive feedback;
- develops, supports and motivates juniors;

### **MANAGING SELF**

- prioritises work so that targets are achieved;
- appropriately allocates resources;
- is efficient and organised;
- manages time effectively;
- pays attention to detail;
- maintains regular work attendance;
- is punctual;

### **PLANNING AHEAD**

- identifies future requirements; focuses on long term goals rather than short term issues;
- concentrates efforts on the activities that most significantly impact on effectiveness;
- achieves plans by putting in place processes to continually monitor and review progress;
- anticipates likely events and develops appropriate alternative plans;
- is aware of the impact changes may have on agreed goals and objectives;
- adapts to and resolves these changes as they arise;

## **APPENDIX 1**

### **Imperial College London**

Imperial College London consistently achieves one of the highest rankings nationally and internationally, as listed in the Times Higher QS World University Rankings 2014-2015.

The President (formally known the Rector), Professor Alice P. Gast, is the College's academic head and chief executive officer, overseeing all functions of the College, and focusing on the College's strategic affairs and development.

The Provost, Professor James Stirling, is responsible for delivering and enhancing the College's academic mission in education, research and translation, and reports to the President.

### **The Mission**

Imperial College embodies and delivers world class scholarship, education and research in science, engineering and medicine, with particular regard to their application in industry, commerce and healthcare. We foster interdisciplinary working within the College, and collaborate widely externally.

### **Vision and Intent**

- Continue to be a world-leading institution for scientific research and education,
- To harness the quality, breadth and depth of our research capabilities to address the difficult challenges of today and the future,
- To develop the next generation of researchers, scientists and academics,
- To provide an education for students from around the world that equips them with the knowledge and skills they require to pursue their ambitions,
- To make a demonstrable economic and social impact through the translation of our work into practice worldwide,
- To engage with the world and communicate the importance and benefits of science to society.

### **Formation and History**

Imperial College was established in 1907 in London's scientific and cultural heartland in South Kensington, as a merger of the Royal College of Science, the City and Guilds College and the Royal School of Mines. St Mary's Hospital Medical School and the National Heart and Lung Institute merged with the College in 1988 and 1995 respectively.

Charing Cross and Westminster Medical School and the Royal Postgraduate Medical School merged with the College on 1 August 1997 to form, with the existing departments on the St Mary's and Royal Brompton campuses, the Faculty of Medicine.

The Kennedy Institute of Rheumatology joined the Faculty of Medicine in 2000 and for over a decade was unique in Europe for its integration of basic science research and clinical facilities in rheumatology. On 1 August 2011, the Institute moved to Oxford University to build a new centre for research into rheumatology and inflammatory and autoimmune disease.

In 2007, the Imperial College Healthcare NHS Trust was formed by merging Hammersmith and St Mary's Hospitals' NHS Trusts with the College, forming the country's largest NHS Trust. This also established the UK's first Academic Health Science Centre (AHSC) bringing together healthcare services, teaching and research for maximum synergistic benefits.

Imperial College was an independent constituent part of the University of London until July 2007, when it was granted a new royal charter declaring it an independent university in its own right.

The academic structure of Imperial College is divided into three faculties, the Faculties of Engineering, Natural Sciences and Medicine. The College's other major academic unit is the Business School.

## **Staff and Students**

The academic and research staff of 3,397 includes 72 Fellows of the Royal Society, 77 Fellows of the Royal Academy of Engineering, 81 Fellows of the Academy of Medical Sciences, one Fellow of the British Academy, four Crafoord Prize winners and two Fields Medalists. Fourteen Nobel Laureates have been members of the College either as staff or students.

The College has 14,342 students, of whom 37 percent are postgraduate. Thirty per cent of students come from outside the European Union. External assessment of the College's teaching quality in many different subject areas has been judged to be of high standard. The proportion of women students is 36 percent of the total.

## **Research**

The quality of the College's research has been judged consistently to be of the highest international standard and the proportion of income from research grants and contracts is one of the highest of any UK university.

The concentration and strength of research in science, engineering and medicine gives the College a unique and internationally distinctive research presence.

Generous support for the College's work comes from a wide variety of sources. From industry there are donations towards certain senior academic posts, advanced courses, bursaries and scholarships. The single largest contribution to the College from industrial concerns is in the form of contracts to carry out research. The College also gains considerable support from research councils and charities to undertake research.

## **Teaching and Learning**

The College's overall educational aim is to ensure a stretching and exhilarating learning experience and, while maintaining its traditional emphasis on single honours degree courses, it also aims to give students the opportunity to broaden their experience through courses relevant to student and employer needs.

In its MSc. course provision, the College seeks to provide a wide range of specialist courses in areas in which it has particular expertise. Many of those offered by non-medical departments emphasise the valuable interaction between scientific/technological training and industrial experience, whilst those offered by the medical departments focus on subjects at the interface between basic science and medicine and on specialist education for doctors and other health professionals in training. In addition, the College's wide range of PhD programmes reflect its aim of pursuing research at the frontiers of scientific, engineering, management and medical knowledge and the increasingly interdisciplinary nature of this research.

The Centre for Educational Development raises and consolidates the profile of learning, teaching and educational development throughout the College. Newly-appointed non-clinical lecturers will be expected to develop and expand their teaching skills, and there are many learning and teaching activities for more experienced staff.

On 1 October 2011, the Graduate School of Life Sciences and Medicine merged with the Graduate School of Engineering and Physical Sciences, to form a single entity. The merged Graduate School is the focus of postgraduate education and research and maintains, enhances and monitors quality, disseminates best practice, while initiating and developing new programmes, particularly those with an interdisciplinary slant. It also has quality assurance responsibilities for the two non-faculty departments of Humanities and the Business School.

The College's teaching quality is audited regularly, both internally and externally. Recent external audit found teaching quality to be of a high standard.



## Location

The College now has one of the largest operational estates of any UK University. It includes six central London campuses, the main South Kensington campus, the Charring Cross campus, the Chelsea and Westminster campus, the Hammersmith campus, the Royal Brompton campus and St Mary's campus.

Silwood Park, a postgraduate campus at Ascot in Berkshire, houses the Ecology and Evolution Section of the Biology Division, in the Department of Life Sciences. The successful Master's courses in Crop Protection, Forest Protection and Ecology, Evolution and Conservation are run at Silwood together with the newly created Master's course in Conservation Science, and there is a thriving postgraduate community. The campus houses excellent research facilities and a wide range of natural environments. The NERC funded Centre for Population Biology is also based at Silwood, together with a Business Centre.

## The Faculty of Medicine

The Faculty of Medicine is one of Europe's largest medical institutions – in terms of its staff and student population and its research income. It was established in 1997, bringing together all the major West London medical schools into one world-class institution. It maintains close links with a number of NHS Trusts with whom it collaborates in teaching and research activities.

Although on several sites, its academic Schools, Institutes and Departments function as one Faculty, fully integrated within the College. The current Dean, Professor Dermot Kelleher, took up his appointment in October 2012.

### Schools, Institutes and Departments

Schools, Institutes and Departments	Head of Department
Department of Medicine	Professor Martin Wilkins
Department of Surgery and Cancer	Professor Jeremy Nicholson
School of Public Health	Professor Elio Riboli
National Heart and Lung Institute	Professor Kim Fox
Institute for Clinical Sciences	Professor Amanda Fisher
Institute of Global Health Innovation	Professor the Lord Ara Darzi

### Faculty of Medicine Executive Team

Faculty of Medicine Executive Team	
Dean of the Faculty of Medicine	Professor Dermot Kelleher
Vice-Dean for Education and Institutional Affairs	Professor Jenny Higham
Vice-Dean for Research	Professor Jonathan Weber
Vice-Dean for Health Policy and Engagement	Professor the Lord Ara Darzi
Vice-Dean for Academic Development	Professor Gavin Sreaton