

Interim Chairman Mr Tom Spink
Chief Executive Mr Sam Higginson

Consultant in RESPIRATORY MEDICINE



Department of Respiratory Medicine

Norfolk and Norwich University Hospitals
NHS Foundation Trust

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Introduction

There is one substantive consultant post available to join the existing team of thirteen NHS consultants, one Clinical Professor and two nurse consultants. This dynamic academic respiratory unit provides opportunities for sub-specialty development, respiratory-related research, and medical education, with close links to the Norwich Medical School. The department is integrated with the department of thoracic surgery and has state of the art facilities for radiology, lung function and bronchoscopy.

A candidate who is unable for personal reasons to undertake the duties of a whole-time post will receive equal consideration. The job content will be modified as appropriate in consultation with consultant colleagues and local management.

We welcome all applications irrespective of age, disability, gender, sexual orientation, race or religion. Additionally, people with disabilities will be offered an interview providing they meet the minimum criteria for the post. The Trust operates job share and flexible working.

The Department

THE DEPARTMENT OF RESPIRATORY MEDICINE

The department concentrates primarily on delivering high quality specialist care for both in patients and outpatients.

Medical Staffing currently comprises:

- Nine full-time and four part-time NHS consultants are: Dr Sundari Ampikaipakan (Service Director), Dr Ajay Kamath, Dr Russell Phillips, Dr Mark Pasteur, Dr Prasanna Sankaran, Dr Christopher Atkins, Dr Eleanor Mishra, Dr Sadiyah Hand, Dr Charaka Hadinnapola, Dr Orion Twentyman, Dr Nicola Gray, Dr Manuela del Forno, Dr David Kelly and Professor Andrew Wilson
- Currently five training Specialist Registrars are attached to the unit on a rotational basis.
- One academic clinical fellow
- Eight junior doctors
- Two Nurse Consultants

We undertake twice daily Respiratory ward rounds on the medical admissions unit, accepting care of only people admitted primarily with a Respiratory diagnosis. The department manages over 3000 emergency in-patient admissions annually.

There is one dedicated in-patient ward (Hethel) with a total of 37 beds, 10 of which are single side rooms including two with negative pressure facilities. These are staffed by highly trained nursing staff with specialist skills in airways disease, non-invasive ventilation and pleural disease.

There are two bronchoscopy lists and one Endobronchial US (EBUS) list per week. These take place in a dedicated endoscopy suite with single sex recovery facilities. We offer an inpatient and outpatient pleural service, also within dedicated facilities, including medical thoracoscopy and management of indwelling pleural catheters.

The majority of our out-patient services are delivered through sub-specialty clinics. We receive 2500 new respiratory out-patient referrals and a further 1000 new sleep referrals annually and have 7500 general and 2000 sleep follow-up visits annually.

We have a dedicated respiratory medicine outpatient facility with five medical consultation rooms, two nurse consultation rooms, two procedure rooms and an integrated pulmonary function laboratory adjacent to radiology and cardiology services.

Our dedicated pulmonary function laboratory is staffed by 3 FTE Association for Respiratory Technology and Physiology (ARCP) accredited technicians. It provides facilities for measurement of spirometry, plethysmography and gas transfer using MasterScreen Body (Care Fusion) and MasterScreen body Pro (CareFusion) integrated lung function systems and cardiopulmonary exercise testing.

The Department of Respiratory Medicine at the Norfolk & Norwich University Hospital currently provides sub-speciality out-patient clinics in:

- Bronchiectasis
- Emphysema/Chronic Obstructive Pulmonary Disease
- Cystic fibrosis
- Difficult asthma
- Non-invasive ventilation
- Oxygen assessment
- Interstitial lung disease
- Lung cancer
- Obstructive sleep apnoea
- Sleep medicine
- Tuberculosis
- Vasculitis
- Pulmonary vascular disease

Clinical multi-disciplinary meetings are held for the following clinical areas:

- Bronchiectasis
- Cystic Fibrosis
- Interstitial Lung Disease
- Lung Cancer
- Tuberculosis
- Radiology & Thoracic Surgery
- Hyperinflation/Emphysema
- Ventilatory Support and Motor Neurone Disease

Interstitial Lung Disease

The Respiratory Medicine department in Norwich is one of two hubs in the Eastern region commissioned to provide tertiary level care for people with interstitial lung diseases according to national service specifications. There are weekly interstitial lung disease (ILD) clinics run by Dr Chris Atkins (sarcoidosis and ILD), Prof. Wilson, Dr. Ajay Kamath and Ms Sandra Olive (nurse consultant). This team is supported by respiratory nurses with a specialist interest in ILD who are led by Ms Sandra Olive. They provide patient monitoring, education and support especially for those receiving anti-fibrotic and immunosuppressive therapy and coordinate a highly active and vocal patient support group. We have close links to the department of rheumatology which provides support for our intravenous immunosuppression therapy service.

We have been running a weekly ILD multidisciplinary (MDT) meeting for 6 years. The meeting is attended by respiratory physicians, thoracic radiologists, thoracic surgeons and an ILD coordinator. In addition, we have a monthly ILD MDT which is also attended by a specialist respiratory pathologist where all lung biopsies (bronchoscopic or open) are reviewed. We have close links with the Royal Papworth Hospital ILD, pulmonary vascular diseases unit (PVDU) and lung transplant teams.

Sleep & Ventilation

The Department of Respiratory Medicine has a well-established Sleep and Ventilation service which receives over 1000 new patient referrals per year managing obstructive sleep apnoea, complex sleep apnoea or ventilatory insufficiency. We offer a service which includes CPAP and adaptive servoventilation for the treatment of complex sleep apnoea. The domiciliary non-invasive ventilation (NIV) service was established in 2011. We care for patients with neuromuscular conditions, obesity hypoventilation syndrome, obstructive and restrictive lung conditions. We have a close relationship with our colleagues in the cardiology, neurology and endocrinology departments. We have bimonthly Motor neurone disease (MND) association meetings with the neurologists and allied specialists who care for motor neurone disease patients in order to establish links between the community and secondary care. We are a reference centre for MND.

The respiratory wards have the facility to manage six patients with acute NIV. Interested candidate(s) will help support the care of patients on acute NIV.

The out-patient service is currently supported by four consultants Dr. David Kelly, Dr Prasanna Sankaran, Dr Manuela Del Forno and Dr Sundari Ampikaipakan; specialist nurses Ms Vicky Ershadi and Ms Georgina Siggins, four band 5 nurses and 2 assistant nurse practitioners.

Cystic Fibrosis

The Norfolk and Norwich University Hospital (NNUH) is a recognised centre for adult and paediatric Cystic Fibrosis (CF) care with funding secured through specialised commissioning in 2013. There are now 150 adults and children under the care of the two services covering Norfolk and North Suffolk with paediatric care organised along a network model and the adult service concentrated at NNUH.

Dr Mark Pasteur and Dr Sadiyah Hand run the service. There are 3 specialist nurses (Mary-Ann Boyfield, Ian Feaviour and Jo Buxton). There are two weekly CF clinics and monthly service development meetings. There is a monthly meeting with the paediatric team. A recent development has been a joint CF/diabetes clinic which is attended by a consultant diabetologist. The service is committed to the delivery of high-quality CF care and is fortunate to benefit from other specialty input on site such as acute and domiciliary NIV, gastroenterology/hepatology, interventional radiology, microbiology and maternal medicine. Recent work has concentrated on providing a successful transition for patients moving from paediatric to adult care. Team members attend and contribute to regular team meetings and national/international conferences. There is twice yearly CF education half day meeting held jointly with the Papworth Hospital CF Service.

Bronchiectasis

Patients with bronchiectasis are seen in both general respiratory clinics and a weekly focused bronchiectasis clinic run by Dr Pasteur. There is a part-time bronchiectasis specialist nurse who is able to support domiciliary intravenous antibiotic therapy for suitable patients. Dr Pasteur was involved in the development of the BTS non-CF bronchiectasis guideline.

Lung Cancer

There are dedicated lung cancer clinics supported by a Nurse Consultant, Charlotte Smith and 3 specialist nurses, Charlotte Henry, Samantha Gosnold and Nicola Sadler. Dr Russell Phillips (Lung Cancer lead), Dr Ajay Kamath, Dr Eleanor Mishra and Dr Nicola Gray run the lung cancer service. We receive over 700 suspected lung cancer referrals per year. We have access to same day CT scanning, a weekly MDT, weekly radiology meetings and all oncological treatment and surgical facilities on site. Our lung cancer pathway includes up-front CT scanning and a pre-diagnostic MDT for two-week wait GP referrals.

The EBUS service commenced in 2011 and we now have a dedicated endobronchial ultrasound list weekly. We now perform almost 200 EBUS procedures per year taking referrals from throughout the hospital and neighbouring trusts. We have recently started a Radial EBUS service. This is staffed by the lung cancer team on a rotational basis.

Thoracic surgery is performed on site by five consultant thoracic surgeons who serve a population of 1.5 million people across the Norfolk and Suffolk region. Between 130 and 150 lung resections are performed annually at this Trust, >90% of procedures are now performed by VATS rather than open thoracotomy. Information on performance and outcome data can be obtained via these links:

http://www.scts.org/userfiles/resources/634558869917493937_Thoracic_2011_FINAL.pdf (see page 38 - 42)

<http://www.scts.org/userfiles/resources/Thoracic%20Surgery%20Report%202008.pdf> (see page 38 – 45)

Thoracic oncology is run by two oncologists who focus on lung cancer and who can offer a full range of oncology treatments including stereotactic radiotherapy. The interventional radiology unit offer radiofrequency ablation. There are well established links with hospital and community based palliative care teams.

Pleural Medicine

The Norfolk and Norwich Pleural Unit is led by Dr Eleanor Mishra and offers indwelling pleural catheter insertion and management, thoracic ultrasound, chest drain insertion and pleural aspiration. We provide rapid, safe, effective dyspnoea relief and diagnosis for patients with pleural effusion while minimising inpatient stay and number of procedures. We have close links with thoracic surgery, radiology and oncology services and recruit to clinical trials. We run medical thoracoscopy list and intend to start ambulatory pneumothorax management. Dr Eleanor Mishra has level 2 thoracic ultrasound training. We train junior doctors in ultrasound and pleural procedures. The service has a full time CNS, Cheryl Hardy.

Asthma

The specialist asthma service is led by Dr Sadiyah Hand and Professor Wilson, however all consultants manage people with asthma. The service has recently expanded and is supported by three specialist asthma nurses (Ms Sarah Harper, Ms Karen Gibson and Ms Chloe Whilding). Difficult asthma clinics run weekly with two nurse-led specialist asthma and monoclonal antibody (anti-IgE and IL-5) clinics (including one weekend clinic) per week,

In addition to medical care, all inpatients with asthma (600 per year) are assessed and supported on the day of admission by the specialist asthma nursing team to provide support and education. There is a close liaison with Addenbrooke's hospital, and our specialist team join the weekly regional difficult asthma MDT.

Emphysema

All consultants contribute to the care of patients with Emphysema on the wards and in the outpatient clinic. This is supported by a team of 1 Band 7 and 3.8 Band 6 Respiratory CNSs who run an early supported discharge scheme, home oxygen assessment clinics, pulmonary rehabilitation and who have close links with the community nursing team and patient support groups such as Breathe Easy. We are supported by the Thoracic Surgeons in techniques such as lung volume reduction

surgery for the management of hyperinflation and the insertion of valves and stents. There is a monthly emphysema MDT.

Tuberculosis

The department runs a twice monthly specialist TB clinic. Dr Russell Phillips is TB lead. There are weekly TB MDTs with a TB specialist community nurse, a consultant microbiologist, a clinic nurse and a part time TB coordinator. We typically manage 30-40 new cases of active TB per year. There are quarterly cohort and network meetings for East Anglia and we co-chair these meetings.

Pulmonary Vascular disease

The pulmonary vascular diseases service at the Norfolk and Norwich University Hospital is run in collaboration with the cardiology department. The service is run by Dr Gray (Respiratory), Dr Hadinnapola (Respiratory) and Dr Head (Cardiology). We see patients with all forms of pulmonary hypertension and post-acute pulmonary embolism. We work closely with other subspecialties such as the interstitial lung diseases, rheumatology and hepatology services across Norfolk. We have access to diagnostic tests including right heart catheterisation and cardiopulmonary exercise testing. We work closely with the National Pulmonary Hypertension Service at Royal Papworth Hospital, Cambridge. Joint clinics are held five times a year with Royal Papworth Hospital. Patients are referred to Cambridge for pulmonary artery vasodilator therapies, balloon pulmonary angioplasty and pulmonary endarterectomy surgery.

Virtual Ward

The Norfolk and Norwich University Hospital is the first UK trust to run a 24-hour acute virtual ward. Dr Mark Pasteur and Dr Sundari Ampikaipakan have been instrumental in setting up the respiratory pathway for the virtual ward and in-patients are managed in the virtual ward with 24/7 monitoring using the “current health monitoring system” with full nursing support and daily consultant review. This is an exciting and innovative virtual space to be involved in with regards to improving patient flow through the hospital and improving the patient experience.

Links with other departments

The Department of Respiratory Medicine has good links with all relevant on-site departments including Histopathology, Radiology, Rheumatology and Microbiology. Our on-site thoracic surgeons attend the weekly radiology meeting and lung cancer MDT and provide 24-hour cover. We have access to a 10 bedded intensive care and a 10 bedded high dependence area for patients who require support beyond NIV on the respiratory ward. There are current plans to increase the critical care capacity. There is a joint clinic run by NNUH Cardiology and Papworth Hospital PVDU held at NNUH quarterly for monitoring and investigation of pulmonary hypertension. They would welcome an interested respiratory physician enquiring about joining them.

The appointee will be provided with an office, computer, internet access and secretarial support which may be shared.

Education and Training

The Respiratory Research Group in Norwich is led by Professor Andrew Wilson (Professor of Respiratory Medicine) and includes Dr Eleanor Mishra (pleural disease), Dr Charaka Hadinnapola (pulmonary hypertension), two fellows undertaking PhDs (clinical fellow evaluating biomarkers in sarcoidosis and non-clinical fellow evaluating exercise interventions in severe asthma), one academic clinical fellow and academic foundation doctors all ably supported by a study co-ordinator and research nursing staff. Prof Wilson is currently either the lead investigator or co-investigator on grant income of more than £8M and, along with Dr Mishra, the team undertakes up to 10 clinical studies at any one time. The team have a good track record for completing studies. Current research focuses on the assessment and management of patients with interstitial lung disease, airways disease and pleural disease, with particular focus on patient related outcome measures, biomarkers, exercise and nutrition. This comprises both the physiological assessment including exercise testing and measurement of muscle strength, spirometry, impulse oscillometry and the use of surrogate markers of inflammation including bronchial challenge testing, exhaled breath gas and condensate markers and sputum examination, pleural aspiration. There is also an extensive programme of research and audit in other areas of respiratory disease including respiratory infections, lung cancer and respiratory radiology. The group collaborates with other academics from Norwich Medical School including Dr Donnie Cameron (Magnetic resonance physicist), Professor Andy Jones (activity monitoring). Professor Yoon Loke (systematic reviews and adverse drug resections) and Professor Anne-Marie Minihane (nutrition).

The department provides much of the Respiratory teaching for the Norwich Medical School undergraduates. This includes undertaking year-based seminars and module-based lectures at the University of East Anglia (UEA) campus, participating in clinical and written assessment and delivering small group and individual clinical skills teaching by the bedside, in the outpatient clinic and in the Clinical Skills Teaching Area. The successful candidate will be expected to participate fully in the provision of the undergraduate teaching programme.

The NNUH is one of four teaching/tertiary hubs for the East of England Deanery Respiratory and General Internal Medicine (GIM) training programme. Specialist Training Registrars (StRs) are generally in their first or final year of training. We are aiming to expand our complement of StRs to allow the development of focused training modules for ST5 and ST6 StRs in areas such as lung cancer and pleural medicine, chronic lung infection, sleep medicine and we hope in the future ILD.

The Department provides time for and encourages CPD activity including attendance at international conferences supported by a study leave budget. There are regular

internal teaching meetings, which are highly valued and support the Department's trainees, biomedical scientists, and consultant staff. Within the Trust there are numerous educational meetings, including medical and surgical grand rounds, to which consultants are welcomed.

Training needs are identified through the individual's personal appraisal process, in which all are expected to participate.

Duties of the Post

The appointments are to the Trust, not to specific hospitals.

All consultants, including the new appointees, will be expected to be involved in implementing the Trust's Clinical Governance programme. This includes active participation in clinical audit, quality, clinical guidelines/pathways, professional development, appraisal and risk management. This will be included in the candidate's job plan.

The appointee will be a member of the Consultant Staff Committee and be expected to serve on this committee.

The appointees will share office space, band 3 and band 4 admin staff with other consultant colleagues in the Department of Respiratory Medicine and will be mentored by one of the existing Respiratory consultants.

The appointees will share with the other respiratory consultants:

- On call duties
- In-patient duties
- Attendance at appropriate MDT meetings
- Undergraduate and post-graduate medical teaching
- Clinical and educational supervision of junior doctors
- Departmental management duties
- Support of clinical research

All consultants, including the appointee, will be expected to be involved in implementing the Trust's Clinical Governance programme. This includes active participation in clinical audit, quality, clinical guidelines/pathways, professional development, appraisal and risk management.

Job Plan

A formal job plan will be agreed between the appointee and their Service Director, on behalf of the Medical Director, as soon as possible after the commencement date of the appointee. This will be signed by the Chief Executive and will be effective from the commencement date of the appointment. A copy will be forwarded to the Medical Staffing Department to be retained on the personnel file.

The Trust has discretion to offer additional programmed activities in appropriate cases. However, where it is agreed to pay temporary additional programmed activities, these will only be payable to newly qualified consultants after three months in the post. Such additional programmed activities will not be paid retrospectively to the date of appointment. In the case of other consultants, the date from which the additional programmed activities become payable will be a matter of agreement with the Service Director.

The Job Plan will then be reviewed annually, following an Appraisal Meeting. The Job Plan will be a prospective agreement that sets out a consultant's duties, responsibilities and objectives for the coming year. It should cover all aspects of a consultant's professional practice including clinical work, teaching, research, education and managerial responsibilities. It should provide a clear schedule of commitments, both internal and external. In addition, it should include personal objectives, including details of their link to wider service objectives and details of the support required by the consultant to fulfil the job plan and the objectives.

Provisional assessment of Programmed Activities in Job Plan for a whole-time contract:

The balance between Direct Clinical care Activities and Supporting Programmed Activities will be agreed with the candidate as part of the initial job planning process.

The standard full time job plan will consist of 10 programmed activities of which up to 2.5 will typically be SPAs. The Trust will initially allocate 1.5 SPAs for appraisals, CPD, mandatory training, job planning etc. A further 1 SPA may be allocated for formal audit, formal research and formal undergraduate and post-graduate education activity and supervision. Permission from your Service Director/Medical Director must be sought for participation in external NHS activities and once agreed these should be recorded in your job plan.

Calculation of annual activity anticipates that consultants deliver their planned activities for 42 full weeks per year.

With these appointments consultants in Respiratory Medicine will share the care of their in-patients. It is anticipated that each consultant will be performing in-patient duties for 5 months per annum. Whilst performing in-patient duties consultants will perform respiratory in-patient ward rounds each morning and have a reduced out-patient workload.

Mentoring for New Consultants

The Trust supports the principle of mentoring for all new consultants and has plans to formally incorporate this into Trust policy in the near future. The Respiratory department will provide a named mentor for the successful candidate.

Provisional Timetable

The following provides an outline of the expected clinical activity and clinically related activity components of the job plan which occur at regular times in the week.

Agreement should be reached between the appointee and their Service Director regarding the scheduling of all other activities, including the Supporting Professional Activities. Upon appointment the consultant will be given a specific “work programme” detailing the initial allocation of direct clinical care activities and supporting activities.

Average weekly activity

1. Two/Three Respiratory out-patient clinics.
2. Full in-patient consultant respiratory ward rounds and other in-patient reviews as indicated.
3. Share with other consultants by agreement of individual job plans:
 - a. Twice daily respiratory triage ward rounds and on call duties
 - b. Bronchoscopy & pleural procedures lists
 - c. Undergraduate & Postgraduate Teaching
 - d. Clinical MDTs
 - e. Management Meetings & Service Development
 - f. Audit & Research

The Respiratory consultants operate a ‘ward rotation’ which results in approximately eight months of the year of in-patient duties. The weekly job plan below is representative of the distribution of your work. For the purposes of transforming the weekly job plan into required annualised activity it will be calculated on the basis that it is delivered 42 weeks each year. This timetable is indicative; the definitive timetable will be agreed by the Trust and the appointee and subject to regular review.

Day	Time	Location	Work	NHS activity code	Number of PAs
Monday	08:30-12:30	NNUH	IP ward round (2 out of 3 weeks)	C4	0.67
	12:45 - 13:45	NNUH	Medical Grand Round	S2	0.25
	13:45-17:45	NNUH	General Respiratory Outpatient clinic	C2	1
Tuesday	08:45-12:30	NNUH	Admin	C11	0.75
	13:30-16:30	NNUH	Admin	C11	0.75
Wednesday	08:30-09:30	NNUH	ILD MDT and Radiology meeting	C7	0.25
	10:00-11:00	NNUH	Journal club/Teaching	S2	0.25
	11:00-12:00	NNUH	Consultant meeting	S2	0.25

	12:45-14:00	NNUH	Lung cancer MDT	C7	0.25
	14:00-17:00	NNUH	Admin	C11	0.75
Thursday	08:45-12:45	NNUH	Subspecialty Outpatient clinic	C2	1
	13:00-16:00	NNUH	Research/Audit/Clinical governance/Teaching/Appraisal/Service development	S2	0.75
Friday	08:45-12:45	NNUH	Bronchoscopy list (1 in 4)	C4	0.25
	13:30-16:30	NNUH	IP WR (2 out of 3 weeks)	C4	0.67
Predictable Respiratory on-call work		NNUH		C4	2
DCC total					8.5
SPA total					1.5
Total PAs					10

Person Specification

JOB REQUIRMENTS	ESSENTIAL	DESIRABLE
Qualifications	<p>Full registration with GMC with license to practice</p> <p>Accreditation in Respiratory and General Internal Medicine and on specialist register at or within 6 months of the AAC</p> <p>Evidence of participation in recognised CPD and appraisal schemes</p>	<p>MD</p> <p>PhD</p>
Aptitudes	<p>Good written and verbal communication skills</p> <p>Able to work under pressure.</p> <p>Capable of working in a multi-disciplinary team and of balancing clinical, management and other duties</p> <p>Enthusiasm for teaching, research and service development</p> <p>Prepared to work in shared office space</p>	<p>Management skills</p>
Experience	<p>Training and experience CCT in respiratory and general internal medicine</p> <p>Teaching at undergraduate and postgraduate level</p> <p>Wide experience of Respiratory Medicine</p> <p>Bronchoscopy experience</p> <p>Competent IT skills</p> <p>Applicants who are Nationals from another European country or elsewhere overseas would have to show equivalence to the 5 years training period in the National Health Service required for the specialty.</p> <p>Training and expertise in children's safeguarding</p> <p>Experience in Interstitial Lung Disease research</p>	
Interests	<p>Commitment to develop an appropriate special interest</p>	
Circumstances	<p>Flexible outlook on working hours.</p> <p>Must live within a 15-mile radius of the base Trust or 30 minutes travelling time</p> <p>Full Driving License</p>	
Other	<p>Flexible outlook on working practices</p>	<p>Understanding of principles of Research and Development</p>

Communications and Language Skills	Ability to communicate effectively with clinical colleagues, colleagues in pathology and support staff Good knowledge of, and ability to use, spoken and written English Ability to present effectively to an audience, using a variety of methods, and to respond to questions and queries	Good presentation skills
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Applicants who are Nationals from another European country or elsewhere overseas would have to show equivalence to the 5 years training period in the National Health Service required for the specialty.

It is essential that all Trust employees adhere to, and follow good infection control practices, as detailed in the Trust’s Infection Control Manual and other related policies and guidelines

About the Trust

Norfolk & Norwich University Hospital NHS Foundation Trust

The Norfolk and Norwich University Hospitals NHS Foundation Trust is a 1000-bed acute teaching hospital providing secondary and tertiary services to a total population of over one million. It consists of two hospitals:

Norfolk and Norwich University Hospital

The £229 million Norfolk and Norwich University Hospital (NNUH) opened in 2001 on the Norwich Research Park and was the first new teaching hospital to be built for more than 30 years.

The Norfolk and Norwich University Hospital has one of the busiest “Acute Medical takes” in the United Kingdom. The Acute Medicine department assesses and treats approximately 26,000 patients every year. This takes place on the NNUH site in close co-operation with the Accident and Emergency Department, the Critical Care Complex, Coronary Care Unit, Medical Specialties and Primary Care. An assessment area and clinical decisions unit (CDU) are the next phase of our modernization programme. An enhanced Radiology service and point of care testing (POCT) projects are at the implementation stage with introduction of a CDU as the next step

Cromer and District Hospital

The new £15 million hospital in Cromer was completed in 2012. The hospital is a key part of the Trust and provides ambulatory services, including a wide range of day case and out-patient services, renal dialysis, radiology, and a nurse-led minor injuries unit.

The Trust employs over 7,000 staff and provides a comprehensive range of medical and surgical services except for cardiac surgery and neurosurgery. In the year 2014/15, the Trust treated 165,000 in-patients and day patients, 609,408 total out-patients and 101,101 A&E patients.

The Trust has consistently been judged one of the top-performing acute trusts in the country and ranks as the fourteenth busiest of the 169 acute trusts nationally. It has achieved financial balance every year since it was first established in 1994. In 2014/15 the turnover was £525 million.

NNUH has good access to the A11 and A47 regional trunk roads and is adjacent to the University of East Anglia campus and the Norwich Research Park.

University of East Anglia

The University of East Anglia (UEA) has over 15,000 undergraduates and is ranked in the highest 1% of health education institutions in the world. In 2013 it was the number one university for student satisfaction in the UK. UEA houses the Norwich Medical School, a School of Health Sciences.

The Norwich Medical School (Dean, Professor David Crossman) was founded in 1982 and admits 160 undergraduates every year. Clinicians at NNUH are closely involved in delivering teaching. Over the past 4 years the Medical School and NNUH have collaborated on a joint research strategy to take full advantage of the possibilities afforded on the Norwich Research Park (see below). This initiative has resulted in a significant expansion of clinical academic posts and increasing involvement of NNUH clinicians in research activity.

Building is about to commence on a new Medical Research building located next to the hospital. This will house research laboratories, a large biorepository, a lecture theatre and additional space for undergraduate and postgraduate teaching.

Norwich Research Park

The Norwich Research Park (NRP) is an association of co-located institutions namely UEA, NNUH, the John Innes Centre for plant research (JIC), the Institute for Food Research (IFR) the Genome Centre (TGAC) and the Sainsbury Centre. The different institutions provide a unique opportunity for health-related research. The NRP is one of the major areas of investment by the Biological and Basic Science Research Council and has, over the past 3 years, received significant central government funding.

Norwich Radiology Academy

The Trust is home to the Norwich Radiology Academy, run on behalf of the Department of Health and Royal College of Radiologists. The academy, one of only three in the country, is also located on the Norwich Research Park in the Trust's Cotman Centre and provides a groundbreaking approach to radiology training in the UK.

University of East Anglia School of Health Sciences

The School of Nursing and Midwifery's Edith Cavell building on the Norfolk and Norwich University Hospital campus opened in 2006. This provides state-of-the-art teaching facilities for a school that has been a leader and major provider in Nursing and Midwifery education in East Anglia for many years.

Education and Training

The Trust has an outstanding reputation for providing a good quality education and excellent clinical experience for trainees. The large catchment population provides a wealth of clinical material. Most departments have well-developed in-house teaching programmes and there are many examples of locally developed skills courses including Basic Surgical Skills, MRCS training and Minor Surgical Skills courses as well as more specialised courses such as for the FRCS (Orth). There is an established system of educational supervision and assessment for Foundation Programme and Core Training.

The Trust has one of the best-equipped Postgraduate Centers in the country. There is an excellent lecture theatre and library as well as seminar rooms and clinical skills laboratories within the Centre which is currently situated within the Hospital. Additional space will become available in 2014 in the new Medical School building.

There are opportunities for trainees to do an MSc in Health Sciences with the University of East Anglia. A diploma in clinical skills is being developed in collaboration with the University, aimed at the Core Training grade. There is an excellent local GP VTS scheme and this, and good quality educational programmes in NANIME, provide strong links with local GPs. For all these reasons Norwich can attract good quality candidates to fill training posts and eliminate many of the problems of recruiting into shortage specialties.

The Trust provides individual consultants with a budget to support additional training and CPD. Many consultants have active involvement in external College, regional or national activities.

Research and Development

The Trust encourages all consultants to become involved with research. This is facilitated by the proximity of the NRP.

There is a joint UEA-NNUH Director of Research (Professor M Flather) and a joint research office which currently monitors nearly 200 new research applications per year. There is a Clinical Trials Unit based partly in the hospital and partly at the University. The Trust hosts the local CLRN and the East Anglia Cancer Research Network. Recruitment to clinical trials is consistently above target.

General Conditions of Appointment

The Trust requires the successful candidate to have and maintain full registration with the General Medical Council, NHS Indemnity and private cover if appropriate. The appointee is advised to maintain membership of a Medical Defence Organisation for professional duties not included within the NHS Indemnity Scheme.

Consultants are required to have continuing responsibility for the care of patients in their charge and for the proper functioning of their departments. They are expected to undertake administrative duties that arise from these responsibilities. Specifically, Consultants will co-operate with the Service Directors to ensure timely and accurate production of discharge letters and summaries of patients admitted under their care. "Timely" will, as a minimum, be the meeting of standards agreed between the Trust and the Purchasers.

The successful candidate will normally be required to reside within 15 miles of the main hospital base or 30 minutes travel time.

The appointee will be accountable managerially to the Service Director and professionally to the Medical Director of the Trust.

The main terms and conditions of employment relating to this appointment will be those set out in the national handbooks of the Terms and Conditions of Service of Hospital Medical and Dental Staff and, as appropriate, of the General Whitley Council. Consultants will normally be appointed on the bottom of the consultant salary scale except where they have recognised seniority at a consultant level.

The appointee may be required to undergo a medical examination prior to appointment and will be required to attend the Occupational Health Department within one month of commencement. She/he will also be required to comply with the Trust's policies and procedures concerning Hepatitis B, details of which will be supplied to candidates shortlisted for posts that would involve exposure prone procedures

The post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are, therefore, not entitled to withhold information about convictions, which for other purposes are "spent" under the provision of the Act, and in the event of employment any failure to disclose such convictions could result in dismissal, or disciplinary action by the Trust. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies.

In accordance with the Protection of Children Act 1999, Criminal Justice and Court Services Act 2000 and Care Standards Act 2000 (Part VII – Protection of Vulnerable Adults, the Trust has a legal duty to safeguard children and vulnerable adults in its care from the potential risk of associating with persons with previous convictions involving children and vulnerable adults. In order to carry out checks on those persons having access to children and vulnerable adults, the Trust will use the Criminal Records Bureau (CRB) disclosure service. The Trust therefore requires all medical staff

successful at interview to complete and submit a Disclosure Application Form, and any offer of employment will be subject to a satisfactory Enhanced Disclosure check being returned from the CRB.

It is essential that all Trust employees adhere to, and follow good infection control practices, as detailed in the Trust's Infection Control Manual and other related policies and guidelines

All Trust staff have a statutory duty to safeguard children in their care and promote the welfare of children and young people. Staff are expected to know about the Trust's safeguarding procedures which can be found on the intranet. Staff must be familiar with the signs and symptoms of abuse and know what to do if any such concerns are raised.

The Trust is a no smoking hospital and smoking is not permitted on any of the Trust's premises.

Interview Expenses

All potential applicants are advised the Trust will only reimburse travel and hotel accommodation expenses in respect of the interview and one preliminary visit. In the case of candidates attending from outside of the United Kingdom, expenses will only be met from the port of entry.

Contacts for Further Information

Candidates requiring further information are invited to contact the following:

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