Job Description

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| **1. Job Details** | |
| **Job Title:** | Trust Service Doctor Medicine (@ ST3 level+) |
| **Responsible to:** | Dr George Hands |
| **Professionally Responsible to:** | Clinical Director & Consultants in Medicine |
| **Grade:** | Trust Service Doctor (September 22 – August 23) |
| **Unit:** | Respiratory |
| **Salary: New Contract** | * (1:10 on-call rota) |

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| 2. Job Purpose |
| You will be working at ST3 level in Respiratory Medicine with elements of General Medicine.  You will have responsibility for the care of Respiratory/General Medical in-patients, working with a team of junior doctors. You will attend out-patients, undertaking new and follow-up patient reviews, organizing investigation and management plans as well as leading Registrar ward rounds.  The department is committed to quality improvement activity and would encourage you to develop a project determined by your areas of special interest.  This post requires you to be apart of the 1:10 on-call General Medical rota.  Proposed job plan (taking into consideration you will be on-call some weeks):   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Monday | Tuesday | Wednesday | Thursday | Friday | | AM | Consultant Ward Round | Reg Ward Round | Clinic | Ward | Ward | | PM | Ward | Ward | Ward | Bronchoscopy | Clinic |   \*Plus ad hoc pleural work and referrals |

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| 3. Dimensions |
| **CONDITIONS OF APPOINTMENT**   * The post is subject to The Terms and Conditions of Service of Hospital Medical and Dental Staff, and Northern Devon Healthcare Trust’s local agreements, as modified from time to time. Current copies of these Terms and Conditions may be requested from the Employment Services Office. Your attention is drawn particularly to the following extracts:   **REGISTRATION**:   * All Hospital Medical and Dental Staff are required to be appropriately registered with the General Medical Council to practice in this country. Such staff must ensure that registration is maintained for the duration of the appointment. Overseas graduates should note that full registration does not necessarily preclude the need for a period of Clinical Attachment and assessment.   Qualified practitioners are responsible for ensuring that your professional registration is maintained. Failure to maintain registration will result in reassignment to a junior role which does not require professional registration, until evidence is provided. Where evidence is not forthcoming a disciplinary investigation will be undertaken which could result in your employment being terminated. You are required to produce evidence of your professional registration on request.  You are responsible for ensuring that you abide by the Codes of Professional Practice relevant to your role. Failure to do so will result in formal investigation and action under the Trust's Disciplinary or Capability procedures.  **MEDICAL EXAMINATION**:   * All initial appointments to the NHS are made subject to satisfactory medical evidence being produced. The employing Trust reserves the right to make any offer of appointment subject to the receipt of such medical evidence including a medical examination where this is deemed necessary. In the interest of all staff and patients, it may be desirable and necessary for periodic medical checks to be undertaken in addition to those on initial appointment.   The Trust is committed to providing safe and effective care for patients to ensure there is an agreed procedure for medical staff that enables them to report quickly and confidentially concerns about conduct, performance or health of medical colleagues (Chief Medical Officer, December 1996). All medical staff practicing in the Trust should ensure that they are familiar with the procedure and apply it.  **REFERENCES**:   * All staff appointments are made subject to the receipt of satisfactory references to the Trust.   It is every employee’s duty to adhere to the Trust’s Policy on Fire Prevention and Health and Safety.  **HEALTH & SAFETY**   * In carrying out their duties, the employee is required to take reasonable care to avoid injury or accident which may be caused by work. These duties must be performed in accordance with departmental guidelines which is designed to secure safety in work practices and in the handling of materials and equipment.   **INFECTION CONTROL**   * Ensure safe practice to minimize the risks of infection to patients and staff in accordance with national and Trust policy, in particular to be aware of responsibilities as listed in the Infection Control Operational Policy. |

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| 4. Organisational Chart |
| Dr George Hands Respiratory & General Medicine, AMD  Dr Alison Moody Respiratory & General Medicine, TPD Medicine, MAU Lead  Dr Jareer Raza Respiratory & General Medicine  Dr Tom Whitehead Respiratory & General Medicine  Dr Andrew Davis Gastroenterology & General Medicine  Dr Alex Moran (part time) Gastroenterology, BSCP Lead  Dr Stuart Kyle Rheumatology  Dr Roope Manhas Rheumatology & General Medicine  Dr Chris Gibbs Cardiology & General Medicine  Dr Dushen Tharmaratnam Cardiology  Dr Rahul Potluri Cardiology  Dr Ashok Tahilyani Cardiology & General Medicine  Dr Bill Lusty General Medicine  Dr Magdalena Stojakowsak Nephrology & General Medicine  Dr Sean Noronha (locum) Diabetes and Endocrinology  Dr Archana Dhere (locum) Diabetes and Endocrinology  Dr Mike Jeffreys (part time) Care of the Elderly & Acute Medicine  Dr Jay Reynolds (Locum) Healthcare for the Older Person  Dr Bogdan Pello (Locum) General Medicine  Dr Awad Abdelrazig (Locum) General Medicine  Dr Petros Tzavaras (Locum) General Medicine  Visiting Consultants Hematology  Oncology  Nephrology  Neurology  Gastroenterology (RD&E)  HfOP (RD&E)  General Medicine (RD&E) |
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| 5. Main Tasks/Duties and Areas of Responsibility |
| **EMERGENCY ROTA**  All medical admissions are onto the Medical Admissions unit. This is staffed by 7 F1s, 2 CMT equivalents, 1 ST3 and 2 acute physicians, with other consultants contributing to the on call Rota. A hospital at night scheme is established.  The average combined acute medical take is approximately 25 patients per day. The majority of these are admitted through the medical assessment unit that is open 24 hours per day. |

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| 6. Communication and Working Relationships |
| **MEDICAL AND CARE OF THE ELDERLY BEDS**  We provide a comprehensive medical service both at the North Devon District Hospital and the local community hospitals. There are close links with Exeter, Plymouth and Bristol, which are likely to increase in the future with developments in services and the Peninsula Medical School project. The beds are distributed as follows:  Level 5 Stroke Unit 24 beds  Level 4 Cardiology 28 beds  Rehabilitation 29 beds  Level 3 ITU, HDU 4 & 3 beds  Gastro/Acute HfOP 29 beds  Respiratory 18 beds  Level 1 Medical Assessment Unit 26 beds  Short Stay/Frailty 22 beds |

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| **7.About us** |
| The Northern Devon Healthcare NHS Trust provides a wide range of district hospital and community health and social care services to over 480,000 residents across north, east and mid Devon and to the thousands of visitors the region receives every summer.  Headquartered in Barnstaple, the Trust manages the North Devon District Hospital in Barnstaple, 17 community hospitals and a wide range of community health and social care services.  The North Devon District Hospital provides a 24/7 accident and emergency service and a full range of acute services such as trauma, orthopaedics, general surgery, stroke care and cancer services amongst many others. The Trust has recently invested in state of the art CT and diagnostics services.  The Trust provides some specialist services via a number of clinical networks with neighbouring acute Trusts. These include a vascular network with Taunton, a neonatal network with Plymouth and a cancer network with Exeter.  Community inpatient services are provided in seventeen Community Hospitals located across Exeter, east, mid and North Devon.  The Trust was one of the first in England to integrate acute and community healthcare services in 2006, quickly followed by an integration of adult community health and social care services in 2008.  Community teams across Devon provide a full range of district nursing, community nursing, physical therapies, and sexual health and family planning services.    The Trust is also the main provider of specialist community healthcare services in Devon, such as audiology and chiropody. Adult community health and social care services are provided through cluster management arrangements aligned to primary care services.  North, East and Western (NEW) Devon CCG is the Trust’s main commissioner of health services.  The Trust also provides services to residents on the borders of Cornwall, Somerset and Dorset.  The Government passed legislation requiring vaccination as a condition of deployment which was due to come in from 1 April 2022. However, the Secretary of State has announced (on 31 January 2022) that this is being revoked. The Government’s decision is subject to Parliamentary process and will require further consultation and a vote to be passed into legislation. Therefore, full COVID-19 vaccination currently remains a condition of employment (unless an individual is medically exempt) pending the outcome of this legislative review. We will continue to ask for proof of vaccination during the recruitment process. COVID-19 vaccination remains the best way to protect yourself, your family, your colleagues and of course our patients from the virus when working in our healthcare settings.  More information is available on our website: [www.northdevonhealth.nhs.uk](http://www.northdevonhealth.nhs.uk) |