

Further information relating to Clinical responsibilities: Clinical Lecturer (Education) in Medicine (Gastroenterology)

GENERAL INFORMATION

The Belfast Health Care Trust

The Belfast Trust delivers integrated health and social care to approximately 340,000 citizens in the greater Belfast area and provides the majority of regional specialist services for the population of Northern Ireland (1.8 million people). With an annual budget of almost £1.3bn and a workforce of over 20,000, we are also a Trust with teaching hospitals and have strong links with our local university partners providing high quality training for medical and other health care professionals across all disciplines.

Hospital Profiles

The Royal Hospitals is the largest hospital complex in Northern Ireland, comprising the Royal Victoria Hospital, the Royal Jubilee Maternity Hospital (RJMH), and the Royal Belfast Hospital for Sick Children (RBHSC) and the School of Dentistry. In combination with its sister hospitals it provides virtually all tertiary referral services in Northern Ireland. The Royal Hospitals play a major role in clinical education, training and research, with most academic departments linked to the Queen's University of Belfast Medical School. The Royal Hospitals is a Level 1 Trauma Centre and supports the Northern Ireland Trauma Network and Northern Ireland Air-Ambulance Service.

Belfast City Hospital (BCH) is a major teaching hospital, most of which is housed within the Tower (opened in 1985). The Northern Ireland Cancer Centre opened on the campus in March 2006 providing for the development of an internationally recognised cancer centre. A strong strategic focus on molecular medicine, cancer and renal services has enabled the development of world leading research programmes and a leading Cancer Clinical Trials Unit linked with the ROI and the NCI Washington DC in a tripartite arrangement. There is a modern radiology department and substantial AHP Services (e.g. Physiotherapy, Podiatry, Occupational Therapy, Speech & Language Therapy, Nutrition & Dietetics, etc.) and a comprehensive range of pathology.

The Mater Hospital is a university teaching hospital providing Acute and General Medicine, Cardiology, HPB Surgery, Gastroenterology (including ERCP and Spyglass), Obstetrics & Gynaecology and Psychiatry. There is a 24 hr A&E department and a 6 bedded Intensive Care Unit.

Musgrave Park Hospital is the Regional Orthopaedic Unit for Northern Ireland. The Musgrave Park Regional Orthopaedic Service is the largest in the British Isles with 48 consultant orthopaedic surgeons and staff. On site is the Queen's University of Belfast's Department of Orthopaedic Surgery which is the largest academic unit in Orthopaedics in the British Isles with an international reputation and an extensive research output.

All of the major laboratory services are also available including:

- Immunology
- Haematology (including Transfusion Services)
- Bacteriology
- Virology
- Pathology
- Immunopathology

A summary of the services across the different hospitals is provided in the table below:

Site	General Services	Specialist Services
Royal Hospitals	Emergency Department Acute & General Medicine Anaesthesia (including critical care) Pain Management	Recognised trauma centre Paediatrics (RBHSC) Obstetrics & Gynaecology (Royal Jubilee Maternity Hospital) School of Dentistry Regional services include: neurosciences, medical and surgical cardiology, thoracic surgery, ophthalmology and specialised endocrinology, ENT, general surgery, vascular surgery, hepatology
Belfast City Hospital	Emergency Department (temporarily closed) Acute & General Medicine Anaesthesia (including critical care) Pain Management	Adult Cystic Fibrosis Breast Services (including reconstructive surgery) Cardiology Cochlear Implant Service Gynaecology & Gynaecological Oncology Haematology Haemophilia Service Medical Genetics Medical Oncology Nephrology (including Renal Dialysis) Radiotherapy Respiratory Medicine Transplant Surgery Urology
Mater Hospital	Emergency Department Acute & General Medicine Anaesthesia (including critical care) Pain Management	Surgical specialties, including Hepatobiliary, Ophthalmic and ENT Obstetrics & Gynaecology Psychiatry
Musgrave Park Hospital	Anaesthesia Pain Management	Regional Orthopaedic unit Rheumatology Rehabilitation Regional Acquired brain injury unit Care of the elderly unit

The Belfast HSC Trust functions through a series of clinical and non-clinical Directorates.

SERVICE INFORMATION

Gastroenterology services in the Belfast Health and Social Care Trust are currently provided on 3 sites. The directorate is regularly reviews the configuration of a number of services across the Belfast Trust sites, including the Gastroenterology service, so that all new appointments are to the Belfast Trust, and services may move as a result of the service review.

The Luminal Gastroenterology service at the Royal Victoria Hospital is currently provided by Professor Brian Johnston, Dr Neil Patterson, Dr Graham Turner, Dr Graham Morrison, Dr Carolyn Adgey The Belfast City Hospital Gastroenterologists are Dr Simon Johnston, Dr Michael Mitchell, Dr Inder Mainie, Dr Gerard Rafferty, Dr Ryan Scott, Dr Phil Hall and Dr Andrew McNeice. In the Mater Hospital Dr Peik Lim, Dr Mark McLoughlin and Dr Nick Kelly comprise the team.

The Service Group is responsible for maintaining non-elective medical admissions as part of its current take-in responsibility, as well as elective admissions following referral from the general practitioner, outpatients or other hospitals. At present over 20,000 unscheduled medical inpatients per year are admitted to the Belfast Trust.

The Gastroenterology Consultants including the new appointee will be supported by the junior medical staff appointed to the units. The main Unit is based in Ward 7D Royal Victoria Hospital (RVH) with the Intestinal Failure Unit based in the Belfast City Hospital (BCH). All Junior Doctor posts are recognised by the Royal College of Physicians of London for general professional training; the specialist registrar/ST3 posts have all been recognised as specialist registrar posts.

All members of junior medical and consultant staff are expected to attend and participate in service group and specialty audit activities. The Trust is committed to continuing professional development (CPD) and provides adequate study leave and financial support. The Service Group has a broad teaching commitment, with medical students from first to final year being attached during the academic year.

There is full administrative support, including secretarial, and 24/7 IT support.

Gastroenterology

The Gastroenterology teams in RVH and BCH have developed, and work, a consultant-of-the-week service model for acute luminal gastroenterology and populate a 24/7 Upper GI bleeding rota. During the week of acute work the Gastroenterologist cancels elective work. The post-holder will be expected to cover this part of the acute week rota as part of the Gastroenterology team and also contribute to standard elective work on the weeks when not on acute gastroenterology (approximately 36 weeks elective and 5 weeks acute per year to allow for leave).

Endoscopy lists are based on a template of 12 points. Outpatient clinics will include 6-8 New patients or 12-15 Review patients (or an equivalent combination) in keeping with RCP/BSG guidelines.

The post is covered by National Terms and Conditions of Service for Hospital Medical and Dental Staff.

Outpatient Gastroenterology Clinics

The appointees will be expected to provide outpatient clinics in Gastroenterology in either the Royal Victoria or Belfast City Hospital. These clinics will comprise Gastroenterology referrals

to the Trust from Primary Care and from within the Trust for Gastroenterology assessments. The gastroenterology service is heavily committed to outpatient reform and the new post-holder will be expected to participate in GP advice by email, virtual clinics on a pro-rata basis with the other Gastroenterologists.

Any formal outpatient clinics would follow Royal College of Physicians' Guidelines and would be delivered 36 weeks per year allowing for leave and on-call service week commitments.

Inpatient work – Gastroenterology

The appointee will work alongside their colleagues in providing an inpatient Gastroenterology and Endoscopy Services and care for patients with GI diseases admitted from the acute medicine unit/emergency department or from clinics. They will also be expected to provide an accessible inpatient consultation service. The acute inpatient work will be covered by a rota with colleagues on a one week in every 13 week basis.

Patients from the medical take in are shared out between the specialities on a daily basis. With an average of 6-10 patients admitted each day under Gastroenterology this normally translates into a total of 20-40 inpatients at any one time. A junior medical team will be allocated to Gastroenterology each week to help with ward work on this acute week.

In the elective weeks the post holder would have no inpatients.

Endoscopy

With colleagues, the appointee will provide diagnostic and therapeutic endoscopy service as noted in the detailed job plans below. The appointee may also wish to participate in the 24/7 bleeding rota. Endoscopy lists may take place on different sites within the Belfast Trust (RVH, BCH, MIH) and will be coordinated by an Endoscopy Scheduler.

Waiting times are constantly managed to maximise capacity but are currently under considerable pressure. As a result of this, a proportion of endoscopy lists may be performed in flexible sessions but not outside normal working hours. Again these will be actively coordinated by an Endoscopy Scheduler.

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The BHSCT has met its Service Budget Agreement with the Board for each of the last 4 years.

INDICATIVE JOB PLAN/ TIMETABLE

The table below gives a breakdown of the total agreed PA's on average per week and the agreed annualized PAs due to the nature of certain elements within the job plan.

Programmed Activity	Number of PA's per week
Direct Clinical Care	4.0 PA (average of elective and acute weeks as per calculation below) to include: 1.25 outpatient clinics 1.0 endoscopy sessions 0.125 Regional NET MDT 0.75 clinical admin
Supporting Professional Activities	
Core SPAs (Please list activities/responsibilities)	1.5 (split with QUB and BHSCT) 1.0 appraisal, audit, job planning and CPD 0.5 SPA QUB/BHSCT clinical management
Common SPAs (Please list activities/responsibilities)	0.5 Clinical induction (split with QUB/BHSCT) (Will be reviewed and converted to DCC / QUB at 3 months)
University (joint appointments)	4 PA
Total PA's	10

This job plan outlines the number of DCC PAs that the post-holder would normally expect to perform on an annual basis. In so doing, the purpose is to clarify the Belfast Trusts' expectation that they would attend these PAs. However, both parties recognise that it may not be possible to do so because of factors partly, or entirely, out-with the post-holder's control. In such circumstances the Trust may ask for flexibility in trying to maintain the level of service and take on alternative duties/PAs. Any alternative PAs undertaken would be by mutual agreement and would as far as possible, not disrupt planned activities already outlined in the job plan. The Trust also undertakes to provide reasonable notice of such changes.

Failure to fulfill this commitment due to factors outside the post-holder's control would not result in any penalty to them; specifically it would not be grounds for preventing pay progression.

The timetables that follow are an illustration of the type of work which will be required and is subject to change to meet service need. It is also expected that the weekly timetable would be worked flexibly to meet the demands of the service. Where travel between sites is required this will be included in the Job Plans following confirmation of the timetabled work between sites.

Direct Patient Care

Elective weeks (illustrative timetable below) – 37 weeks per year

- To deliver 1.25 outpatient clinics per week in the Belfast Trust approximating to 46 clinics per year. This will be a mix of new and review general gastroenterology clinics and ideally Neuroendocrine Tumour MDT clinics. To deliver 0.25 of virtual clinic/enhanced e-triage with admin included per week depending on the need of the service
- To deliver 1 mixed endoscopy sessions per week in the Belfast Trust approximating to 37 sessions per year. The post-holder may prefer to focus on Upper GI endoscopy.
- Core member of Regional Neuroendocrine MDT 0.125PAs
- 0.75 PA of clinical admin

Day	Time	Work Activity	Location	PAs DCC	QUB	SPA / APA	Comments
Mon	0900-1300	QUB	QUB		1		
	1300-1700	Clinic / SPA	BHSCT	0.5		0.5	Alternate weeks
Tue	0800-0900	Neuroendocrine MDM	BHSCT	0.125			Alternate weeks (inc prep)
	0900-1200	Admin	BHSCT	0.75			
	1200-1400	SPA	BHSCT			0.5	
Wed	0900-1300	Endoscopy	BHSCT	1			Flexible backfill (37 weeks/yr)
	1300-1700	QUB	QUB		1		
Thurs	0900-1300	Clinic	BHSCT	1			
	1300-1700	QUB	QUB		1		
Fri	0900-1300	QUB	QUB		1		
	1300-1700	SPA	QUB			1	
Total			TOTAL	3.375	4	2	9.375

Acute Weeks (illustrative timetable below) – 4 weeks per year

The “Acute Week”, covering “Gastroenterologist of the week” rota is worked on a rota basis with your colleagues on a 1 in 13 basis. Monday to Friday daytime hours to cover specialty triage and continuing care of specialty patients including handover with colleagues on Friday morning. The illustrative timetable below includes an estimate of out of hours’ on-call working.

When working the Acute Week, you will not be performing the regular clinical duties outlined below in your Elective Week. When a consultant, other than the designated acute consultant of the week, provides inpatient support, this is recognised as substitution within the DCC allocation of the Acute Week. Due to the nature of the Acute and Elective Weeks, it is recognised that SPA time will be worked flexibly

Duties include:

- Ensure that clinical ward rounds during the Acute Week are scheduled to facilitate twice daily senior decision making and appropriate discharge of patients including supporting nurse facilitated discharge.
- All inpatients should have a discharge-focused treatment plan within 24 hours of admission including an expected date of discharge.
- To work proactively with patient flow teams to ensure effective bed utilisation.
- Actively engage in both simple and complex discharges.
- To meet Trust targets with regard to timeliness of discharge, clinic and results letters and response to complaints.

Day	Time	Location	Hrs	PAs
<i>In hours</i>				
Monday	0800-1700	BCH/RVH	9	
Tuesday	0800-1700	BCH/RVH	9	
Wednesday	0800-1700	BCH/RVH	9	
Thursday	0800-1700	BCH/RVH	9	
Friday	0800-1200	RVH Handover	4	
Patient admin	Variable	BCH/RVH	2	
Total hours			42	10.5
<i>Out of hours</i>				
Saturday	0800-1230	BCH/RVH	0	
Sunday	0800-1230	BCH/RVH	0	
On-call		BCH/RVH	0	
Total hours			0	
Total for acute week			42	10.5

Emergency Work

Prospective emergency on-call work and availability for on-call.

Agreed on-call rota	No more than 1:12
Agreed category	A
On-call supplement	3%

Category A: You are typically required to return immediately to the Trust when called or to undertake interventions with a similar level of complexity to those that would normally be carried out on site, such as telemedicine or complex telephone consultations.

Supporting Professional Activity

- To maintain skills and knowledge in general medicine and gastroenterology in line with the outcomes of the annual appraisal process.
- You will take the lead on an audit project this year as identified by you or the audit co-ordinator and agreed with the Associate Medical Director.
- You will undertake clinical management to assist in the development of the service including unit and Trust activities both internal and external
- You will ensure research governance procedures are followed for research projects.

PA calculation:

Acute week	No of weeks	Sub-total PAs per annum	Elective Week	No of weeks	Sub-total PAs per annum	Total PAs per annum	Average weekly DCC PAs	QUB (4) & SPA (2)	Total weekly PAs
10.5	4	42	3.375	37	125	167	4	6	10

ADDITIONAL INFORMATION

Quality

Patient satisfaction must be at the forefront of the concern of each member of staff. Every patient is to be treated as an individual and provided with high quality service in terms of courtesy, kindness, interest and efficiency.

Mentoring

The Belfast Trust supports schemes for mentoring of newly-appointed consultants and a mentoring programme will be offered to the successful candidate.

Governance

The successful candidate will be expected to work within the Belfast Health & Social Care Trust and Queen's University Belfast governance frameworks. QUB and the Trust are committed to conducting a process of yearly appraisal of consultant staff, which is used to support GMC revalidation.

Multiprofessional Audit and Continuing Medical Education

The postholder will be required to participate in the Trust quality improvement programmes. They will also be required to undertake such continuing educational activities as are necessary for them to remain accredited by their Royal College.

Information Governance

All employees of Belfast Health & Social Care Trust are legally responsible for all records held, created or used as part of their business within the Belfast Health and Social Care Trust, including patient/client, corporate and administrative records whether paper based or electronic and also including e-mails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000, the Environment Regulations 2004, the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. Employees are required to be conversant and to comply with the Belfast Health and Social Care Trust policies on Information Governance including for example the ICT Security Policy, Data Protection Policy and Records Management Policy and to seek advice if in doubt.