

Job description

Consultant Paediatrician Guernsey

June 2019

Employer:	Medical Specialist Group
Location of Outpatient Clinics:	Alexandra House and Princess Elizabeth Hospital
Location of Hospital:	Princess Elizabeth Hospital
Managerial accountability:	Through Management Board to the Partnership

Consultant Paediatrician

1. Introduction

An exciting opportunity has arisen to join a team of 5 paediatricians working within the Medical Specialist Group (MSG), Guernsey.

Guernsey is one of the Channel Islands located between the British mainland and France. It is not part of the United Kingdom or the EU, but is a Crown Dependency of the British Isles. Guernsey has its own government and legal system and therefore the healthcare system is NOT part of the NHS.

The MSG provides the emergency and elective specialist medical services for the Bailiwick of Guernsey within the secondary health care framework and in partnership with the Health and Social Services Department. The service is currently provided by 49 consultants with a range of professional interests.

The MSG aims to serve the community through the provision of the highest standard of clinical care at all times. It achieves this through a high quality, **consultant delivered** service that is personalised and constantly evolving. It is based at Alexandra House and Mill House where the managerial, nursing and other support staff are based. Both buildings are dedicated outpatient facilities and are situated approximately 400 metres from the island's main hospital, The Princess Elizabeth Hospital (PEH).

For more information please visit our website www.msg.gg

2. Brief Description of the Post

The position is recognised as being of Consultant status by the British Royal College of Paediatrics and Child Health. The successful applicant must be on the GMC Specialist Register or be within 6 months of eligibility for inclusion at the time of interview.

The appointee will be expected to work together with the remaining four paediatricians to provide high quality comprehensive consultant only secondary care in both paediatrics, neonatology and some elements of community paediatric work.

The the service is totally consultant delivered; Guernsey does not employ sub consultant grades, junior doctors or advanced nurse practitioners.

The Job plan as described consists of 12.0 PA of total activity of which 2 PAs are allocated flexibly as SPA.

This post is salaried and unlike jobs within the NHS is not based on the number of PA's worked.

Private practice can be carried out during the the DCC element of the Job Plan.

3. Duties

The post is full-time and substantive. The primary role is that of a consultant with skills in a broad range of general paediatrics and neonates, including neonatal intensive care.

The appointee will ideally bring a subspecialty interest that complements those of the existing consultants, however we will remain flexible in order to attract high quality applicants.

The posts are non-resident after 1700, although very occasionally, due to high patient dependency, consultants are required to remain in the hospital overnight. All midwives and neonatal nurses are NLS trained so provide initial care to a neonate should it be necessary whilst travelling in from home. The island is small so the commute is unlikely to be more than 10 minutes. In a paediatric emergency, the ED staff will commence treatment and attend emergency calls to the ward overnight. The ED is staffed solely by associate specialists and consultants. In an acute emergency, the other members of the team are always willing to be called in to help. Members of the anaesthetic team can also be called upon in a paediatric emergency and children are accepted to the Intensive Therapy Unit if critically ill and unable to be looked after on the general ward. There is a contract for air transport for any children who need to be transferred for specialist off-island support.

Job Plan

Each consultant works an 'attending week' on the ward covering both paediatrics and neonates on a 1 in 5 rota from 8.00am-6.00pm. The attending consultant oversees the care of all medical and neonatal inpatients regardless of their named consultant. They are also responsible for ward attenders, attend high risk deliveries and provide paediatric input into post natal babies on Loveridge ward.

The attending consultant will also be expected to see and provide medical input into safeguarding cases referred by social services or the police.

The attending week is usually, but not always, followed by a Fri/Sun weekend on call. On call weekends are split into Friday/Sunday and Saturday. The Monday after a Fri/Sun weekend on call is not worked whether this falls after the attending week or not. No outpatient duties are scheduled during the attending week.

The remaining weeks are devoted to outpatient clinics and other clinical duties. There is a generous time allocation for SPA's, MDT meetings, child protection and patient administration. Private patients are seen during regular clinic sessions.

The out of hours on call commitment is 1 in 5 with cross cover for annual and study leave. On call commences at 18.00hours and ends at 8.00am, There is a fixed half day per week.

Full details of the Job Plan can be found in appendix 1.

The MSG is committed to review Job Plans on a regular basis, and the successful candidate will be required to undertake a review of their Job Plan within 6-12 months of appointment. MSG uses a commercial Job-Planning

Tool (PremierIT) to assist with this process. The higher than usual allocation of Programmed Activity time reflects the nature of a Consultant Only Service and an MSG wide Diary Exercise (which is automatically analysed) provides reliable data on hours worked during.

Responsibilities of the post include

- To provide both inpatient and outpatient care for Paediatric patients, including paediatric high dependency care.
- To participate in the on call rota as duty Paediatrician, providing out of hours care
- To attend high risk deliveries and provide inpatient neonatal care to the maternity ward and the neonatal unit, including providing neonatal intensive care when required.
- To provide advice and ongoing care, where appropriate, for children under the care of other specialists, including CAMHS, paediatric surgery and orthopaedics.
- To transfer patients to the UK for specialist treatment in emergency.
- To attend clinics with visiting consultants, where appropriate, and develop expertise with those patients.
- To undertake a share of some aspects of community paediatric work.
- To attend strategy meetings and undertake child protection examinations when requested by the safeguarding team.
- To attend peer review meetings
- To develop and maintain collaborative relationships with medical colleagues in other specialties and participate in regular clinical meetings and other professional activities.
- To develop and maintain appropriate guidelines in general paediatrics and in the chosen specialty to enhance departmental expertise.
- Demonstrate a firm involvement in clinical governance, mandatory training, risk management, and clinical audit.
- Demonstrate that practice is up to date; this will necessitate the postholder taking responsibility for their own clinical professional development and participating in the Medical Specialist Group's annual appraisal and revalidation system, which is supervised by the GMC with whom the MSG has a special arrangement.

Other responsibilities include a number of regular meetings contained within areas of generic SPA or DCC, including covering planned absence of other members of the consultant team.

Supporting Professional Activities

All members of the department have on average 2 sessions per week free of clinical duties to undertake Supporting Professional Activities. In addition to the sessions for Supporting Professional Activities, the department has a weekly X ray meeting, a monthly peer review meeting for child safeguarding and a quarterly perinatal mortality and morbidity meeting.

Ten days of paid study leave are available to all consultants, which because of our location is nearly always taken off-island.

All consultants are also encouraged to take up an off-island attachment for up to 10 days per annum. This allows consultants to maintain skills that might otherwise be lost and keep current.

10 x 5 hour sessions are scheduled each year for “academic half days” in which departmental education meetings, audit presentation, mandatory training and morbidity and mortality meetings take place.

4.0 Management and organisation structure

Management Structure

The Department of Paediatrics is part of the Obstetrics & Gynaecology and Paediatric Directorate within the Medical Specialist Group. The current clinical lead for Paediatrics is Dr Clare Betteridge. The Directorate chair is Mr Frank Hopkins, Consultant Obstetrician/Gynaecologist.

As with all the disciplines within the Medical Specialist Group, the department provides **Consultant only delivered care, working without the support of trainees, sub-consultant grades or nurse practitioners.**

The Paediatric Department

The department currently has five paediatric consultants. A vacancy will arise in the new year

Consultant Paediatricians

Dr Sandie Bohin	Lead clinician for Neonatology, interests in cardiology and feeding
Dr Claudia Rettberg	Lead clinician for Diabetes
Dr Clare Betteridge	Lead clinician for endocrinology, respiratory and allergy
Dr Rebecca Cordingley	Lead Clinician for Gastroenterology
Dr David Schapira	Locum Consultant General Paediatrician & Transformation Lead

Acute Paediatrics/ Inpatients

Inpatient paediatric facilities are based in Frossard ward at the Princess Elizabeth Hospital. The ward has 9 beds and has approximately 900 general paediatric admissions per year. The majority of admissions are emergencies and come directly from GP's and ED. High dependency paediatric care can be provided on the ward but children requiring intensive care are temporarily cared for in the adult ITU prior to transfer to the UK by Capital Aeromedical Retrieval.

Frossard ward also accommodates general surgical, ENT, Ophthalmology, orthopaedics and CAMHS patients. The medical care of these patients is overseen by the duty paediatrician.

Neonates

Guernsey has ~550 deliveries per year resulting in around 60 admissions to the neonatal unit. The Neonatal unit has 3 three cots, plus a stabilization cot, housed adjacent to the Frossard ward. Neonatal intensive care is provided for infants > 32 weeks gestation; babies below this gestation, those who require surgery, have congenital cardiac conditions or who require longterm intensive care are transferred to the UK. Both short term TPN and therapeutic hypothermia are available.

Although a contract for neonatal air transfer exists the duty paediatrician may on rare occasions be asked to accompany neonates for time critical transfers or to cover while a colleague undertakes the transfer.

The paediatricians are required to attend high risk deliveries and provide neonatal support to the maternity ward. All neonatal nurses and midwives are NLS certified and act as primary resuscitators.

Extensive laboratory support is available. Additionally expert radiological services are available including CT, MRI and radionucleotide imaging with support provided by a consultant paediatric radiologist

The Paediatric service is Consultant only, with a first on-call commitment without sub consultant grades, junior staff or advanced practitioners.

Outpatients

Outpatient clinics take place in Mill House where there are two well equipped consulting rooms with ECG, vitalograph, allergy testing and both IT and admin support. Monthly clinics are also held in Alderney.

Further paediatric support is provided for tertiary orthopaedics; clinics are held quarterly with a visiting orthopaedic surgeon from Southampton. There is similar paediatric support for tertiary paediatric cardiology with bimonthly clinics with a visiting paediatric cardiologist from Southampton. Future visiting consultant input is planned for gastroenterology and neurology.

Community Services

The Child Development Service, along with childrens therapy and disability services, is based at Le Rondin school, in the south of the island. Some community roles are currently shared by the acute paediatricians dependant upon their skill set. Any applicant with relevant community or paediatric neurology experience will be looked upon favourably. Paediatric support is currently provided to the two schools providing education for those with special needs.

5.0 Clinical Governance

Everyone is expected to participate in all aspects of clinical governance. Both MSG and HSC are committed to the clinical governance process and have a combined Clinical Governance Committee.

A local appraisal process has been in place for many years.
We comply with the General Medical Council revalidation requirements.

The MSG has employees with roles to assist audit and the appraisal process. HSC employ Clinical Audit and Healthcare Information staff and a Patient Safety Advisor. There is good IT support.

Under the contract with the States of Guernsey, MSG consultants are encouraged to develop formal visiting links with a unit in an NHS Trust or other approved institution for up to 10 days/year in order to maintain standards and skills within their specialty. Proposals for such links are submitted to the combined Clinical Governance Committee for approval. Time spent away on an off island link is separate from the study leave allocation.

The Institute of Health and Social Care Studies at PEH, has a multi-disciplinary library with full computer facilities, staffed by a full-time librarian.

“Academic ½ Days” are held monthly (10 per year). These are divided into an initial session where the department has a clinical discussion/simulation session followed by a session primarily dedicated to the presentation of clinical audit projects.

There are weekly lunchtime clinical meetings aimed principally at the primary care doctors with lectures usually given by local or visiting consultants.

This post involves no formal teaching commitments but there are opportunities to teach elective medical students, GPs, midwives and nursing and other staff. Intra-departmental teaching occurs at the Academic ½ Days, as detailed above.

7. Contact and application details

Potential applicants are encouraged to make informal enquiries and/or to visit the island prior to applying.

Further information is available from: Dr Clare Betteridge, Consultant Paediatrician – email clareb@msg.gg

Applications must be accompanied by a professional CV and sent to Emma-Jayne Sarahs, HR Manager, Medical Specialist Group, Alexandra House, Les Frieteaux, St Martin, Guernsey GY1 3EX.

Appendix 1

Indicative Job Plan

The timetables below are examples only and may change flexibly to fit in with the departmental needs and contractual requirements. The Medical Specialist Group sessions are 5 hours long and therefore are not the same as the NHS. Sessions run from 8.00-13.00 and 14.00- 18.00

The timetables include 'attending weeks' of daytime on call, post attending weeks, outpatient clinics weeks and a 1:5 out of hours on call commitment with prospective cover to include nights and weekends. Weekends on call are split; Friday night and Sunday are worked together with Saturdays worked in addition to a weekday night on call.

After a Friday/Sunday weekend on call the following Monday is free. In addition there is one fixed afternoon off each week.

Study leave, monthly Academic Half Day, quarterly Perinatal Mortality and Morbidity meetings are considered as SPA activities these are not shown in the enclosed timetables. Time is also allocated for audit and appraisal. Achieving the recommended 2.0 SPAs is done flexibly, and will vary according to acute workload.

The following timetables are based on annualized PAs covering 52 weeks. Seven weeks annual leave is allocated to be taken during clinic weeks, plus up to 10 days study leave and statutory Bank Holidays. Off island attachment, if taken, will be counted as SPA activities and will be taken during clinic weeks and not during attending weeks.

Covering for neonatal transport is 'ad hoc' and occurs no more than 10x/year.

Of 52 working weeks:

10 x Week 1 - attending weeks with Fri/Sun on call	@15.91PAs
10 x Week 2 (post weekend clinic week)	@ 9.2 PAs
10 x Week 3 (clinics including a Saturday on call)	@12.8PAs
11 x Week 4 (clinics plus two weekday nights on call)	@ 11.3 PAs
11 x Week 5 (clinics with one night on call)	@11.17 PAs

Total

Average PAs = 12.0 (10.0 DCC + 2.0 SPA)

WEEK 1: Friday night/Sunday on call

	Time	Location	Work	Category	No of PAs
Monday	8.00 – 18.00	PEH	Attending consultant	DCC	2.5
Tuesday	8.00 – 13.00 ½ day	PEH	Attending consultant	DCC	1.25
Wednesday	8.00- 18.00	PEH	Attending consultant	DCC	2.5
Thursday	8.00 – 18.00	PEH	Attending consultant	DCC	2.5
Friday	8.00am – 8.00am	PEH	Attending consultant On call consultant	DCC	2.5
Sunday	9.00 -2.00 (8.00am-8.00am on call)	PEH	On call consultant	DCC - Predictable on call	1.66
Predictable on call – handover to incoming/outgoing consultant				DCC	0.25
Unpredictable emergency on call work estimated at 25% of hours	For Fri 18.00- 8.00 and Sunday 8.00 - 8.00 Monday			DCC	2.75
Total PAs					15.91

WEEK 2: Post weekend on call

	Time	Location	Work	Category	No of PAs
Monday	Off duty				0
Tuesday	9.00 – 14.00	MSG	Clinic + admin	DCC	1.0
	13.00-18.00 (on call 18.00-8.00)	PEH	Duty Consultant	DCC	1.25
Wednesday	9.00- 1.00 ½ day	MSG	Clinic	DCC	1.0
Thursday	9.00 – 14.00	MSG	Clinic	DCC	1.25
	14.00- 18.00		SPA	SPA	1.0
Friday	8.30 – 9.00	PEH	XR meeting	DCC	0.125
	9.00 – 10.30	PEH	MDT	DCC	0.375
	10.30-2.00		SPA	SPA	0.825
	2.00 – 18.00	MSG	Clinic +admin	DCC	1.0
Predictable on call – handover to incoming consultant and 18.00 and 8.00. Unpredictable emergency on call work estimated at 25% of hours				DCC	0.125
					1.2
Total PAs					9.14

WEEK 3: Saturday on call

	Time	Location	Work	Category	No of PAs
Monday	9.00 – 14.00 14.00-18.00	MSG	Clinic +admin SPA	DCC SPA	1.25 1.0
Tuesday	9.00 – 14.00 14.00 – 17.00	MSG	Clinic + admin SPA	DCC SPA	1.25 0.75
Wednesday	9.00– 17.00	MSG	Clinic + admin	DCC	1.75
Thursday	9.00 – 13.00	MSG ½ day	Clinic	DCC	1.0 0
Friday	8.30 – 9.00 9.00 – 10.30 11.00-14.00 14.00 – 17.00	PEH PEH MSG MSG	XR meeting MDT SPA Clinic + admin	DCC DCC SPA DCC	0.125 0.375 0.75 1.25
Saturday	9.00 – 2.00 (8.00-8.00 on call)	PEH	On call consultant	DCC Predictable on call	1.66
Predictable on call – handover to incoming consultant and 18.00 and 8.00.				DCC	0.125
Unpredictable emergency on call work estimated at 25% of hours					1.55
Total PAs					12.83

WEEK4 : Two weekday nights on call

	Time	Location	Work	Category	No of PAs
Monday	9.00 – 13.00	MSG	SPA	SPA	1.0
	13.00-18.00 (on call 18.00-8.00)		Clinic + admin	DCC	1.25
Tuesday	9.00 – 13.00	MSG ½ day	Clinic	DCC	1.0
Wednesday	9.00- 14.00	MSG	Clinic + admin	DCC	1.25
	14.00-18.00	MSG	SPA	SPA	1.0
Thursday	9.00 – 13.00	MSG	SPA	SPA	1.00
	13.00-17.00 (on call 18.00-800)		Clinic + admin	DCC	1.25
Friday	8.30 – 9.00	PEH	XR meeting	DCC	0.125
	9.00 – 10.30	PEH	MDT	DCC	0.375
	11.00-13.00		Clinic	DCC	0.5
	Post on call ½ day				
Predictable on call – handover to incoming consultant and 18.00 and 8.00. Unpredictable emergency on call work estimated at 25% of hours					0.25
					2.4
Total PAs					11.4

WEEK 5 : one weekday night on call

	Time	Location	Work	Category	No of PAs
Monday	9.00 – 13.00	MSG	SPA	SPA	1.0
	13.00-18.00		Clinic + admin	DCC	1.25
Tuesday	9.00 – 14.00	MSG	Clinic + admin	DCC	1.25
	14.00-17.00		SPA	SPA	0.75
Wednesday	9.00- 14.00	MSG	Clinic + admin	DCC	1.25
	14.00-18.00		SPA	SPA	1.0
	(on call 18.00-8.00)				
Thursday	9.00 – 13.00	MSG ½ day	Clinic	DCC	1.00
Friday	8.30 – 9.00	PEH	XR meeting	DCC	0.125
	9.00 – 10.30	PEH	MDT	DCC	0.375
	11.00 – 17.00	MSG	Clinic	DCC	1.5
Predictable on call – handover to incoming consultant and 18.00 and 8.00. Unpredictable emergency on call work estimated at 25% of hours					0.125
					1.55
Total PAs					11.17

Appendix 2

Consultant Paediatrician Guernsey

PERSONAL SPECIFICATION

	ESSENTIAL	DESIRABLE	HOW ASSESSED
QUALIFICATIONS	<ul style="list-style-type: none"> • MBBS (or equivalent) • MRCPCH (or equivalent) • Registered with the GMC • On the GMC specialist register or within 6 months of CCT • NLS provider within last 4 years • APLS provider within last 4 years • Level 3 training in child protection 	<ul style="list-style-type: none"> • Higher degree • Qualification in chosen sub specialty • ARNI • NLS or APLS instructor • Level 4 or 5 child protection training 	CV
CLINICAL EXPERIENCE	<ul style="list-style-type: none"> • Ability to manage the full range of paediatric and neonatal emergencies encountered within a general hospital including the stabilization and management of ventilated neonates. • Minimum of 1 year experience in a level 3 neonatal unit at ST4 level • Ability to identify and examine children where there are safeguarding concerns • Some clinical experience of community paediatrics • Subspecialty interest 	<ul style="list-style-type: none"> • Experience in neonatal transportation • A community paediatric interest • Neurology interest 	CV, I,
CLINICAL SKILLS	<ul style="list-style-type: none"> • Ability to undertake the full range of procedures expected in acute paediatrics and neonatology • Able to take full and independent responsibility for the clinical care of patients • Able to integrate care of patients with tertiary centres 	<ul style="list-style-type: none"> • Experience of clinical risk management 	I, R
GOVERNANCE, ORGANISATION AND PLANNING	<ul style="list-style-type: none"> • Able to prioritise clinical workload • Excellent organisational skills • Experience in writing and development of guidelines 	<ul style="list-style-type: none"> • Ability to lead and develop subspecialty services • Willingness to take on additional roles 	CV, I, R

	<ul style="list-style-type: none"> • Knowledge and experience of clinical audit which must be undertaken yearly • IT literacy • Knowledge of evidence informed practice • Commitment to continuing medical education 		
MULTIDISCIPLINARY AND MULTIAGENCY WORKING	<ul style="list-style-type: none"> • Experience and evidence of multi-disciplinary and multi-agency working 	<ul style="list-style-type: none"> • Experience of leading a multidisciplinary team 	CV, I,R
TEACHING SKILLS	<ul style="list-style-type: none"> • Evidence of teaching 		CV, I
PERSONAL SKILLS	<ul style="list-style-type: none"> • Excellent communication and language skills; must be able to communicate with clarity in written and spoken English. • Decisiveness/accountability; must be able to take responsibility, have good decision making skills and be able demonstrate leadership. • Evidence of good team working • Able to work in a small remote community • Able to work flexibly and embrace change 		I
ACADEMIC/RESEARCH	<ul style="list-style-type: none"> • Willingness to contribute to departmental teaching and training needs 	<ul style="list-style-type: none"> • Published research 	CV
TRANSPORT	<ul style="list-style-type: none"> • Must have a clean driving license and be able to attend emergencies promptly. 		