

<b>Meeting:</b>	Shetland NHS Board
<b>Date:</b>	16 <sup>th</sup> February 2021
<b>Report Title:</b>	4 <sup>th</sup> Consultant Surgeon Post
<b>Reference Number:</b>	2020/21/56
<b>Author / Job Title:</b>	Kirsty Brightwell and Gordon McFarlane

**Decisions / Action required:**

Approve the creation of a 4<sup>th</sup> Remote and Rural Consultant Surgeon Post for the Gilbert Bain Hospital with indicative planning assumption of an increase in budget of £33K.

**High Level Summary:**

All 3 general surgeons at Gilbert Bain Hospital are due to retire within the next 5 years. Appropriately trained and motivated Rural General Surgeons are very difficult to recruit and retain. Appointment of a 4<sup>th</sup> surgeon will allow that individual to accrue the required skills over the next 5 years. An additional post-holder will also facilitate a change in working pattern for the team. The additional flexibility will increase the attractiveness of the post and greatly assist succession planning.

**Corporate Priorities and Strategic Aims:**

The proposal is in line with national strategy in contributing to the Global Health programme.

Recruitment of rural general surgeons is essential to providing appropriate care to the population of Shetland and remains in line with national policy to appropriately provide high quality care as locally as possible in a timely manner.

**Key Issues:**

Additional cost of this model balanced with succession planning and improving chances of recruitment by creating more attractive posts with built-in allowance for voluntary work.

<b>Implications</b> : <i>Identify any issues or aspects of the report that have implications under the following headings</i>		
<b>Service Users, Patients and Communities:</b>	No impact, easier to maintain current service. Careful attention would be required to ensure continuity of patient care	
<b>Human Resources and Organisational Development:</b>	There will be challenges in organising a more complicated rota, and allocation of 3 surgical secretaries between 4 consultants.	
<b>Equality, Diversity and Human Rights:</b>	No issues	
<b>Partnership Working</b>	No issues	
<b>Legal:</b>	These types of contracts have already been established in Shetland and elsewhere in Scotland. Indemnity/insurance and professional registration for any work undertaken outside of the UK is the responsibility of the individual though there are organisations who can support those undertaking this.	
<b>Finance:</b>	Increase over current cost – see report.	
<b>Assets and Property:</b>	None	
<b>Environmental:</b>	None	
<b>Risk Management:</b>	Minimal impact	
<b>Policy and Delegated Authority:</b>	Board Decision to direct new cost	
<b>Previously considered by:</b>	Surgical Team 18.01.21, Consultant Group Meeting Clinical Pathways Group 11.01.21	<i>Provide dates of the meetings</i>
<b>“Exempt / private” item</b>	N/A	

*The main report is to be attached together with a list of the appendices and references to any background documents or material e.g. include web links.*

## 4<sup>th</sup> Consultant General Surgeon NHS Shetland with Global Citizenship link

### Situation

As part of a plan to ensure delivery of safe, sustainable and resilient staffing in NHS Shetland the Board Medical Director would like to propose recruiting to a flexible working model that uses the current processes available in larger boards – annualised job planning and additional supporting [professional activities. The NHS consultant model is predicated on 7.5 DCC and 2.5 SPA the Medical Director believes by supplementing the SPA by 0.5 sessions and enabling an annualised approach to planning NHS Shetland could ~~eb~~be at the forefront of recruitment to consultant post and would like to test the hypothesis with the general surgical department.

### Background

All 3 general surgeons at Gilbert Bain Hospital are due to retire within the next 5 years. This SBAR contains a proposal to appoint a 4<sup>th</sup> general surgeon at 10 Programmed Activities (PAs) with a Global Citizenship component. To partly offset the additional cost, the current weekend consultant surgical locums (12 per year) would be discontinued and two of the three current post holders would reduce to 10 PAs to allow them to also participate in voluntary work overseas. This would allow better succession planning and recruitment opportunities for the surgical service in Shetland.

Currently support from NHS Grampian has allowed the current three general surgeons to maintain a very broad-based general surgical practice, including breast surgery, urology, orthopaedic trauma and minor cold orthopaedics, very occasional emergency neurosurgery, and all surgical conditions presenting to the Accident and Emergency department. Emergency Obstetrics & Gynaecology is now being covered by O & G consultants but general surgeons are still involved in Caesarean sections in case the Obstetrician has to assist in the resuscitation of the neonate.

This collaborative approach means a high proportion of the Shetland population have benefitted from a locally delivered service. This has kept elective patient travel to Aberdeen and high risk and expensive emergency transfers to a minimum, indeed the transfer rate is considerably lower than elsewhere in Scotland. It has also kept down waiting times, especially compared to other specialties where patients are relying on appointments or surgery in Aberdeen and beyond.

In order to maintain this service, it is essential to have three whole time equivalent Remote and Rural surgeons in the surgical unit and in addition, 12 weekends a year are covered by regular locums. A 4<sup>th</sup> surgeon would negate the need for weekend locums but the current elective workload, theatre and clinic capacity would not justify an extra consultant.

Recruiting a suitably qualified and trained Rural General Surgeon has become increasingly challenging. There has been some recent success with more creative posts in other specialties in Shetland and other rural hospitals by appointing consultants that will spend only part of the year in their appointed hospital. At the same time, the Scottish Government is encouraging Boards to create Rural Health Global Citizenship Consultants. It is recognised that people are motivated by their values which often includes working in parts of the world less fortunate than our own. The additional time can also be used to develop skills and interests which contribute directly and indirectly to patient care in Shetland.

## Assessment

The original Global Citizenship <https://www.gov.scot/groups/nhs-scotland-global-citizenship-programme-board/> proposal from the Scottish Government suggests 4 low & middle income countries where a post holder may volunteer. As there is limited financial support to a Health Board for this type of post from the Scottish Government, there seems little need to confine volunteering to these four countries.

Moving to 4 consultant in the near future would allow the incoming surgeon time for further training on the Scottish Surgical Remote and Rural Fellowship and also allow time for a fourth consultant to have good local support from the current post-holders before they retire.

NHS Shetland could secure the future of surgical services on the Islands by recruiting a 4<sup>th</sup> surgeon. If the Global Citizenship type of contract was used with the expectation he/she would spend 10 weeks of the year in global health work, two of the three current post holders would consider reducing their current contract to 10 PAs in order to undertake 10 weeks of global health work overseas. The use of an annualised job plan means that the consultant delivers Direct Clinical Care (DCC) sessions or Programmed Activities (PAs) whilst in Shetland and accrues Supporting Programmed Activities (SPAs) to pay for time spent in low or middle income countries. In effect the model of care has study time built in which will mitigate against the risk of this being lost where service needs have cropped up. Overall, including holidays, there would be few weeks where there were four surgeons present in the hospital.

It is recognised that a similar proposal was accepted for the Consultant Physician team allowing the development of new models of employment to improve recruitment and retention (see attached: Workforce model for General and Acute Medical Services in Shetland)

## Finance

The financial envelope that surrounds this needs to also factor in positive recruitment to other specialities and professions, and could see NHS Shetland as an international trailblazer in the remote and rural recruitment. Utilising our own team of clinical staff reduces variation in practice and improves patient safety – reducing hospital stays and complications too. There would be regular savings in locum pay and transport costs for the 12 weekends on call. There would also be 4 consultant PAs saved. There would be increased cost in a 4<sup>th</sup> Consultant wage (but at 10PAs rather than 12). An increase in study allocation and budget would be required, but the Board would not routinely be expected to contribute to the cost of transport, etc. for surgeons volunteering overseas.

If the appointee required further training on the Remote and Rural Fellowship in Aberdeen, the basic wage would be paid by NES while the Board would have to top up for “on call” payments to allow parity with the current wage of a senior trainee/junior consultant. The two current post-holders would reduce to 10 PAs and begin voluntary work elsewhere once the new post holder started work in Shetland. In time, all 4 posts would be 10 PAs with a global citizenship component.

	From Aug 2022
Cost of 4 Consultants	710,071
Current Model	676,744
Net additional cost	33,327

- Aug 2021-July 2022: Basic wage 4<sup>th</sup> Consultant provided by NES; overtime component paid by NHS Shetland, but 4<sup>th</sup> Consultant will cover the 12 weekend previous covered by locums from elsewhere. This will be approximately cost neutral.
- Figures above do not take into account accommodation for 4<sup>th</sup> Surgeon, wage increases, and seniority of 4<sup>th</sup> consultant who is appointed.

### Recommendations

The Board is asked to approve the establishment of this 4<sup>th</sup> post in General Surgery with a Global Citizenship component. A joint advert between Shetland Health Board and NES (for the remote and rural fellowship appointment if required) could go out in April/May 2021 with a start date 1<sup>st</sup> August 2021. There is one surgeon in Scotland who is recently qualified and who would consider this type of post from this date.

## JOB DESCRIPTION

### CONSULTANT GENERAL SURGEON



#### INTRODUCTION

This position is an additional post to the three established Remote and Rural General Surgical posts at Gilbert Bain Hospital, Shetland Islands. An expansion of the current establishment will allow the current post holders along with the additional post holder to participate in voluntary surgical work overseas for 10 weeks per year, while still employed full time by NHS Shetland Board.

#### GILBERT BAIN HOSPITAL

The Gilbert Bain Hospital, is the only acute general hospital in Shetland and it serves both the population of approximately 23,000 within the Shetland Health Board area and the 4000 offshore workers in the fishing and oil industries. The hospital is a 3-storey building, opened in 1961, with an extension opened in 1991 and a modern Outpatient department completed in 2008.

The bed complement is:

Ward 1: Surgical in-patients	22
High Dependency	2
Day Surgery	5
Ward 3: Medical	22
Maternity	5

**The Accident and Emergency Department** serves not only the islands but also acts as a front-line station for personnel on marine vessels and offshore installations. A full range of medical and surgical conditions is treated, from minor injuries to major trauma requiring resuscitation, stabilisation and aero-medical evacuation to mainland Scotland. It is permanently staffed and has two fully equipped resuscitation bays, a plaster room and three individual cubicles. Medical cover is provided in-hours by a designated surgical junior doctor and junior medical staff, with support from several Advanced Nurse Practitioners and Emergency Nurse Practitioners. At night cover is provided by a junior doctor with medical, surgical obstetric and anaesthetic consultants available from home.

**Ward 1** is a mixed-sex ward with 4 single sex bays, two side-rooms and a two-bedded High Dependency Unit. The surgical consultants share the 22 beds as needs dictate. Staffing levels are appreciably higher than on equivalent mainland wards and allow a thorough and patient-centred approach to surgical nursing.

The **Day Surgery Unit** provides 5 day-case beds staffed by dedicated Day Surgery nurses. There is a fully established pre-assessment service.

The **Theatre Suite** is spacious, modern and well equipped. It includes two large operating theatres with adjoining anaesthetic rooms. Recent adaptations have been made to allow a red and green pathway for Covid and non-Covid patients. The day surgery unit has been moved to a separate location to make room for a temporary

Respiratory Care Unit with negative pressure ventilation. An endoscopy room has been established in the temporary day surgery unit. There is an extensive up-to-date range of surgical equipment including endoscopic and laparoscopic systems that enable the surgeon to undertake most elective and emergency procedures. Instrument sterilisation is undertaken within the integral HSDU and is compliant with the recent requirements for hospital sterilisation facilities.

The **Outpatient Department** hosts a number of visiting clinics and specialists, as well as clinics for local consultants. There are a number of procedures undertaken in the OPD, including a regular minor operations list.

The medical unit is based on **Ward 3**, with 22 beds and adjoining consultant and medical secretarial offices. The ward environment is mixed sex and consists of 4 single sex bays, 4 side rooms and a 2 bedded area that can be adapted to manage higher dependency or bariatric patients.

**Support Services.** Basic laboratory services are available locally with a full range of services available in Aberdeen. Radiographers undertake plain film imaging and ultrasound by an ultrasonographer is available in hours. A number of invasive radiological investigations are performed locally on a monthly basis under the supervision of a visiting radiologist. A CT scanner is available with images transferred to a radiologist in Aberdeen or elsewhere for same day reporting.

**Six doctors working at FY2, or core training level provide surgical support.** Currently this consists of one Core Surgical Trainee, one general practice trainee, one Clinical Development Fellow, one LAS post, one FY2 trainee and a Specialty Doctor. Whole and Part time consultant anaesthetists provide comprehensive anaesthetic and peri-operative care services.

Three secretaries will be shared between the four consultants. Standard office facilities include a personal laptop PC with IT support including Internet access, e-mail and electronic shared diary facilities.

#### **MANAGEMENT STRUCTURE**

NHS Shetland is an Island Board and the Board is responsible for both primary and secondary care services and is accountable directly to the Scottish Government. Formal medical representation at Board level is through the Medical Director and the Area Clinical Forum. An Executive Management Team (EMT) provides strategic and organisational direction. Primary Care is managed via the Health and Social Care Partnership. Board philosophy is to involve and integrate senior clinicians into all relevant major aspects of health care management and strategy.

There is an Associate Medical Director in both Primary and Secondary Care. Consultant interests are focused into a Consultants Group. The Area Medical Committee, of which all consultants are automatically members is represented on the Area Clinical Forum. The Chair of the Area Clinical Forum is a member of the Board.

## **SURGICAL DEPARTMENT WORKLOAD**

The Gilbert Bain is the most remote of the Rural General Hospitals in Scotland, but enjoys good support from consultants in Grampian. This has allowed the current three general surgeons to maintain a very broad-based general surgical practice. This consists of upper and lower GI surgery (including endoscopic and laparoscopic work), breast surgery, urology (including flexible and rigid cystoscopy, TURP and TUR-BT), orthopaedic trauma (including hip hemiarthroplasty, hip DHS and wiring or plating of commoner fractures), minor cold orthopaedics, very occasional emergency neurosurgery, and all surgical conditions presenting to the Accident and Emergency department including ENT and eye emergencies. There is no Consultant staff in A&E so the post holder would be expected to attend major trauma calls and resuscitation of trauma patients along with the Consultant Anaesthetist. Emergency Obstetrics & Gynaecology is now being covered by O&G consultants but General Surgeons are still involved in Caesarean sections in case the Obstetrician has to assist in the resuscitation of the neonate.

A successful applicant might not have expertise in all these areas but would be encouraged by mutual arrangement within the surgical department and with the Medical Director, to broaden their expertise by additional training such as a short period of further orientation and specialist training in Aberdeen. A rural Surgical Fellowship based in Aberdeen for 6 months to two years may also be available prior to starting full-time in Shetland.

Regular multi-disciplinary team (MDT) meetings via a video link take place for breast, colorectal and urological cancer and the surgeons work closely with Aberdeen sub-specialists in other areas such as upper GI cancer.

Specialist services in ENT, ophthalmic, and maxillofacial surgery are sustained by visiting consultant surgeons from mainland Scotland. There is a good working relationship between the department and colleagues at Aberdeen Royal Infirmary, run both on informal and formal clinical network lines. Where appropriate this allows the local surgeon to have a significant input into the management of patients traditionally managed in tertiary centres or much larger District General Hospitals (DGHs).

While based in Shetland, the post holder would expect to have three sessions in theatre, two general outpatient clinics and one fracture clinic per week. Ward rounds are carried out jointly every weekday morning, along with a review of the previous 24 hours in A&E and an afternoon round undertaken by the on call surgeon for the day.

On-call commitment would be one in four with prospective cover, over the whole year and would therefore be 1 in 3 while the post holder is in Shetland. On call is thus more frequent but less intense than that experienced in a mainland DGH. It is unusual for the consultant to be called into the hospital more than four or five times a week, although telephone advice may be required, and there is rarely the need for emergency operating after 10 pm.



## CONSULTANT WORK PROGRAMME

A sample weekly timetable of fixed commitments (i.e. regular scheduled NHS activities in accordance with paragraph 30b of the Terms and Conditions of Service) for this post is set out below but will vary every few weeks:

DAY	AM	PM
Monday	Fracture Clinic	
Tuesday	Theatre	Theatre
Wednesday	Surgical Outpatients	
Thursday	Surgical Outpatients	
Friday	Theatre (half day)	

\*\*Joint ward rounds and post-take team meetings take place daily.

On-call for out-of-hours emergencies will be roughly equivalent to a 1:3 rota while in Shetland increasing to a 1:2 for short periods only. All fixed commitments are at the Gilbert Bain Hospital.

The job plan and work schedule will set out agreed arrangements for how work is organised, when it is performed, and how programmed activities are divided between Direct Clinical Care and Supporting Professional Activities. The job plan is subject to mutual agreement and will initially be reviewed by the Medical Director three months after commencement of employment. In accordance with Section 3 of the Terms and Conditions of Service, the job plan will be reviewed at least annually thereafter.

## PRINCIPAL DUTIES

The main duties and responsibilities of the post include:-

1. Provision, with consultant colleagues, of a General Surgical Service to the Health Board: with responsibility for the prevention, diagnosis and treatment of illness and the proper functioning of the surgical department.
2. Out-of-hours responsibilities on a 1:4 rota with prospective cover to a 1:3, which may occasionally drop to a 1:2 for short periods. Cover of consultant colleagues for periods of absence will be required (in accordance with paragraph 4.10.9/Appendix 3 of Terms and Conditions of Service). This will include cover for the 10 weeks per year for voluntary work overseas, additional study leave and holidays.
3. Responsibility for the supervision and education of junior staff. It is expected that the post-holder will devote time to this activity on a regular basis undertaking the required appraisals and assessments as required by the NHS Education for Scotland. In addition the post-holder(s) will be expected to ensure that junior staff have access to advice and mentoring and will act as the initial source of advice to such doctors on their careers. There is a requirement to actively participate in the teaching of medical students who attend from Aberdeen and elsewhere on a regular basis.
4. A requirement to undertake other appropriate clinical work on behalf of the Health Board such as domiciliary consultations.

5. A requirement to participate in medical audit and other aspects of clinical governance, continuing medical education, appraisal and revalidation procedures. There are regular governance meetings where you will be expected to attend and present.
6. A requirement to work with local managers and professional colleagues in the efficient running of services, and to manage local waiting lists, times and other service delivery targets and guarantees in order to ensure the quality delivery of surgical services.
7. An expectation to share with consultant colleagues in the medical contribution to management.
8. Subject to the provisions of Terms and Conditions of Service, a requirement to observe the Board's agreed Policies and Procedures, drawn up in consultation with the profession on clinical matters, and to follow the standing orders and financial instructions of the Shetland NHS Board; in particular, in formally managing employees of the Board, there is the requirement to follow the local and national employment and personnel policies and procedures.
9. A requirement to make sure that there are adequate arrangements for hospital and other staff involved in the delivery of medical care to be able to contact the post-holder when on-call, both in and out of working hours. The Board will provide communications equipment as appropriate in order to facilitate this.
10. A requirement to respond positively to appropriate requests for surgical assistance wherever possible in the event of a major incident.
11. A requirement to comply with Board Health and Safety policies.

#### **GLOBAL CITIZENSHIP/VOLUNTARY OVERSEAS WORK**

The appointment includes a Global Citizenship type of commitment with the expectation the post holder would spend 10 weeks of the year in humanitarian type work. Part of this time could be spent in extended study leave, subject to funding. The original Global Citizenship <https://www.gov.scot/groups/nhs-scotland-global-citizenship-programme-board/> proposal from the Scottish Government suggests 4 low & middle income countries where a post holder may volunteer and external funding may be available. For other areas of the world the post holder would need to provide or find their own support.

#### **CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT (CEPD)**

The Board recognises this to be a crucial aspect of the appointment as part of its provision of high-quality health care and responsibility for clinical governance. CEPD is undertaken not only in line with individual Personal Development Plans but also as part of departmental service development.

CEPD programmes are encouraged and take full advantage of study leave opportunities. Requests are considered flexibly to allow for the difficulties of off-island travel. In recognition of the potential difficulties of professional isolation the

Board also looks favourably on short secondments to other units, especially should they be designed to update clinical skills or to further develop clinical networks.

Medical audit is regarded as an integral part of the CEPD package: assistance and guidance in performing medical audit is available from the Clinical Governance team. Regular departmental and inter-departmental meetings are in place to capitalise on local expertise and to enhance cross-fertilisation of knowledge, and Microsoft Teams is used for MDT meetings and to access Deanery and Royal College Programmes. Inter-disciplinary surgical audit (morbidity and mortality) meetings are currently scheduled every month.

Regular service-wide multi-disciplinary clinical governance activities are in place and the surgical team plays an active part in these.

### **RESEARCH**

Although research is not included as part of the proposed duties of this post the Board will provide active encouragement for the post-holder to pursue any personal research interest, as it would any area of appropriate professional development.

### **LEAVE**

The post-holder will be entitled to 30 days annual leave per year in addition to the 10 public holidays. Study leave of thirty days in any three years is allowed and there is funding available for approved study. Innovative working patterns to accommodate special interests can be discussed within the team following appointment. There is recognition of the complexities of travel to educational events in mainland UK and this is taken into account when study leave is requested. In order to maintain continuity of care and ensure uninterrupted awareness of local constraints to medical management, leave requests resulting in more than one surgical consultant being absent simultaneously will only be granted for short periods.

### **LOCUM ARRANGEMENTS**

When the full establishment of four consultant surgeons is in place, consultants are expected to provide internal cover for leave absences, including colleagues undertaking voluntary work overseas for 10 weeks per year each. Extended periods of unplanned leave, or extraordinary circumstances might necessitate locum consultant cover, which would be negotiated on an exceptional basis.

### **OTHER INFORMATION**

- a) The post holder's Responsible Officer is the Medical Director of NHS Shetland. The post holder is expected to fully comply with Appraisal and Revalidation and any other statutory requirements.
- b) The post holder will be indemnified by NHS Shetland and under an honorary contract arrangement but is still advised to hold membership of an appropriate Medical Defence Organisation.
- c) There is a restriction on residence: this should be no more than 10 miles by road from the Gilbert Bain Hospital unless the Board grants an exemption.

- d) The post is classed as exposure prone and a certificate of immunity against Hepatitis “B” is required.
- c) Written evidence of full registration as a Medical Practitioner with the General Medical Council must be produced as well as evidence of admission to the Specialist Register.
- d) Proof of identity and evidence that you are entitled to live and work in the United Kingdom must be supplied.
- e) The appointment will be subject to the Terms and Conditions of Service for Consultant Grade (Scotland) and the Agenda for Change. A Terms and Conditions statement is attached.

## **PERSON SPECIFICATION**

**Job Title:** Consultant Surgeon

**Department:** Surgery

**Location:** Gilbert Bain Hospital

<b>FACTOR</b>	<b>ESSENTIAL</b>	<b>DESIRABLE</b>
<b>EXPERIENCE</b>	<p>Application of contemporary practice techniques in Elective and Emergency General Surgery.</p> <p>Upper and lower GI endoscopy/ colonoscopy experience</p> <p>Clinical audit / clinical governance experience.</p>	<p>Orthopaedic Trauma</p> <p>Urology</p> <p>Emergency Obstetric procedures</p> <p>Eye and ENT: minor emergencies</p> <p>Post CCST clinical experience within NHS</p> <p>Experience of Remote &amp; Rural surgery.</p> <p>Teaching experience.</p> <p>Experience of Managed Clinical Networks</p>
<b>QUALIFICATIONS TRAINING RESEARCH PUBLICATIONS</b>	<p>FRCS or equivalent.</p> <p>Existing NTN holders in General Surgery from anywhere in the UK who are within 1 year of their CCT date and hold the Intercollegiate Examination in General Surgery.</p> <p>Existing CCT holders in General Surgery who have been in regular practice in General Surgery within the last 18 months and are on the Specialist Register (UK) for general Surgery.</p> <p>Trained Specialists in General Surgery who have had their application processed and are completing final requirements for entry to the GMC Specialist Register by virtue of European Certification or Article 14.</p>	<p>Evidence of recent research and/or publications</p> <p>CrISP course</p> <p>ATLS or ETC</p> <p>Evidence of teaching and training experience with relevant qualifications or certificates</p> <p>Registration with the GMC as a trainer.</p>
<b>KNOWLEDGE AND SKILLS</b>	<p>Broad knowledge of unselected surgical presentation and diagnosis.</p> <p>Upper and lower GI endoscopy/ colonoscopy</p> <p>The skills to care for surgical patients in Shetland independently and, when necessary to co-ordinate care with local, visiting and mainland colleagues.</p> <p>Demonstrable teaching ability</p>	<p>Orthopaedic Trauma: non-operative treatment of common fractures, K-wiring of selected fractures and operative treatment of hip and ankle fractures.</p> <p>Urology: office urology and immediate emergency care.</p> <p>Emergency Caesarean section.</p> <p>Craniotomy for extradural haemorrhage</p> <p>Eye and ENT: removal FB from eyes, ear and throat, nose packing for epistaxis, tracheotomy</p>

DISPOSITION	<p>Service orientated.          Good communication and interpersonal skills with patients, relatives, medical and nursing colleagues.          Committed to training and CPD.          Commitment to acquire desirable surgical subspeciality experience and skills, with appropriate support, when appointed.</p>	<p>Able to work in local multidisciplinary team          Able to work in multi-centre team (Multi-centre Managed Clinical Network, often over video-link)</p>
OTHER	<p>Eligible to work in the UK          Current valid driving licence          Proof of Immunity against Hepatitis B.</p>	

## HOW TO APPLY AND TO ARRANGE INFORMAL VISITS

**External Applicants:** i.e. if you are NOT currently an NHS Shetland employee or registered on our Bank, you must apply via the following website link:-

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If you require assistance with your application, please contact the HR office on 01595 743694.

Applications should be submitted via the above method **by the closing date**

Informal enquiries should be addressed to Mr Gordon McFarlane, Consultant Surgeon [Gordon.McFarlane@nhs.scot](mailto:Gordon.McFarlane@nhs.scot) or Dr Kirsty Brightwell, Medical Director [kirsty.brightwell2@nhs.scot](mailto:kirsty.brightwell2@nhs.scot)

Informal visits can be arranged as part of the interview process, following short listing.

More information about living and working in Shetland (including transport links to mainland Scotland) can be found on the Visit Shetland website on [www.shetland.org](http://www.shetland.org)

**Thank you for your interest. The Board hope that you will agree with them that the challenges and rewards of this position and life and work in Shetland are worth exploring further and we look forward to receiving your application.**

## TERMS & CONDITIONS OF SERVICE – CONSULTANT SURGEON

The appointment will be subject to the Terms and Conditions of Service for Consultant Grade (Scotland) and the General Whitley Council.

1. Location: Gilbert Bain Hospital (but you may be required to travel to other locations)
2. Hours of Work: 10 programmed activities (9 DCC: 1SPA) (2 EPAs are available by negotiation). 1:4-1:3 on call rota
3. Salary: £.....per annum pro rata based on seniority.  
This post attracts an 8% availability supplement.  
In addition to salary, all posts qualify for a Distant Islands Allowance of £1,654 per annum (pro rata for part-time and fixed term positions)
4. Tenure: Permanent
5. Notice Period: 3 months from either party
6. Annual Leave: 30 weeks per annum
7. Public Holidays: 10 statutory public holidays each year
8. No Smoking: Smoking is not permitted on any Board premises, with the exception of patients detained under the Mental Health Act
9. Confidentiality: All information regarding patients, staff personal information that employees may learn in the course of their duties must be treated as confidential. Unauthorised disclosure may lead to disciplinary action.
10. Pension: The appointment is superannuable under the NHS (Scotland) Superannuation Scheme unless the post-holder opts out in favour of another scheme or is ineligible to join.
11. Relocation: This post is eligible for removal expenses and benefits in accordance with the Board's Relocation Procedures. There is a maximum of £8,000 related to any relocation package
12. Health Screening: All offers of appointment are subject to an Occupational Health screening undertaken by the Board's in-house service. Candidates invited for interview will be provided with a medical questionnaire for completion and may be



asked to have a medical examination. The post is exposure prone and evidence of immunity to Hepatitis 'B' is required.