

#### **Job Description**

Job title: Consultant in Paediatrics

Directorate: Women & Child Directorate

Responsible to: Directorate Chair of Women & Child Directorate

Accountable to: Medical Director, States of Guernsey

The Medical Specialist Group LLP Management Board

Location: Princess Elizabeth Hospital, Guernsey

The Medical Specialist Group LLP

Hours: Full time replacement post

#### The Post

We are looking to appoint a Consultant Paediatrician to join an existing team of four paediatricians to provide high quality comprehensive consultant only secondary care in paediatrics and neonatology in the Bailiwick of Guernsey (65,000 people approx.). A special interest in diabetes would be desirable, but other interests may be accommodated within the team by mutual agreement. The successful applicant must be on the GMC Specialist Register or be within 6 months of eligibility for inclusion at the time of interview.

We are looking for a candidate who demonstrates clinical excellency, is a good communicator and shares the values we place on long term partnerships.

The successful candidate will have broad range of experience across paediatrics. The wider directorate also provides opportunities to pursue interests in quality improvement, leadership and management roles.

The candidate with a special interest in diabetes will lead the paediatric diabetes multidisciplinary team and service which looks after approximately 20 CYP with diabetes on the Island. Multidisciplinary diabetes clinics are held once per month and the diabetes team provide support to newly diagnosed CYP admitted acutely to the paediatric ward. Our highly skilled diabetes CCNs provide support to families and CYP in the community outside of these settings.

#### Why Choose Us?

- A unique opportunity to work within a small, cohesive department with a shared vision to deliver top quality, holistic patient care.
- We offer a generous remuneration package, including an array of employee benefits.
- Guernsey residents benefit from an independent taxation system, including flat rate 20% income tax.
- Relocate to appreciate a rewarding quality of life within a thriving small community.
- Enjoy shorter commutes and a safe and friendly place to live and raise a family all within easy reach of the UK.

# The Medical Specialist Group LLP

The Medical Specialist Group (MSG) Limited Liability Partnership is contracted to provide a wide range of emergency and elective medical services for the Bailiwick of Guernsey, in partnership with the Health and Social Care Committee (HSC) of the States of Guernsey. It aims to serve and care for the community through the provision of the highest standard of clinical care.

The MSG was founded in 1992 by a group of 19 doctors. Today the service remains owned and run by a passionate team of doctors, currently comprising 56 consultants with a range of professional interests. There are no resident doctors and therefore consultants provide the complete range of inpatient and outpatient care. Tertiary care services are supplied by a variety of hospitals on the UK Mainland, mainly Southampton University Hospital, usually through contracted services.

The MSG is based at Alexandra House and Mill House, where most managerial and support staff are based. Both buildings have dedicated outpatient facilities and are situated in close proximity to the island's main hospital, the Princess Elizabeth Hospital (PEH).

#### The Team

The successful applicant will join and complement our team of 4 (4FTE) Consultant Paediatricians and 1 HSC employed Community Paediatrician. The Department of Paediatrics is part of the Obstetrics & Gynaecology and Paediatric (Women & Child) Directorate within the Medical Specialist Group. Dr Sarra Ahmed is the current Clinical Lead for Paediatrics, as well as Directorate Chair.

Our team have a wide range of subspeciality interests and work cohesively to deliver high quality patient care to our local community.

# Our consultants

| Dr Sarra Ahmed             | Directorate Chair, Clinical Lead and Lead paediatrician for gastroenterology. MSG Named Doctor for Child Protection. |  |
|----------------------------|--|--|
| Dr Sandie Bohin            | Lead for neonatology, Lead for tertiary cardiology clinic.   |  |
| Dr Gopinath Gangadhara Rao | Lead for tertiary neurology clinic   |  |
| This post                  | Lead clinician for diabetes, link paediatrician for oncology   |  |
| Dr Collin Royed            |  |  |

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

Our paediatricians are supported by an efficient and proactive managerial and secretarial team which comprises of a Directorate Manager, 3 Personal Assistants and 1 PA support position.

# The Department of Paediatrics

Our directorate provides paediatric services within the PEH. Outpatient clinics are undertaken within MSG premises.

Some of the features that we feel make our directorate particularly attractive to work in include;

- Consultant delivered service, facilitating effective and efficient decision making.
- Opportunity for a broad scope of practice.
- Encouragement to undertake up to 10 days funded 'off island attachment' to benefit the local health service and community.
- Protected weekly directorate meetings
- Monthly half day morbidity and mortality meetings and academic training, with all hospital specialities helping us to foster cohesive team working.
- Proactive management team and substantial secretarial support.

### **Facilities and services**

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 GPs and ED.

High dependency paediatric care can be provided on the ward but children requiring intensive care are temporarily cared for in the adult ICU prior to transfer to the UK by a contracted

retrieval team (SORT- Southampton and Oxford Retrieval Team). Care of children on ICU is shared between the anaesthetic and paediatric teams.

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 50 admissions to the neonatal unit. The neonatal unit has 3 cots, plus a stabilisation cot, housed adjacent to Frossard Ward. Short term 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 long term intensive care are transferred to the UK. Short term therapeutic hypothermia is 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.

### **Outpatients**

Outpatient clinics take place in Mill House where there is a well-equipped consulting room. Monthly clinics are also held in Alderney.

Tertiary paediatric support is provided from Southampton for subspecialties as follows:

- Orthopaedics clinics are held quarterly with a visiting orthopaedic surgeon.
- Cardiology clinics are monthly with a visiting cardiologist.
- There are 6 tertiary visiting Gastroenterology clinics per year.
- There are 4 tertiary visiting Neurology clinics each year.

#### **Community Services**

The Child Development Service, along with children's therapy and disability services, is based at Le Rondin School, in the south of the island. An HSC employed consultant community paediatrician undertakes the vast majority of community paediatric work.

# **Duties**

The post is full-time and substantive. The primary role is that of a consultant with skills in all aspects of in-patient and out-patient general paediatrics. The appointee must be able to provide neonatal care, including short -term neonatal intensive care.

The on call is non-resident after 6pm and at weekends, although very occasionally due to high patient dependency, consultants are required to remain in the hospital overnight. Overnight accommodation is provided.

Consultant are called upon to attend high risk deliveries both in and out of hours. All midwives and neonatal nurses are NLS trained and are able to provide initial care to a neonate if the consultant is called out of hours and is travelling in from home.

Members of the anaesthetic team can be called upon for help in a paediatric emergency and where children are accepted to ICU before being transferred for specialist off-island care.

Each consultant works an 'attending week' on Frossard 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 in patients regardless of their named consultant. They are also responsible for the review of ward attenders, oversee the medical care of surgical patients, attend high risk deliveries and provide paediatric input into postnatal babies on Loveridge ward. No outpatient duties are scheduled during the attending week.

The attending consultant may be expected to see and provide medical input into safeguarding cases referred by Social Services or the Police if there is no consultant allocated for child protection on that day.

The remaining weeks are devoted to outpatient clinics and other clinical duties. There is 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 prospective cover for annual and study leave. On call commences at 6pm and ends at 8am. There is a fixed half day per week.

On call weekends are non-resident and are split into Friday/Sunday and Saturday. The Monday after a Friday/Sunday weekend on call is a day off for compensatory rest.

#### **Programme of Work**

Guernsey is not part of the UK, and the healthcare system is therefore not part of the NHS. This post therefore differs from an NHS consultant post in that there are no specified numbers of programmed activities (PAs,) but this job is the equivalent of 12 PAs (inclusive of private practice). Remuneration appropriately reflects the duties and responsibilities of the role.

A job plan review between the appointee and the Directorate Chair will take place within 6-12 months of the post commencement. This prospective agreement will outline your main duties and responsibilities. Unlike within the NHS setting, the job plan is not linked to remuneration. It will comprise clinical duties, managerial responsibilities, accountability arrangements and personal objectives, including details of any off-island links and the support required by the consultant to fulfil the job plan.

The higher than usual allocation of Programmed Activity time reflects the nature of a Consultant Only Service, and the fact that there is private practice opportunity integrated into the job plan.

# 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 short term 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 neonates to the UK for specialist treatment in time critical emergency
- To attend clinics with visiting consultants, where appropriate, and develop expertise with those patients.
- 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.
- To develop and maintain collaborative professional relationships with colleagues in other specialties and participate in regular clinical meetings and other profession activities.
- To develop and maintain good communications with general practitioners and appropriate external agencies.
- Clinical Governance active participation in all MSG governance processes.
- Quality improvement lead approved quality improvement projects in your subspeciality area, to continually improve patient care.
- Education to supervise and support allied health care professionals and medical students in training as required
- Administration to complete administrative duties associated with your role in a timely manner.
- Work closely with the Directorate Manager to ensure the service remains efficient and optimises resources.
- Ensure appropriate record keeping using the designated EPR systems.
- Data protection maintain good practice in handling of confidential information.
- Departmental activities to support and contribute to departmental and wider MSG meetings.
- Appraisal and revalidation adhere to these processes in the required timeframes.
- Maintain an up-to-date mandatory training record.

• Continuing Medical Education (CME) – be accountable for undertaking CME to maintain professional development.

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**

2 PAs will be allocated flexibly for supporting professional activities. Monthly Academic Half Days and other meetings are considered as SPA activities. Time is also allocated for audit and appraisal. Achieving the recommended SPAs, with no commitment to teaching or research, is done flexibly and will vary according to acute workload.

'The Academic Half Day' is a unique monthly multi-speciality educational half day meeting. This comprises both a morbidity and mortality review and an academic session, bringing all hospital specialists together and delivers a broad educational programme – including external speakers.

Additional admin sessions are allocated (within job planning) to paediatricians with managerial roles with the directorate or the wider MSG.

There are weekly paediatric business meetings with monthly contributions each from the community paediatric nursing team, paediatric physiotherapists and CAMHS.

In addition, the department has individual monthly peer review meetings for child safeguarding, community paediatrics, and complex cases. There are also directorate meetings and grand rounds.

The perinatal mortality and morbidity meeting and governance meetings take place quarterly.

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 to keep them current.

#### **Indicative Job Plan**

The timetables below are examples only and may change to fit in with the departmental needs and contractual requirements.

The timetables include 'attending weeks' of daytime on call, post attending weeks, outpatient clinic weeks and a 1:5 out of hours on call commitment with prospective cover to include nights and weekends.

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 annualised PAs covering 42 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 that 10x per year.

Of 42 working weeks:

| 8.4x Week 1 | Attending weeks with Fri/Sun on call   | 15.91PAs  |
|-------------|--|-----------|
| 8.4x Week 2 | Post weekend clinic week               | 9.15PAs   |
| 8.4x Week 3 | Clinics including a Saturday on call   | 11.175PAs |
| 8.4x Week 4 | Clinic plus two weekday nights on call | 11.4PAs   |
| 8.4x Week 5 | Clinics with one night on call         | 11.3PAs   |

Total average PAs = 11.8

WEEK 1: Friday night/Sunday on call

|  | Time   | Location | Work  | Category                      | PAs          |
|--|--|----------|---|-------------------------------|--------------|
| Monday   | 08.00 – 18.00  | PEH      | Attending<br>Consultant                       | DCC                           | 2.5          |
| Tuesday  | 08.00 – 13.00<br>½ day                                     | PEH      | Attending Consultant                          | DCC                           | 1.25         |
| Wednesday  | 08.00 – 18.00  | PEH      | Attending Consultant                          | DCC                           | 2.5          |
| Thursday   | 08.00 - 18.00  | PEH      | Attending<br>Consultant                       | DCC                           | 2.5          |
| Friday   | 08.00 - 08.00  | PEH      | Attending<br>Consultant<br>On call Consultant | DCC                           | 2.5          |
| Sunday   | 09.00 – 14.00<br>(on call 08.00<br>– 08.00)                | PEH      | On call Consultant                            | DCC<br>predictable<br>on call | 1.66         |
| Predictable on call  - Handover to incoming/outgoing consultant.         | For Friday<br>18.00 – 08.00<br>and Sunday<br>08.00 – 08.00 |          |   | DCC<br>DCC                    | 0.25<br>2.75 |
| Unpredictable emergency on call emergency work estimated at 25% of hours | Monday   |          |   |                               |              |
| Total PAs  |  |          |   |                               | 15.91        |

WEEK 2: Post weekend on call

|                     | Time          | Location | Work             | Category | PAs   |
|---------------------|---------------|----------|------------------|----------|-------|
| Monday              | Off duty      |          |                  |          | 0     |
| Tuesday             | 09.00 - 14.00 | MSG      | Clinic and Admin | DCC      | 1.0   |
|                     | 13.00 - 18.00 | PEH      | Duty Consultant  | DCC      | 1.25  |
|                     | 18.00 - 08.00 |          | On call          |          |       |
| Wednesday           | 9.00- 13.00   | MSG      | Clinic           | DCC      | 1.0   |
|                     | ½ day         |          |                  |          |       |
| Thursday            | 09.00 - 14.00 | MSG      | Clinic           | DCC      | 1.25  |
|                     | 14.00 - 18.00 |          | SPA              | SPA      | 1.0   |
| Friday              | 08.30 - 09.00 | PEH      | XR meeting       | DCC      | 0.125 |
|                     | 09.00 - 10.30 | PEH      | MDT              | DCC      | 0.375 |
|                     | 10.30 - 14.00 |          | SPA              | SPA      | 0.825 |
|                     | 14.00 - 18.00 | MSG      | Clinic and Admin | DCC      | 1.00  |
| Predictable on call |               |          |                  | DCC      | 0.125 |
| – Handover to       |               |          |                  |          |       |
| incoming            |               |          |                  |          |       |
| consultant 18.00    |               |          |                  |          |       |
| and 08.00.          |               |          |                  |          |       |
| Unpredictable       |               |          |                  |          |       |
| emergency on call   |               |          |                  |          | 1.2   |
| work estimated at   |               |          |                  |          |       |
| 25% of hours        |               |          |                  |          |       |
| Total PAs           |               |          |                  |          | 9.15  |

WEEK 3: Saturday on call

|                     | Time          | Location | Work             | Category | PAs    |
|---------------------|---------------|----------|------------------|----------|--------|
| Monday              | 09.00 - 14.00 | MSG      | Clinic and Admin | DCC      | 1.25   |
|                     | 14.00 – 18.00 |          | SPA              | SPA      | 1.0    |
| Tuesday             | 09.00 - 14.00 | MSG      | Clinic and Admin | DCC      | 1.25   |
|                     | 14.00 – 17.00 |          | SPA              | SPA      | 0.75   |
| Wednesday           | 09.00- 17.00  | MSG      | Clinic and Admin | DCC      | 1.75   |
| Thursday            | 09.00 - 13.00 | MSG      | Clinic           | DCC      | 1.0    |
|                     | ½ day         |          |                  |          |        |
| Friday              | 08.30-09.00   | PEH      | XR meeting       | DCC      | 0.125  |
|                     | 09.00- 10.30  | PEH      | MDT              | DCC      | 0.375  |
|                     | 11.00- 14.00  | MSG      | SPA              | SPA      | 0.75   |
|                     | 14.00- 17.00  | MSG      | Clinic and Admin | DCC      | 1.25   |
| Predictable on call |               |          |                  | DCC      | 0.125  |
| – Handover to       |               |          |                  |          |        |
| incoming            |               |          |                  |          |        |
| consultant 18.00    |               |          |                  |          |        |
| and 08.00.          |               |          |                  |          |        |
| Unpredictable       |               |          |                  |          | 1.55   |
| emergency on call   |               |          |                  |          |        |
| work estimated at   |               |          |                  |          |        |
| 25% of hours        |               |          |                  |          |        |
| Total PAs           |               |          |                  |          | 11.175 |

WEEK 4: Two weekday nights on call

|                     | Time           | Location | Work             | Category | PAs   |
|---------------------|----------------|----------|------------------|----------|-------|
| Monday              | 09.00 - 13.00  | MSG      | SPA              | SPA      | 1.0   |
|                     | 13.00 – 18.00  |          | Clinic and Admin | DCC      | 1.25  |
|                     | (on call 18.00 |          |                  |          |       |
|                     | - 08.00        |          |                  |          |       |
| Tuesday             | 09.00 – 13.00  | MSG      | Clinic           | DCC      | 1.0   |
|                     | ½ day          |          |                  |          |       |
| Wednesday           | 09.00 – 14.00  | MSG      | Clinic and Admin | DCC      | 1.25  |
|                     | 14.00 – 18.00  | MSG      | SPA              | SPA      | 1.0   |
| Thursday            | 09.00 - 13.00  | MSG      | SPA              | SPA      | 1.0   |
|                     | 13.00 – 17.00  |          | Clinic and Admin | DCC      | 1.25  |
|                     | On call 18.00  |          |                  |          |       |
|                     | - 08.00        |          |                  |          |       |
| Friday              | 08.30 - 09.00  | PEH      | XR meeting       | DCC      | 0.125 |
|                     | 09.00 – 10.30  | PEH      | MDT              | DCC      | 0.375 |
|                     | 11.00 – 13.00  | MSG      | Clinic           | DCC      | 0.5   |
|                     | Post on call ½ |          |                  |          |       |
|                     | day            |          |                  |          |       |
| Predictable on call |                |          |                  | DCC      | 0.25  |
| – Handover to       |                |          |                  |          |       |
| incoming            |                |          |                  |          |       |
| consultant 18.00    |                |          |                  |          |       |
| and 08.00.          |                |          |                  |          |       |
| Unpredictable       |                |          |                  |          |       |
| emergency on call   |                |          |                  |          | 2.4   |
| work estimated at   |                |          |                  |          |       |
| 25% of hours        |                |          |                  |          |       |
| Total PAs           |                |          |                  |          | 11.4  |

WEEK 5: One weekday night on call

|                     | Time           | Location | Work             | Category | PAs   |
|---------------------|----------------|----------|------------------|----------|-------|
| Monday              | 09.00 - 13.00  | MSG      | SPA              | SPA      | 1.0   |
|                     | 13.00 – 18.00  |          | Clinic and Admin | DCC      | 1.25  |
| Tuesday             | 09.00 - 14.00  | MSG      | Clinic           | DCC      | 1.25  |
|                     | 14.00 – 17.00  |          | SPA              | SPA      | 0.75  |
| Wednesday           | 09.00 – 14.00  | MSG      | Clinic and Admin | DCC      | 1.25  |
|                     | 14.00 – 18.00  | MSG      | SPA              | SPA      | 1.0   |
|                     | (on call 18.00 |          |                  |          |       |
|                     | - 08.00)       |          |                  |          |       |
| Thursday            | 09.00 – 13.00  | MSG      | Clinic           | DCC      | 1.0   |
|                     | ½ day          |          |                  |          |       |
| Friday              | 08.30 – 09.00  | PEH      | XR meeting       | DCC      | 0.125 |
|                     | 09.00 – 10.30  | PEH      | MDT              | DCC      | 0.375 |
|                     | 11.00 – 17.00  | MSG      | Clinic           | DCC      | 0.5   |
| Predictable on call |                |          |                  | DCC      | 1.25  |
| – Handover to       |                |          |                  |          |       |
| incoming            |                |          |                  |          |       |
| consultant 18.00    |                |          |                  |          |       |
| and 08.00.          |                |          |                  |          |       |
| Unpredictable       |                |          |                  |          |       |
| emergency on call   |                |          |                  |          | 1.55  |
| work estimated at   |                |          |                  |          |       |
| 25% of hours        |                |          |                  |          |       |
| Total PAs           |                |          |                  |          | 11.3  |

### **Applications and visits**

Informal enquiries about the post are welcome and can be made to Dr Sarra Ahmed (Directorate Chair for Women & Child Health) sarra.ahmed@msg.gg or via Nathan Collenette (Business Partner – People and Organisation) <u>Nathan.collenette@msg.gg</u> or via our switchboard on 01481 238565.

Applications must be accompanied by a covering letter and CV and sent to <a href="mailto:recruit@msg.gg">recruit@msg.gg</a> Closing date for applications is Tuesday 30<sup>th</sup> December.

Short listed candidates are encouraged to visit prior to interview.

Anticipated start date 1st April 2026

To find out more about The Medical Specialist Group LLP visit: www.msg.gg

To find out more about relocating to Guernsey visit: <a href="https://www.locateguernsey.com">https://www.locateguernsey.com</a>

#### The Medical Specialist Group LLP

#### Management and organisation structure

The senior office holders consist of the Chairperson, Lead Governance Partner and Lead Finance partner who together with the four Directorate Chairs and 2 consultant Partnership representatives, form the Management Board.

The four Directorates are Adult Medicine (16 consultants), Anaesthetics (12 FTE Consultants), Surgery (15 Consultants) and Women and Child Health (12 Consultants).

The MSG employs clinical & support staff (88.74FTE) including senior management, surgical assistants, nurses, audiologists, and administration staff supporting the directorate structure as well as in finance, IT, corporate and clinical governance, HR, facilities, medical records, reception and typing.

The income for the MSG comes primarily from the healthcare contract with the States (79%). The remaining balance is private earnings.

#### The Secondary Health Care Contract

The Medical Specialist Group LLP is a limited liability partnership established on the 1<sup>st</sup> January 2018 as a conversion from the Medical Specialist Group that previously functioned as a General Partnership for more than 25 years in Guernsey.

The MSG commenced a new contract with the States of Guernsey on the 1<sup>st</sup> January 2018 for the continued provision of secondary healthcare to the population of the Bailiwick of Guernsey. The Bailiwick of Guernsey has a population of approximately. 65,000, which includes 2,000 in Alderney, 100 in Herm and 500 in Sark (Sark residents are treated as private patients). The MSG works in close partnership with HSC and services are reviewed regularly. Patients are seen at the MSG premises and the PEH. Outpatient activity takes place mainly at the MSG and inpatient activity occurs at the PEH. Private patient facilities are offered on Victoria Ward at the PEH and at MSG premises.

The Emergency Department at the PEH is fully staffed with four Consultant Emergency Doctors and eight Associate Specialists. The Emergency Department is run by HSC whereby patients are seen, investigated, treated, and referred to the appropriate specialist in secondary care.

There are three main GP practices in Guernsey and 1 in Alderney. GPs will refer patients to secondary care either electively or as an emergency.

Secondary care services under the MSG are provided in General Surgery, Urology, Orthopaedics, ENT, Ophthalmology, Adult Medicine, Anaesthetics, Paediatrics and Obstetrics & Gynaecology.

Other secondary healthcare services are provided directly by HSC such as Radiology, Psychiatry, Public Health and Pathology. There is scope for interventional radiology procedures on island.

Specialties such as Haematological Oncology, Microbiology and some elements of Renal Medicine are provided by visiting specialists from UK tertiary centres that have a contract with HSC. There are also inpatient facilities at The Mignot Memorial Hospital in Alderney, which is managed by GPs.

# **Clinical Governance Requirements**

The appointee will be expected to participate in all aspects of clinical governance and best practice standards. These include compliance with policies relating to healthcare associated infection and data protection. The post-holder will participate in regular clinical audit and review of outcomes, and work towards achieving local/national targets.

Both the MSG and HSC are committed to the clinical governance process and have a single Clinical Governance Framework.

A local appraisal process is in place and upon joining you may be allocated an appraiser by the appraisal lead. We comply with the General Medical Council (GMC) revalidation requirements. Dr Peter Rabey (Medical Director) has been appointed by the States of Guernsey to oversee revalidation.

A consultant mentor will also be allocated on appointment, to support transition to working and living on island.

# **General Conditions of Appointment**

The appointee will be employed by the MSG under the terms of a consultant Paediatrician. Within the rules of the LLP, consultants may be asked to join the Partnership at a stage that is favourable to both parties.

The appointee will be required to cover for colleagues' absence from duty on the basis of mutually agreed arrangements with the Directorate Chair. It is required that 6 weeks' notice be given for leave (with the exception of compassionate/sick leave), in order to prevent impact on service delivery.

The MSG requires the appointee to maintain full registration with the GMC, be on the specialist register and to fulfil the duties and responsibilities of a doctors, as set down by the GMC. CPD activities are reimbursed up to a limit, as defined by MSG policy.

All appointments are subject to the following checks;

- Identity
- Criminal record
- Essential qualifications & Professional registration
- References

Occupational health clearance

Satisfactory Occupational Health and Enhanced DBS check with Barred List (Child and Adult Workforce) obtained. Applicants are not entitled to withhold information about convictions (including 'spent' convictions or pending prosecutions) and failure to disclose such convictions could result in dismissal or disciplinary action by the MSG LLP. Any information provided will be completely confidential and considered only in relation to the relevant application.

# Pay and benefits

- Generous salary (not utilising NHS pay scale) and current local Guernsey income tax flat rate of 20%
- Opportunity to undertake integrated private practice (with additional remuneration)
- Full relocation package
- Private health insurance for you and your family
- Pension scheme delivered by a long-established local pension specialist (up to 5% matched employer contribution)
- Life assurance scheme
- Income protection scheme
- Medical indemnity insurance cover
- GMC and BMA subscription cover
- Free car parking at both the MSG and PEH
- Wellbeing allowance of £300/annum (towards gym/better commute scheme etc)
- 35 days per annum annual leave
- 10 days study leave with generous reimbursement package
- Up to 10 days funded 'off island attachment' with opportunities for professional and service development

#### **Our Vision, Purpose and Values**

#### Our Vision

Internationally recognised as a centre of excellence for clinical care. Loved by the Guernsey community.

#### Our purpose and values

#### The needs of our patients come first, always.

With the patient at the centre of everything we do, we work as a multi-disciplinary team to relieve illness and improve health, providing the best possible care and experience.

### We are committed to patient safety and clinical excellence in all we do.

We invest in our people so that we can achieve together the highest standards of clinical care and the best possible outcomes, justifying the trust our patients place in us.

#### We work as one team and treat each other with respect.

We value and respect each other, and we follow through on our promises. We create a compassionate environment. We follow the golden rule: treat people as we would like to be treated ourselves.

#### We value partnership.

We are fully integrated into our local community, and we actively seek opportunities to partner with government, other healthcare providers, patient groups, and businesses to improve healthcare and the quality of our patients' lives.

# We focus on the long term.

We invest in the future and in our financial security, using our resources efficiently and always innovating to improve the patient experience. We are committed to sustainability and measure our progress in accordance with the UN Sustainable Development Goals.

# **Person Specification**

|   | Essential Criteria   | Desirable Criteria                                | Where evaluated                 |
|---|--|---|---------------------------------|
| Professional Qualifications             | MBBS (or equivalent) MRCPCH (or equivalent)  | Higher degree                                     | GMC                             |
|   | Full registration with the GMC On GMC Specialist Register or within 6  | Qualification in chosen sub-specialty             | CV                              |
|   | months of CCT at interview date  CESR applicants must be on the  Specialist Register at point of   | ARNI NLS or APLS instructor                       |                                 |
|   | application  NLS provider within last 4 years  | Level 4 or 5 Child<br>Protection training         |                                 |
|   | APLS provider within last 4 years  |   |                                 |
|   | Level 3 training in child protection   |   |                                 |
| Clinical<br>Experience and<br>Knowledge | Ability to manage the full range of paediatric and neonatal emergencies encountered within a general hospital including stabilisation and management | Special interest in diabetes  Experience in       | CV,<br>interview                |
|   | of ventilated neonates   | neonatal<br>transportation                        |                                 |
|   | Experience in Child Protection, including ability to identify and examine children where there are safeguarding concerns                             | More than 1 years' experience at Consultant level |                                 |
|   | Some clinical experience of community paediatrics subspecialty interest  |   |                                 |
| Clinical Skills                         | Ability to undertake the full range of procedures expected in acute paediatrics and neonatology  | Experience of clinical risk management            | CV,<br>interview,<br>references |
|   | Able to take full and independent responsibility for the clinical care of patients   |   |                                 |
|   | Able to integrate care of patients with tertiary centres   |   |                                 |
| Quality Improvement, Management and IT  | Evidence of participation in quality improvement activities  | Ability to lead and develop subspecialty services | CV,<br>interview,<br>references |

|   | Evidence of commitment to good clinical governance  Ability and willingness to work within the contracted performance framework  Commitment to administrative and managerial responsibility  Knowledge of evidence informed practice  | Management course or evidence of management structures/processes  Experience of managing a clinical service  Knowledge/experien ce in utilisation of digitalised systems |                                 |
|---|---|--|---------------------------------|
| Multidisciplinary and multiagency working | Experience and evidence of multi-<br>disciplinary and multi-agency working  | Experience of leading a multi-disciplinary team  | CV,<br>interview,<br>references |
| Teaching skills                           | Evidence of involvement in education of colleagues  | Instructor on recognised course  | CV,<br>Interview                |
| Personal Skills                           | Excellent communication and language skills; must be able to communicate with clarity in written and spoken English  Decisiveness/accountability; be able to take responsibility, have good decision-making skills and be able to demonstrate leadership  Commitment to continuing medical education  Commitment to developing and improving services  Demonstrates empathy and ability to build rapport  Evidence of good team working; able to work in a small remote community  Able to work flexibly and embrace change | Willingness to undertake additional responsibilities  Commitment to developing the partnership   | CV,<br>Interview                |
| Transport                                 | Must have a clean driving license and able to attend emergencies promptly   |  |                                 |