



Job Description

Job title:	Locum 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/tenure:	6 month full time fixed term locum post

The Post

We are looking to appoint a Locum Consultant Paediatrician with a broad range of experience across paediatrics 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.). The successful applicant must be on the GMC Specialist 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.

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.
- 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 Locum Consultant Paediatrician will join and complement our team of 5 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.

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
This post (replacing Dr Sandie Bohin - retiring August 2026)	Lead for neonatology, Lead for tertiary cardiology clinic and renal.
Dr Gopinath Gangadhara Rao	Lead for Allergy
Dr Nela-Nicoleta Hotnogu-Srichom	Lead clinician for diabetes,
Dr Collin Royed	Acute paediatrician

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 monthly directorate meetings and weekly departmental meetings
- Quarterly perinatal morbidity and mortality 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 >34 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.

Outpatients

Outpatient clinics take place in Mill House where there is a well-equipped consulting room.

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 for a fixed term of 6 months. 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.

Safeguarding responsibilities e.g. attending strategy meetings, case conferences, child in need meetings and carrying out child protection medicals, are shared equally between all 5 paediatricians. There is one child protection session per week allocated on the rota for this. Acute safeguarding concerns are usually dealt with by the on-call or attending paediatrician if there is no consultant allocated for child protection that day. The designated doctor for safeguarding, Dr Liz Adamson, is based in the UK and provides support to the paediatricians for complex cases and oversees safeguarding operational matters remotely.

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, as well as Off Island Attachments. 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.

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 professional 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 (of which 5 days should be in neonatal). 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 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 per year.

Of 52 working weeks:

10x Week 1	Attending weeks with Fri/Sun on call	15.91PAs
10x Week 2	Post weekend clinic week	9.15PAs
10x Week 3	Clinics including a Saturday on call	11.175PAs
11x Week 4	Clinic plus two weekday nights on call	11.4PAs
11x Week 5	Clinics with one night on call	11.3PAs

Total average PAs = 12.0 (10.0 DCC + 2.0 SPA)

WEEK 1: Friday night/Sunday on call

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

WEEK 4: Two weekday nights on call

	Time	Location	Work	Category	PAs
Monday	09.00 – 13.00 13.00 – 18.00 (on call 18.00 – 08.00)	MSG	SPA Clinic and Admin	SPA DCC	1.0 1.25
Tuesday	09.00 – 13.00 ½ day	MSG	Clinic	DCC	1.0
Wednesday	09.00 – 14.00 14.00 – 18.00	MSG MSG	Clinic and Admin SPA/child protection	DCC SPA	1.25 1.0
Thursday	09.00 – 13.00 13.00 – 17.00 On call 18.00 – 08.00	MSG	SPA Clinic and Admin	SPA DCC	1.0 1.25
Friday	08.30 – 09.00 09.00 – 10.30 11.00 – 13.00 Post on call ½ day	PEH PEH MSG	XR meeting MDT Clinic	DCC DCC DCC	0.125 0.375 0.5
Predictable on call – Handover to incoming consultant 18.00 and 08.00. Unpredictable emergency on call work estimated at 25% of hours				DCC	0.25 2.4
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 (on call 18.00 – 08.00)	MSG	SPA	SPA	1.0
Thursday	09.00 – 13.00 ½ day	MSG	Clinic/child protection	DCC	1.0
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 – Handover to incoming consultant 18.00 and 08.00. Unpredictable emergency on call work estimated at 25% of hours				DCC	1.25
					1.55
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 Samantha Moutou (People and Organisation Officer) Samanta.moutou@msg.gg or via our switchboard on 01481 238565.

Applications must be accompanied by a covering letter and CV and sent to recruit@msg.gg

Closing date for applications is Friday, 10th April 2026. Applications will be reviewed as they are received, and the vacancy may close before the advertised closing date if a suitable candidate is identified.

Interviews planned for late May.

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

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 1st 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 1st 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 will 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 locum consultant Paediatrician.

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
- Private health insurance for you and your family
- Pension scheme delivered by a long-established local pension specialist (up to 5% matched employer contribution)
- Medical indemnity insurance cover
- GMC and BMA subscription cover
- Free car parking at both the MSG and PEH
- Pro rata entitlement of 35 days per annum annual leave
- Pro rata entitlement of 10 days study leave with generous reimbursement package

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	<p>MBBS (or equivalent)</p> <p>MRCPCH (or equivalent)</p> <p>Full registration with the GMC</p> <p>On GMC Specialist Register or within 6 months of CCT at interview date</p> <p>NLS provider within last 4 years</p> <p>APLS provider within last 4 years</p> <p>Level 3 child protection training</p> <p>Eligible to work and reside in the UK</p>	<p>Higher degree</p> <p>Qualification in chosen sub-specialty</p> <p>ARNI</p> <p>NLS or APLS instructor</p> <p>Level 4 or 5 Child Protection training</p>	<p>GMC</p> <p>CV</p>
Clinical Experience and Knowledge	<p>Ability to manage the full range of paediatric and neonatal emergencies encountered within a general hospital including stabilisation and management of ventilated neonates</p> <p>Minimum of 1 year experience in a level 3 neonatal unit at ST6 or above</p> <p>Ability to identify and examine children where there are safeguarding concerns</p> <p>Some clinical experience of community paediatrics</p>	<p>Experience in neonatal transportation</p> <p>More than 1 years' experience at consultant level</p>	<p>CV, interview</p>

Clinical Skills	<p>Ability to undertake the full range of procedures expected in acute paediatrics and neonatology</p> <p>Able to take full and independent responsibility for the clinical care of patients</p> <p>Able to integrate care of patients with tertiary centres</p>	Experience of clinical risk management	CV, interview, references
Quality Improvement, Management and IT	<p>Evidence of participation in quality improvement activities</p> <p>Evidence of commitment to good clinical governance</p> <p>Ability and willingness to work within the contracted performance framework</p> <p>Commitment to administrative and managerial responsibility</p> <p>Knowledge of evidence informed practice</p>	<p>Ability to lead and develop subspecialty services</p> <p>Management course or evidence of management structures/processes</p> <p>Experience of managing a clinical service</p> <p>Knowledge/experience in utilisation of digitalised systems</p>	CV, interview, references
Multidisciplinary and multiagency working	Experience and evidence of multi-disciplinary and multi-agency working	Experience of leading a multi-disciplinary team	CV, interview, references
Teaching skills	Evidence of involvement in education of colleagues	Instructor on recognised course	CV, Interview
Personal Skills	<p>Excellent communication and language skills; must be able to communicate with clarity in written and spoken English</p> <p>Decisiveness/accountability; be able to take responsibility, have good decision-making skills and be able to demonstrate leadership</p> <p>Commitment to continuing medical education</p>	<p>Willingness to undertake additional responsibilities</p> <p>Commitment to developing the partnership</p>	CV, Interview

	<p>Commitment to developing and improving services</p> <p>Demonstrates empathy and ability to build rapport</p> <p>Evidence of good team working; able to work in a small remote community</p> <p>Able to work flexibly and embrace change</p>		
Transport	<p>Must have a clean driving license and able to attend emergencies promptly</p>		