

Advanced Nutrition Module for Gastroenterology trainees

At

St. Mark's Hospital, London (6 months) and

Addenbrooke's Hospital, Cambridge (6 months)

JOB DESCRIPTION

St Mark's Hospital, London North West Healthcare NHS Trust, Intestinal Failure Unit

Cambridge University Hospitals NHS Foundation Trust, Departments of Gastroenterology and Intestinal transplant

Advanced Module in Nutrition, Intestinal Failure and Intestinal Transplantation

The trainee should be of ST6 Specialist Registrar status or above. The post is split for 6 months at St Mark's and 6 months at Addenbrooke's Hospital. At St Mark's the post holder will gain specialist training in the care of patients with Intestinal Failure, nutrition, advanced inflammatory bowel disease and will partake in the cross-site GI bleeding rota. At Addenbrooke's the post will have a strong emphasis on the assessment and preparation of patients for intestinal transplantation, which will include the management of complex intestinal failure and the monitoring of patients listed for transplantation. They will be involved in the management of patients in the post operative period as part of a large multidisciplinary team and follow up of patients post transplantation. There will also be opportunities to gain further experience in other aspects of general gastroenterology depending upon the needs of the department and the preferences of the incumbent.

A. St Mark's Hospital (6 months)

The postholder will gain unique experience in this job. The postholder will become a senior member of the junior staff on the nutrition team, helping and directing the specialist registrar, clinical fellow and Foundation Year 2 doctors for the inpatient work. The inpatient work covers 20-24 intestinal failure inpatients (most on the Intestinal Failure Unit), basic nutritional supervision of patients on intravenous nutrition elsewhere on the campus and the care of the other gastroenterology patients on Frederick Salmon ward.

The postholder will also undertake a gastroenterology clinic with Dr Nightingale, a nutrition clinic with Dr Gabe, 2 endoscopy sessions, a central venous feeding catheter insertion session (with Dr Gabe in the angiography suite).

It would be expected that an active part was played in the academic and teaching activities of the unit and that proficiency in insertion of central lines and in post-elementary nutritional support would be accomplished. Work towards presentation at regional and national meetings with a possible view to publication would be encouraged.

A.1 Provisional Timetable

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
			8am Journal Club / IBD Unit meeting		7.30 Grand Round 8.30 XR meeting
AM	Nutrition & IF Ward round	Ward	Nutrition & IF MDT	Outpatient clinic Dr Gabe	Central venous catheter insertions with Dr Gabe
1-2pm	Psychosocial meeting				
PM	Endoscopy (Dr Gabe list)	Endoscopy	Ward	Nutrition Clinic Dr Gabe	Ward

A.2 Background/Supporting Information

St Mark's Hospital and its associated Academic Institute, which is affiliated to Imperial College, are renowned for innovative and high quality work in gastroenterology and nutrition. The hospital was one of the first in the world to develop expertise in intravenous nutrition and today the unit is one of only two in the United Kingdom to have national recognition for the treatment of severe intestinal failure (Level 4 Intestinal Failure unit). The intestinal failure and nutrition service at St Mark's is co-headed by Dr Simon Gabe and Dr Jeremy Nightingale, with close collaboration with Miss Carolynne Vaizey (Consultant Surgeon) and Mia Small (Consultant Nurse Specialist). The unit functions in an integrated multi-disciplinary fashion with daily ward rounds involving the specialist nutrition nurses, dieticians and nutrition pharmacists as well as the medical and surgical staff. The service also provides over half of the general medical gastroenterology for the hospital.

There are currently two other specialist medical registrars at St Mark's and two at Northwick Park Hospital. The specialist registrars at Northwick Park Hospital are attached to Dr Pitcher and Dr Jacyna and partake in the general medical rota. At St Mark's there is also a clinical fellow and Foundation Year 2 doctor. All the junior staff also work for the other St Mark's gastroenterologists (Dr Akbar, Dr Arebi, Dr Fraser Dr Saunders, Dr Thomas-Gibson). There are also a variable number of clinical and non-clinical research fellows.

A.2.1 Nutrition & Intestinal Failure

The St Mark's nutrition team has a well respected National and international reputation. The treatment of severe intestinal failure at St Mark's is funded by the National Commissioning Group, which recognises the Lennard-Jones Intestinal Failure Unit as a Level 4 National unit. There are only 2 level 4 units in England, St Mark's and the Royal Salford Hospital, Manchester. The nutrition team at St Mark's is one of the largest and busiest nutrition teams in the UK. The team cares for patients referred across the UK with severe intestinal failure and also cares for the largest population of patients on home parenteral nutrition (HPN) in the UK. To date the team cares for 206 HPN patients. This group of inpatients and outpatients present challenging management issues in advanced nutrition, gastroenterology as well as more general medicine and surgery.

The Lennard-Jones Intestinal Failure Unit is a 22 bedded unit located on Level 9 in Northwick Park Hospital and it has just been opened (moved in June 2009). Previously there was a 14 bedded unit in the Lister Unit and 6 intestinal failure beds were used on the St Mark's ward (Frederick Salmon ward).

The St Mark's nutrition team comprises:

Physicians:	2 Consultant Gastroenterologists with an interest in Intestinal Failure & nutrition (Dr S Gabe & Dr J Nightingale) 2 Specialist Registrars 2 Foundation Year 2 doctors
Surgeons:	2 dedicated Consultant Surgeons

1 Specialist Registrar / RSO
1 Foundation Year 2 doctor

Nurses: 1 Consultant Nutrition nurse (Mia Small)
3 Clinical Nurse Specialists
1 endoscopy specialist nutrition nurse

Other key staff members: 1 senior pharmacist and 2 junior pharmacists
3-4 senior dietitians
1 physiotherapist
1 IF Coordinator

Also, the extended team includes the Psychological Medicine Unit (1 Consultant Psychiatrist (Dr J Stern), 1-2 psychologists and 1 counsellor/social worker), the pain team & stoma care

In the past 10 years the number of patients on home parental nutrition supervised by the St Mark's Nutrition and Intestinal Failure team has risen from 90 to over 210. The number of ward patients with newly recognised intestinal failure and with admission following complications of intestinal failure and its treatment has also risen to the same degree. In February 2006 the care of patients with intestinal failure moved from Frederick Salmon ward to a 14-bedded dedicated IF unit, bearing the name of Professor Lennard-Jones, who first sent patients home on intravenous nutrition and started the discipline that exists today. The development of the Lennard-Jones Intestinal Failure Unit was funded by the National Commissioning Group. In July 2009, the IF Unit moved to a 22-bedded unit on level 9 at Northwick Park Hospital.

The Nutrition team for St Mark's also provides care for patients within Northwick Park Hospital. These patients are referred to the team from the general wards, HDU or ITU and are reviewed as required. When appropriate they are transferred to the IF Unit or Frederick Salmon ward to be managed. Patients referred for gastrostomy or jejunostomy insertion within St Mark's or NPH are screened through the endoscopy unit and this post will provide support to that service.

A.2.2 Inflammatory Bowel Disease

St Mark's Hospital has a long and internationally-recognised history in research and clinical innovation in inflammatory bowel disease. The development of rigid sigmoidoscopy and treatments with steroids and 5-aminosalicylic acid first occurred at St Mark's. The ileo-anal pouch operation (restorative proctocolectomy) was described from St Mark's and this has subsequently become the standard operation for this disease when surgery is indicated. In addition, St Mark's developed the first surveillance program for cancer in ulcerative colitis, the first controlled trial of genetically engineered drugs in Crohn's disease, and the first description of a gene involved in predisposing to Crohn's disease.

St Mark's continues to care for a large number of patients with IBD, from both the local

community, across the UK and abroad. The merger of three departments of gastroenterology of St Mark's, Northwick Park and the Central Middlesex Hospitals has created one of the largest patient populations with inflammatory bowel disease in Europe. All the physicians care for IBD patients and we have 3 specialist IBD nurses who help to integrate the service.

A.2.3 Gastrointestinal Bleeding Service

The Endoscopy unit offers a 24h GI bleeding service for the Trust. This is supported by a 1:9 on call GI bleeding rota for the specialist registrars together with a Consultant on call. This post will be incorporated into this service. The postholder must be competent at emergency endoscopy and will need to provide the necessary certification before starting on the rota. Most of the endoscopy out of hours occurs on the Northwick Park campus but where necessary travel to the Central Middlesex Hospital is required.

There are excellent opportunities for training and research on site, with weekly clinical meetings with the surgeons, radiologist and pathologist, a weekly journal review meeting, monthly research meetings in nutrition and inflammatory bowel disease, and a quarterly research meeting in general Gastroenterology (in conjunction with Imperial College School of Medicine). The Unit is recognised for training in Gastroenterology by the British Royal Colleges.

The appointment will be for a fixed period of 6 months.

A3. Main Conditions of Service

A.3.1 Statement of Principle

The Trusts' principal purpose is to provide for all the needs of patients in their care. The Trusts expect all its employees whatever their job to support and enhance patient care and overall service quality.

The Trusts expect that each of the employees shall act in such a manner as to justify public trust and confidence and to uphold and enhance the good standing and reputation of the hospitals, in accordance with the Staff Charter. Individuals must at all times carry out their duties with due regard to the Trusts' Equal Opportunities Policy.

A.3.2 Terms and Conditions of Service

The post is subject to the provisions of the Trusts' Terms and Conditions of Service for Hospital Medical and Dental Staff, including any locally agreed terms and conditions which are relevant to the post. As these are developed the appointee will be notified and therein after, these will form part of the contract of employment. Details of these are available from the Personnel Department.

Initially, and until such time as the Trust shall determine, Trust Terms and Conditions of Service will be similar to the NHS Terms and Conditions of Service of Hospital Medical and Dental Staff (England & Wales) and the NHS General Whitley Council Conditions of Service as set out in the respective Handbooks and determined by the Secretary of State from time to time.

The appointee will be entitled to be a member of the NHSD Pension Scheme. If he/she chooses to become or remain a member of the Scheme, remuneration will be subject to deductions of Superannuation contributions in accordance with the Scheme. Membership of the Scheme is automatic unless election is made at any time in favour of provision under a Personal Pension Plan. After opting out of the Scheme the employee would assume full responsibility for pension provision and compliance with the Social Security Act 1986.

A.3.3 Salary Scale – SpR Salary Scale

Until such time as local pay determination policies have been agreed by the Trust and implemented, the Trust will, in determining your salary, take due account of the pay rates for hospital consultant in Health Authority employment and any changes to these rates which the Secretary of State may authorise from time to time.

A.3.4 Special Terms

The Trust is prepared to negotiate with the appointee alternative Terms and Conditions of Service (e.g. a limited term appointment) where this would result in a mutual benefit to both the Trust and the postholder.

A.3.5 Medical Report

This post is subject to satisfactory health assessment. If short-listed, you will be **REQUIRED TO BRING TO THE INTERVIEW** documentary evidence from either an occupational health department or a virology department, of satisfactory Hepatitis B status, to which this appointment is subject, because it involves undertaking exposure prone invasive procedures. Please note this is not just evidence of immunisation. In addition, written evidence should be brought of any test of immunisation for Tuberculosis or Rubella. If you are recommended for appointment, satisfactory health clearance must be completed before the appointment can be confirmed. Unless you have such clearance you will NOT BE PERMITTED TO START WORK on the proposed first day of duty.

A.3.6 Rehabilitation of Offenders Act

The post is exempt from provisions of the Rehabilitation of Offenders Act and applicants are not entitled to withhold information about convictions including those which are "spend". Any information given will be confidential but failure to disclose such

convictions could result in disciplinary action or dismissal.

A.3.7 Leave Cover

So far as is practical, the Candidate appointed will be expected to share in the provision of cover for the annual and study leave of other colleagues in the specialty.

A.3.8 Medical Indemnity

The Trust is financially responsible for the negligent acts and omissions of Consultant medical and dental staff in the course of their Trust employment. If, however, any private practice within a NHS hospital or any other private hospital is undertaken, the appointee will be personally responsible for subscribing to the recognised defence organisation. The Trust will not be responsible for category 2 (e.g. reports for insurance) or “Good Samaritan” Acts. Health Circular HC (89) 34 provides full details of “Claims of Medical Negligence against HNHS Hospital and Community Doctors and Dentists”.

A.3.9 Place of Work

The appointee may be required to work elsewhere within the Trust and/or at Community Resource Centres (hosted by other health agencies) within the Northwick Park/Central Middlesex Hospital catchment area, in accordance with the Trust’s principal aim of flexible working by staff to enhance patient care and he/she will be fully consulted.

A.3.10 Access to Hospital Base

The successful candidate will be expected to live within easy access, normally not more than approximately 10 miles by road from the North West London Hospitals. The reimbursement of removal and associated expenses will be subject to the criteria laid down in the Trust’s Conditions of Service. In the event of the Trust agreeing to reimburse interest charges on the Bridging Loan, reimbursement will normally be made in full up to a maximum of six months. Reimbursement **will not be continued** beyond this period. The private residence must be maintained in contact with the public telephone service.

A.3.11 No Smoking Policy

It is the policy of the Trust to promote positive health. Smoking, therefore, is actively discouraged and is prohibited in the Hospital and its grounds.

A.3.12 Security

In the interest of safety and security the appointee will be required to wear Hospital Staff Identification Badge at all times whilst at work.

A.3.13 PATIENT AND PUBLIC INVOLVEMENT

Section 242 of the NHS Act 2006 places a duty on NHS organisations to involve and consult patients, the public and other stakeholders in the planning and ongoing development of services. It is the responsibility of each member of staff, clinical and non-clinical to appropriately involve and consult patients, the public and other stakeholders.

A.3.14 INFECTION CONTROL AND HEALTHCARE ASSOCIATED INFECTION

Infection Control is everyone’s responsibility. All staff, both clinical and non clinical,

are required to adhere to the Trusts' Infection Prevention and Control Policies and make every effort to maintain high standards of infection control at all times thereby reducing the burden of all Healthcare Associated Infections including MRSA. In particular all staff have the following key responsibilities:

- Staff must observe stringent hand hygiene. Alcohol rub should be used on entry to and exit from all clinical areas. Hands should be washed before and after patient contact in all patients with diarrhoea. Alcohol hand rub before and after patients contact may be used instead of hand washing in some clinical situations.
- Staff members have a duty to attend infection control training provided for them by the Trust as set in the infection control policy.
- Staff members who develop an infection that may be transmissible to patients have a duty to contact Occupational Health

B. Addenbrooke 's Hospital (6 months)

B1. The post at Addenbrooke 's Hospital

The incumbent will be involved in all aspects of the management of patients who are potential candidates for intestinal transplantation. These are some of the most complex patients in the field of gastroenterology who often have very unusual conditions and unusual complications of commoner conditions. The incumbent will gain considerable experience of these conditions and their management and will learn from colleagues in the transplant multidisciplinary team who have a considerable experience in this field which began at Addenbrooke's in the early 1990's. The indications for intestinal transplantation are increasing and although not yet generally considered as an alternative to PN is now being used as such for certain patients on the basis of improved quality of life. This trend is expected to continue and generate a need for gastroenterologists trained to manage such patients. It is particularly important for gastroenterologists with an interest in nutrition to fully understand the importance of timely referral to a transplant centre and how prior management of patients can affect their subsequent changes of a successful transplant procedure. The transplant unit at Addenbrooke's has now performed 70 transplants and receives over 30 referrals per year.

The post holder will work closely with 4 physicians (Drs Middleton, Sharkey, Massey and Woodward), 2 transplant surgeons (Mr Butler, Mr Russell), transplant specialist nurses and admin to provide a first class efficient service for the assessment of patients. This will include liaison with referring hospitals and presentation of patients at weekly local meetings and to the National Adult Small Intestinal Transplantation (NASIT) forum and taking part in research projects, presentation and publications.

In the post-operative period there is closer collaboration with surgeons, ITU physicians and the broader transplant MDT depending upon the nature of the transplantation procedure. The incumbent will learn much from the array of expertise available.

The post holder will also be part of the gastroenterology team and work alongside another 2 Transplantation clinical fellows, a team of 5 SpRs and four other gastroenterology consultants as well as a team of junior and middle grades.

There will be ample opportunity for continued experience in other aspects of gastroenterology, on call work, out of hours endoscopy as well as research.

B.2 Provisional Timetable

Provisional timetable at Addenbrooke's

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
			8am Journal Club / IBD Unit meeting		
AM	Ward round transplantation & IF	Endoscopy transplant patients	Ward round transplantation & IF / endoscopy optional	Ward round transplantation & IF/	Short transplant ward round Main transplantation meeting MDT
1-2pm	Journal Club	GI weekly seminar	Grand round	Histology MDT	
PM	Gastroenterology out patients	Transplantation clinic	Research/admin	Research/admin	Ward work

In addition: Out of hours duties as part of a rotation: Speciality cover at weekends (non-residential)

B.3 Background/Supporting Information

Intestinal transplantation was first undertaken in the UK in 1992 at Addenbrooke's under the leadership of Professor Sir Roy Calne. This was the first of its kind in the UK and we were one of the first centres to adopt the procedure following the first successful case in London, Ontario in 1989. Several of the surgeons and one physician from these early days of transplantation continue to provide today's transplantation service at Addenbrooke's providing continuity and experience to a new and much larger team that is required to manage the increasing numbers of patients needing this procedure. Addenbrooke's remains the only UK centre to provide a Multivisceral service along side Oxford who have recently been authorised to conduct isolated intestinal transplantation.

The intestinal failure and transplantation services run hand in hand, the former led by Dr Woodward and the latter by Dr Middleton. Drs Sharkey and Massey are involved in both sides of the service. Many complex patients are managed conjointly with the transplant surgeons and hepatologists. The majority of surgical and medical specialties are involved in the care of these complex patients and in each we have identified a lead clinician. The post holder will liaise with many colleagues over the course of the attachment in the care of these patients and learn a great deal of advanced gastroenterology which along with the ST Mark's experience will be a unique experience for training in the UK.

A longstanding collaborative relationship between St Mark's and Addenbrooke's has resulted in the development of the National Adult Small Intestinal (NASIT) Forum. This is a forum in which patients referred and considered for intestinal transplantation are

presented together with those who have been transplanted. It is attended by the 2 intestinal failure units (St Mark's & Salford Royal hospitals) as well as the 2 intestinal transplant units (Addenbrooke's & Oxford). Other hospitals around the country are also invited to attend. The meeting is held 2 monthly and rotates between St Mark's, Addenbrooke's, Oxford and Salford Royal hospitals. One important role for this training fellowship is to help co-ordinate this meeting and present patients at the meeting as appropriate.

B.4.1 Addenbrooke's Hospital in profile

Addenbrooke's is a thriving, modern NHS hospital based in Cambridge England. The hospital fulfills a number of important functions. It is the local hospital for people living in the Cambridge area, it is a specialist centre for a regional, national and international population, it is the teaching hospital for the University of Cambridge, and it is a world-class centre for medical research.

Addenbrooke's is now a flagship NHS hospital having achieved NHS Foundation Trust status in July 2004. It is also working in partnership with the University and other major scientific and charitable organisations, and bidding to become The Cambridge Biomedical Campus, an enhanced biomedical centre for research and scientific development.

The hospital already shares its site with a range of other organisations including the University Clinical School, the National Blood Authority, and laboratories funded by the Medical Research Council (MRC), the Wellcome Trust and Glaxo SmithKline. Building is currently underway on the University of Cambridge Hutchison/Cancer Research UK (CRUK) Cancer Centre, which will house 30 research groups using the latest techniques to target cancer.

Addenbrooke's commitment as part of the wider health community is to re-examine, re-evaluate and explore new ways of working: with our partners in health services, social care, and the city; with each other as colleagues; and with patients and the public. The agenda for modernisation drives this commitment; modernisation is not perceived as a separate issue, but rather as something that informs the whole structure, thinking and culture of the Trust.

Our commitment to our patients and our community is as an open, accountable and responsive organisation that fosters patient and public involvement, which we consider is crucial to the development of a modern hospital fit for the 21st century.

We pride ourselves on the teamwork, energy and commitment of our excellent staff – they are our most important assets. Recognising this, we have taken a positive approach to supporting them in their work through schemes to help work-life balance, improvements in the working environment and initiatives to make it easier for staff to explore new career opportunities and to develop professionally and personally.

Addenbrooke's hospital provides:

- accessible high-quality healthcare for local people
- specialist services for people in the east of England and beyond
- support for education and training in all healthcare staff, and a workplace where all staff have access to continuing learning and personal development
- support for research and development generating new knowledge, leading to improvements in population health and in healthcare delivery

- a contribution to economic growth, sustainable communities and a good quality of life for those we serve

B.4.2 Addenbrooke's Hospital in detail

Addenbrooke's provides emergency, surgical and medical services, and is a centre of excellence for specialist services for liver transplantation, neurosciences, renal services, bone marrow transplantation, cleft lip and palate reconstruction, treatment of rare cancers, medical genetics and paediatrics. The Trust also includes the Rosie Hospital, which provides a full range of women's and maternity services and Papworth cardiothoracic Hospital will be moving to the Campus in 2018.

In 2010/11 there were 64,794 inpatients, over 94,000 people attended accident and emergency, and there were 369,491 visits to outpatient clinics.

Addenbrooke's medical staff hold clinics in 14 different regional hospitals so that patients do not have to travel to Cambridge. Nearly 100 Addenbrooke's consultants hold some form of joint appointment with a dozen neighbouring hospitals.

Addenbrooke's is a teaching hospital for medical undergraduates and postgraduates, nurses and students in other clinical professions and has a variety of initiatives to encourage life-long learning'. Many training schemes are in place in our National Vocational Qualification Centre, Postgraduate Medical Education Centre and Learning Centre. Training schemes include cadet schemes in nursing, office technology, science, modern apprenticeships in clinical engineering and supporting training placements for biomedical scientists.

Addenbrooke's Hospital has:

- More than 6,800 staff
- An income in excess of £393 million
- Around 1,000 beds
- 32 operating theatres
- 5 intensive care units
- 42 wards
- 14 clinics

B.4.3 Addenbrooke's history

Addenbrooke's was one of the first provincial, voluntary hospitals in England. The Hospital opened its doors in 1766 with 20 beds and 11 patients. Dr John Addenbrooke, a fellow and former Bursar of one of the Cambridge Colleges, left just over £4500 in his will "to hire and fit up, purchase or erect a small, physical hospital in the town of Cambridge for poor people".

In 1540, two centuries before Addenbrooke's was founded, the Regius Professorship

of Physic in the University of Cambridge was founded by Henry VIII. Medical training on a modest scale developed at Addenbrooke's during the late 1700s, and in 1837 (the year of Queen Victoria's accession to the throne) the hospital became a recognised school of medicine.

Addenbrooke's grew rapidly during the 19th and early 20th centuries, as medical science developed. By the 1950s, the hospital was having difficulty accommodating the expansion generated by the introduction of the National Health Service.

In 1959, building began on a new 66-acre site south of Cambridge, and the first phase of the Hospital was opened by Her Majesty the Queen in May 1962. Work continued to provide the majority of Addenbrooke's as we know it today, with a fully-fledged Clinical School being established in 1976.

Timeline

1766	Addenbrooke's Hospital was opened in Trumpington Street
1847	The first general anaesthetic using ether at Addenbrooke's was carried out two weeks after it was first used in the USA
1918	Addenbrooke's welcomed its first female medical student
1962	New site on Hills Road was officially opened by the Queen
1966	The first kidney transplant in the NHS was carried out at Douglas House Renal Unit
1968	Professor Sir Roy Calne carried out the first liver transplant in the NHS
1975	The first open heart surgery was carried out at Addenbrooke's
1981	Addenbrooke's first whole body scanner opened by Prince of Wales
1983	The Rosie Hospital was opened on the Addenbrooke's Campus
1984	Last patient left the 'old' Addenbrooke's Hospital site in Trumpington Street
1991	Professor Sir Roy Calne carried out the first Intestinal transplantation in the NHS
1998	The first multi-visceral transplantation in the UK was undertaken at
2000	The NASIT forum was founded by Drs Simon Gabe and Stephen Middleton
2004	National centre for pancreatic surgery was opened

B.4.4 Positioning for the future

Cambridgeshire is one of the fastest growing counties in the UK and it is estimated that the number of people over 45 years of age will rise by 55% over the next 20 years, and the county will see the continued expansion of research, business and high-tech industries. The Addenbrooke's 20:20 vision for the future places transplantation as a major target and as such will be favourably disposed to investment in this area.

Planning is already well advanced for additional capacity to meet this growing local demand. But it is not just a matter of providing extra beds and recruiting extra staff. The hospital needs to ensure high standards of patient care by supporting training and education for staff, and work closely with NHS partners and others to ensure that care is tailored to the needs and expectations of users. This is likely to involve developing some alternatives to hospital-based care.

Another challenge will be to ensure that improvements in clinical facilities keep up with

the rapid pace of research investment, and that processes and governance support this growing research activity, some of which involves sensitive ethical, legal and social issues.

Addenbrooke's contributes to the economic strength of the greater Cambridge area as a major employer and, with our research partners, to the biotechnology sector. As a public benefit corporation, the new NHS Foundation Trust will work in partnership with other local bodies, primarily local authorities and education providers, to support sustainable economic development in the locality.

Cambridge medical research enjoys an international reputation for excellence, a reputation that extends from the laboratory to the bedside. A great deal of research is carried out within the hospital. Over 1,000 projects and 400 clinical trials are run by Addenbrooke's staff. Much of the research is clinical and translational, turning basic science into new drugs and new therapies to improve patient care.

Research activity is supported by the Cambridge NHS Research and Development Consortium consisting of Addenbrooke's Hospital, Papworth Hospital, the Cambridgeshire Mental Health Partnership NHS Trust and Primary Care Trusts, with representation from the Institute of Public Health.

There is continuing significant growth in research of international excellence in cancer, diabetes, heart disease, neurosciences and mental health. Two new cancer research buildings are planned, which together will house more than 450 scientists in cell and molecular biology. A new centre will study the interaction between genes and environment in the cause of cancer and how this might be applied to screening and prevention.

Addenbrooke's Clinical Research Centre was opened in 1999 and provides dedicated facilities for clinical investigation. Over the next 20 years the hospital site will develop as The Cambridge Biomedical Campus, an enhanced international biomedical centre for research and scientific development. The Addenbrooke's campus covers 66 acres. Over the next 20 years the site will double in size, creating an international biomedical campus

B.4.5 University of Cambridge School of Medicine

The University Of Cambridge School of Clinical Medicine on the Addenbrooke's site is a major centre for biomedical research and education of world leading quality. In the most recent University Funding Council Research Selectivity Exercise Cambridge shared the highest score for any Medical School in the country. Whilst the University of Cambridge has granted medical degrees since at least 1363, the university could not offer undergraduate clinical education until the Clinical School was formally established in 1975 with purpose built accommodation at Addenbrooke's. In addition to these facilities comprising lecture theatres, seminar rooms and first class medical library, a postgraduate education centre was opened in the Clinical School building in 1980. The most recent HEFC teaching quality assessment of the undergraduate clinical education judged the learning facilities and the teaching in the clinical school to be of the highest quality.

The Clinical School admits 145 students annually for the clinical component of their medical education. Student teaching is organised in each department by an Attachment Director, often an NHS consultant, who is responsible to the Clinical Dean for the educational effort of that unit. The majority of students follow a 3 year clinical course with a strong emphasis on bedside clinical skills as well as clinical science. In September 1989 the first MB PhD programme in any UK medical school was established in Cambridge, in which selected students complete both their medical degree and a PhD in a 5 - 6 year course. A further 20 students per year undertake an accelerated four-year medical course for graduates.

Members of the consultant staff at Addenbrooke's Hospital are expected to participate in teaching of clinical students under the guidance of the Director of Medical Education and Clinical Dean and with the appropriate Attachment Director. Consultants will be encouraged to demonstrate that they have received adequate training in teaching.

B.5 General Information

Cambridge is one of Britain's smallest cities but also one of the fastest growing. The Arts Theatre within Cambridge is thriving and there are many musical activities to enjoy. The Fitzwilliam Museum is world famous. For those with children of school age, there is a full range of public and private education institutions covering all age groups.

Communications with the rest of England have much improved in recent years. Cambridge is served by the national motor way network and regular train services to London King's Cross or London Liverpool Street have a journey time of less than one hour.

Within Addenbrooke's, the main concourse offers excellent shopping facilities; an advice centre; Bank; café; clothes boutique; dry cleaners; financial advisory services; florist; hairdressing salon; mini-market; newsagent; The Body Shop; gift shop; solicitor and travel agents. There is a Food Court which offers "fast-food", as well as conventional options 24 hours a day. In addition the Frank Lee Leisure Centre provides comprehensive facilities for swimming, squash, a multi-sports hall, a floodlit outdoor multi-sports facility and the Profiles Fitness Suite.

The Cambridge University Postgraduate Medical Centre has catering and bar facilities as well as the library, lecture theatres and seminar rooms. Within the University of Cambridge, there is an unrivalled range of educational facilities, diverse cultural, sporting and other leisure activities.

GENERAL CONDITIONS OF APPOINTMENT

1. This appointment shall be governed by the Terms and Conditions of Service for Hospital Medical and Dental Staff, where applicable and as amended from time to time. This appointment also adheres to Trust policies and procedures as appropriate.
2. All matters relating to patient's health and personal affairs and matters of a commercial interest to the Trust are strictly confidential and under no circumstances is such information to be divulged to any authorised person. Breach of Trust policy may result in disciplinary action in accordance with the Trust's disciplinary procedure. A summary of the Trust's Confidentiality Policy, Data Protection and IM & T Security Policy are provided in the Staff Handbook.
3. The postholder is responsible for data quality and complying with the policies, procedures and accountability arrangements throughout the Trust for maintaining accuracy and probity in the recording of the Trust's activities.'
4. Addenbrooke's Hospital is committed to a policy of Equal Opportunities in Employment. A summary is detailed in the staff handbook. Any act of discrimination or harassment against staff, patients, service users or other members of the public will be subject to disciplinary proceedings which could include dismissal.
5. As an employee of a NHS Trust, you are expected to develop the IT skills necessary to support the tasks included in your post. You will therefore be required to undertake any necessary training to support this. As a user of Trust computer facilities you must comply with the Trust's IM & T Security Policy at all times.
6. You are normally covered by the NHS Hospital and Community Health Services indemnity against claims of medical negligence. However, in certain circumstances (especially in services for which you receive a separate fee) you may not be covered by the indemnity. The Health Departments therefore advise that you maintain membership of your medical defence organisation.
7. The Trust will ensure compliance with the Health and Safety at Work Act 1974.
8. The salary for this appointment is based on a Speciality Registrar payscale.
9. A supplement will be payable for hours worked in excess of a 40 hour basic week.
10. This post has, in part, been designed to assist the Trust in reducing the working hours of doctors in training. In order to ensure we collect comprehensive information during the obligatory monitoring exercises, you will from time to time be requested to participate in monitoring exercises.
11. This post is superannuable and you will be subject to the NHS Superannuation Scheme unless you chose to opt out. The current rate of contribution is 6.5%.
12. The successful candidate will be expected to complete a medical questionnaire and may be required to attend the Cambridge Centre for Occupational Health at Addenbrooke's for clearance of the form.

13. The Trust requires the successful candidate to have and maintain registration with the General Medical Council and to fulfil the duties and responsibilities of a doctor as set out by the GMC.
14. With the Terms of DHSS Circular (HC)(88) – Protection of Children – applicants are required when applying for this post to disclose any record of convictions, bind-over orders or cautions. The Trust is committed to carefully screening all applicants who will work with children and you will be expected to undertake a 'disclosure' check. The appointment is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Act 1974 (Exemptions) Order 1975. Applicants are not entitled therefore to withhold information about convictions which for other purposes are "spent" under the provision of the Act, and in the event of employing any failure to disclose such convictions could result in dismissal or disciplinary action by the Trust. Any information given will be completely confidential and will be considered in relation to an application for positions to which the Order applies.
15. The appointment is conditional upon the following being received prior to the commencement of employment; full occupational health clearance, satisfactory references, evidence of GMC/GDC registration, satisfactory disclosure check and confirmation of immigration status.
16. This is a training post and study leave will be available. The Postgraduate Medical Centre is responsible for approving study leave. All requests must be approved prior to the leave being taken.
17. Removal expenses will be available to successful applicants within the limits of the Trust policy.