



Appointment of Clinical Fellow (Higher) in Gastroenterology, Complex Nutrition, Intestinal Rehabilitation and Transplantation

To commence from 07 September 2026 until 05 September 2027

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

Post Reference No. 180-CFH-5329

Medical Staffing Department

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Gastroenterology Fellowship in Complex Nutrition, Intestinal Rehabilitation and Transplantation

Applications are invited for a Specialty Registrar/Clinical Fellow (Higher) in Gastroenterology, Complex Nutrition, Intestinal Rehabilitation and Transplantation. Applicants should hold a national training number in Gastroenterology specialty training and the post can be taken up in ST5, ST6 or ST7 year.

The fellowship is split into 6 months at St Mark's and 6 months at Addenbrooke's Hospital, though the option is available to spend the entire year at either site commencing from 07 September 2026 until 05 September 2027. The fellowship can be counted as Out of Programme Experience (OOPE) or Training (OOPT), the latter only by agreement with the post holder's Training Programme Director (TPD). We recommend discussing this with your TPD at the time of application.

Applications are welcomed from Flexible Trainees and job plans can be discussed if a LTFT Trainee wishes to take up the post. Applicants from outside the UK are welcomed, but priority will be given to UK Trainees.

At St Mark's the post holder will gain specialist training in the care of patients with Intestinal Failure, malnutrition and advanced inflammatory bowel disease. At Addenbrooke's the post has a strong emphasis on the assessment and preparation of patients for intestinal transplantation, including the management of complex intestinal failure and monitoring of patients listed for transplantation. They will be involved in the management of patients in the post-operative period and follow up of patients post transplantation. At both sites, the post holder will work as part of a multidisciplinary team and there will also be opportunities to undertake research or teaching if desired.

Duties of the post - St Mark's Hospital (6 months)

The post holder will gain unique experience in this job. The post holder will become a senior member of the junior staff on the nutrition team, working with a Specialty Registrar, a Clinical Fellow, and 4 Nurse Practitioners for the inpatient work. The inpatient work covers 20-24 intestinal failure inpatients (most on the Intestinal Failure Unit) as well as basic nutritional supervision of patients on intravenous nutrition elsewhere on the campus.

The post holder will rotate duties on a 2-3 month basis (see timetable below) and will be able to undertake Gastroenterology clinics and Nutrition clinic clinics with Drs Gabe, Donnelly, and Naghibi, 1 Endoscopy session, and a central venous feeding Catheter insertion session. Another nutrition consultant will be appointed to complement the team and join the nutrition clinics.

The post holder will be part of the Acute Gastroenterology Service and will join the other six Deanery appointed, and one other Trust appointed Registrar, working in the service. The post holder will be part of the on-call Gastroenterology and GI bleeding rota.

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. The post holder will be allocated an Educational Supervisor and research opportunities are available and actively encouraged. Work towards presentation at regional and national meetings with a possible view to publication would be encouraged. The Fellow will be accountable to Dr Gabe and Dr Donnelly and would be appointed for 6 months.

Flexibility will be required to meet the needs of the service but, depending on the interests and skills of the successful candidate, appropriate specialist training can be provided in Hepatology,

nutrition, endoscopy etc. Duties will include responsibility for inpatient ward rounds (with Consultant supervision), supporting outpatient clinics and endoscopy lists. Plus the following duties:

- a role in audit, teaching and training within the department. Similarly a training programme will be organised in order to ensure that the post holder's own continuing medical education needs are met.
- ensure appropriate professional supervision and management of junior medical staff.
- expected to participate in the activities of the Department involving audit, clinical governance and teaching.
- expected to work alongside colleagues and managers throughout the Directorate and the Trust in order to provide an efficient Gastroenterology Service.
- will be expected to liaise with GPs and other professional groups who use the Gastroenterology Service.

Provisional Timetable (Job Plan)

The post holder will rotate between the 2 job plans below on a 2-3 monthly basis.

Ward based Registrar

	Monday	Tuesday	Wednesday	Thursday	Friday
07:30/08:00	08:30 Vascular MDT (on TEAMS)	08:15 Breakfast Meeting (on TEAMS)	IBD MDT Meeting		Grand Round & XR Meeting
09:00-13:00	Intestinal Failure MDT WR	Registrar led IF WR (Consultant Paper Round)	Intestinal Failure MDT & WR	IRU Consultant Ward Round	Endoscopy List (Dr Donnelly)
13:00-14:00	Psychosocial Meeting				
14:00-17:00	Ward Work	Ward Work	Nutrition Clinic (Dr Gabe)	Ward Work	Admin/ Ward Work/ Endoscopy List (Dr Kathirgamanathan)

Outpatients & nutrition outlier based Registrar

	Monday	Tuesday	Wednesday	Thursday	Friday
07:30/08:00	08:30 Vascular MDT (on TEAMS)	08:15 Breakfast Meeting (on TEAMS)	IBD MDT Meeting		Grand Round & XR Meeting
09:00-13:00	Intestinal Failure MDT WR	General gastroenterology (Dr Kathirgamanathan)/ GLP2 analogue Outpatients (Dr Gabe)	Intestinal Failure MDT & Outlier WR	IRU Consultant Ward Round	Tunnelled CVC Insertions
13:00-14:00	Psychosocial Meeting				
14:00-17:00	Nutrition Clinic (Dr Donnelly)	Ward Work & Prep of MDT List	Ward Work	Endoscopy (Dr Gabe)	Admin/ Ward Work/ Endoscopy List (Dr Kathirgamanathan)

Background

Our Gastroenterology Department is an internationally renowned centre of clinical excellence. The department has clinics at the Trust's three hospitals – St Mark's, Central Middlesex and Northwick Park – and provides an extensive range of advanced diagnostic and therapeutic services. We see both local and nationally referred patients.

Description of Service

The Trust has a very busy Acute Gastroenterology Service with a large daily take of new inpatients. We offer services to patients in both an inpatient and outpatient setting with inflammatory bowel diseases, functional bowel disorders, nutritional disorders and hepatobiliary disorders. We also have a world renowned Endoscopic Service offering diagnostic and therapeutic endoscopies.

- Our **Inflammatory Bowel Disease (IBD) Service** offers multidisciplinary care from Physicians, Surgeons, Specialist Nurses, Dieticians and Paediatricians. We also run a Transition clinic for adolescents with IBD. Our services are based in the centre of excellence at St Mark's Hospital, currently celebrating its 187th anniversary of outstanding services to patients with bowel diseases.
- The **Functional Bowel Disease Service** offers physiological testing and specialist nurse input suitable for the whole range of functional disorders. We are unique in offering biofeedback services and psychological support.
- The **Intestinal Rehabilitation Unit**, run by an excellent multidisciplinary team, offers care for patients with nutritional disorders including home parenteral nutrition.
- The **Hepatobiliary Service** offers diagnosis and treatment of a wide variety of liver and biliary disorders including viral hepatitis. We also have an Endoscopic Retrograde Cholangio Pancreatography (ERCP) Service.
- The **Wolfson Endoscopy Unit** was established in 1996 at a National Centre for Endoscopy and offers diagnostic and therapeutic endoscopies. In 2005 the Unit was awarded National Training Status and in 2007 was recognised as a World Centre of Excellence by OMED, the World Organization of Gastrointestinal Endoscopy and is the only Centre in the UK to be recognised in this way. The unit is the largest in the UK performing over 18,000 procedures each year and offers:
 - Gastroscopy
 - Colonoscopy
 - Flexible sigmoidoscopy
 - Capsule enteroscopy
 - Double balloon enteroscopy
 - ERCP
 - Advanced polypectomy

Two Endoscopy Units also operate at the Central Middlesex Hospital site with the BECAD unit being a new state of the art 12 bedded unit.

Additionally, the Trust hosts the London Hub for bowel cancer screening as well as being a provider, including the introduction of flexible-sigmoidoscopy screening.

Nutrition & Intestinal Failure

The St Mark's nutrition team has a well-respected National and international reputation, being ranked 12th best Gastroenterology Service in the world. 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 National Reference Centre. There are only 2 National Reference Centres 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 over 360 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 St Mark's Nutrition team comprises of:

8 Physicians: 5 Consultant Gastroenterologists with an interest in Intestinal Failure and Nutrition (Dr Gabe, Dr Donnelly, Dr Kathirgamanathan, Dr Naghibi and Dr Kokwaro), 2 Specialty Registrars (including this post), and 1 Clinical Fellow in Intestinal Failure.

4 Surgeons: 2 Consultant Surgeons with an interest in Intestinal Failure (Miss Vaizey and Mr Mehta), 2 Specialist Registrars/RSO, and 1 IF Surgical Fellow.

7 Nurses: 1 Consultant Nutrition Nurse (Mia Small), 6 Clinical Nurse Specialists, and 4 Nurse Practitioners.

4 Pharmacists: 1 Consultant Pharmacist, 1 Lead Pharmacist, 3 Senior Pharmacists, 1 Junior Pharmacist, and 2 Pharmacy Technicians.

6 Dietitians: 1 Consultant Dietitian, 5 Senior Dietitians

1 IF Coordinator

Also, the extended team includes the Psychological Medicine Unit (1 Consultant Psychiatrist (Dr C Moulton) and 1 part-time Psychologist (Dr S Frearson), the Pain team and Stoma care.

In the past 20 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 360. 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 and is now relocated to Roundwood ward at Central Middlesex 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 Intestinal Rehabilitation Unit or Colorectal 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.

Intestinal Transplantation

Intestinal transplantation is an evolving field and the Intestinal Failure Service at St Mark's has been leading the way together with Addenbrooke's Hospital, Cambridge in developing this service 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 able to attend. Patients are subsequently listed for transplantation. The meeting is held 2 monthly (rotating between the hospitals). One important role for this training fellowship is to help co-ordinate this meeting and present patients at the meeting as appropriate.

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.

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 Specialty Registrars together with a Consultant on-call. This post will be incorporated into this service. The post holder 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.

Consultant St Mark's Gastroenterologist Staffing (St Mark's & CMH)

Dr A Akbar	Dr M Naghibi
Dr G Amarasinghe	Dr J Shah
Prof N Arebi	Prof B Saunders
Dr S Donnelly	Dr David Sherman
Dr S Gabe	Prof K Monahan
Prof A Hart	Dr L Al Rubaiy
Dr A Toskas	Dr A Toskas
Dr L Tyson	Dr F Laskaratos
Dr S Thomas-Gibson	Dr F Kokwaro
Dr A Haycock	Dr A Wilson

Dr A Ahmed	Dr A Humphries
Dr J Landy	Dr R Misra
Dr A Latchford	Dr I Khakoo
Dr N Kamperidis	Dr M Matharoo

Training Opportunities

There are excellent opportunities for training and research onsite, 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.

Main Conditions of Service

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 jobs 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.

Terms and Conditions of Service

The post is subject to the provisions of the New Consultant Contract 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 HR Department.

The appointee will be entitled to be a member of the NHS Pension Scheme. If the appointee 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 anytime 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.

Salary

Remuneration will be in accordance with the NHS rates.

On-Call

If you take part in an on-call rota you should be eligible for an availability supplement to your basic salary. This will be paid as defined in schedule 16 of the Terms and Conditions of Service.

Relocation Expenses

Relocation expenses may be available up to a maximum of £5,000, subject to eligibility. Agreement to payment of Relocation Expenses should be agreed before accepting the post. To obtain a copy of the Relocation Expenses Policy contact the HR Department on 020 8869 3328.

Annual Leave

Junior staff will be required to email annual leave requests past Dr Gabe and Donnelly before they forward to the management. No more than one Registrar to be away at any one time. Registrars will also need to ensure that the clinics they are covering while on leave are cut by emailing Dr Gabe and Dr Donnelly's Secretary.

The Clinical Endoscopy Fellows cross cover each other and therefore ordinarily there should be no more than one away at any one time.

Annual leave entitlement for 12 month post: for ST1 and ST2 (and equivalent): 27 days; for ST3 (and above): 32 days

Locum Arrangements

Prospective cover is expected for all leave. Leave is coordinated by the Senior Registrar. In exceptional circumstances locum cover may be provided.

Special Terms

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

Medical Report

This post is subject to satisfactory health assessment. If appointed, you will be required to bring the 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 tests of immunisation for Tuberculosis or Rubella. If you are recommended for appointment, satisfactory health clearance must be completed before the appointment can be confirmed. If you do not have such clearance you will NOT BE PERMITTED TO START WORK on the proposed first day of duty.

Criminal Records Bureau

You will also be required to complete a Criminal Records Bureau (CRB) check, and the clearance from the CRB must have been received, before commencing employment.

Rehabilitation of Offenders Act

The post is exempt from the provisions of the Rehabilitation of Offenders Act and applicants are not entitled to withhold information about convictions including those which are 'spent'. Any information given will be confidential but failure to disclose such convictions could result in disciplinary action or dismissal.

Registration

The person appointed will be required to be fully registered with the GMC and/or GDC.

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 a recognised defence organisation. The Trust will not be responsible for category 2 (eg. reports for insurance) or 'Good Samaritan' Acts. Health Circular HC (89) 34 provides full details of 'Claims of Medical Negligence against NHS Hospital and Community Doctors and Dentists'.

The Department of Health advises practitioners to maintain defence body membership in order to ensure they are covered for any work which does not fall within the scope of NHS Indemnity.

Prospects for Change

The proposals set out in the White Paper “Equity and excellence: Liberating the NHS”, are likely to impact on current working arrangements. The Trust will consult the members of staff concerned at the appropriate time, but meanwhile wishes to draw the attention of applicants to the possibility of change in the future.

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 London North West Healthcare NHS Trust catchment area in accordance with the Trust’s principal aim of flexible working by staff to enhance patient care and they will be fully consulted.

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 London North West Healthcare NHS Trust 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 a Bridging Loan, reimbursement will normally be made in full up to a maximum period of six months. Reimbursement will not be continued beyond this period. The private residence must be maintained in contact with the public telephone service.

Assistance can be given with the cost of installation and rental charges.

No Smoking Policy

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

Security

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

Generic Responsibilities

To comply with all Trust Policies and Procedures, which may be varied from time to time. Copies of the current policies and procedures are available from the HR Department or on the Intranet. In particular:

To have responsibility for the Health, Safety and Welfare of self and others and to comply at all times with the requirement of the Health and Safety Regulations.

To ensure confidentiality at all times, only releasing confidential information obtained during the course of employment to those acting in an official capacity in accordance with the provisions of the Data Protection Act and its amendments.

To work in accordance with the Trust’s policies to eliminate unlawful discrimination and promote good race relations and diversity in the workplace. To positively promote at all times equality of opportunity in service delivery and employment for patients and staff in accordance with the Trust’s policies, to ensure that no person receives less favourable treatment than another on the grounds of sex, marital status, race, religion, creed, colour, nationality, ethnic or national origin, sexual orientation, age or disability. To be trained in and demonstrate fair employment practices, in line with trust policies.

To comply with the Trust's Smoke-Free Policy

To adhere to the Trust's 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:

- 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 patient contact may be used instead of hand washing in some clinical situations.
- Attend infection control training provided by the Trust as set out in the infection control policy.
- Contact Occupational Health in the event that an infection transmissible to patients is contracted.

To work in accordance with the Trust's policies on safeguarding children and vulnerable adults. Northwest London Hospitals NHS Trust is committed to protecting, safeguarding and promoting the welfare of children and vulnerable adults and expects all employees to carry out their duties in accordance with this commitment.

To undertake such duties as may be required from time to time as are consistent with the responsibilities of the grade and the needs of the service.

This job description is not an exhaustive document but is a reflection of the current position. Details and emphasis may change in line with service needs after consultation with the post holder.

Duties of the post – Addenbrooke's Hospital (6 months)

The Post holder 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 post holder 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 receives around 50 referrals per year from the UK and Europe. It has performed 180 transplants and is the most active centre in Europe, with similar activity to the large American intestinal transplant centres.

The post holder will work closely with 3 Physicians (Drs Rutter, Massey, and Woodward), 3 Transplant Surgeons (Mr Butler, Mr Russell, and Miss Amin), Transplant Nurse Co-ordinators and Allied Health Professionals to provide a first class, efficient service for the assessment of patients. This includes liaising with referring hospitals, presentation of patients at weekly local meetings and 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, ICU Physicians and the broader transplant MDT depending upon the nature of the transplantation procedure. The post holder will learn much from the array of expertise available.

The post holder will also be part of the wider Gastroenterology team, work alongside 2 Intestinal Transplant and one Intestinal Rehabilitation Clinical Fellows, Gastroenterology Consultants, rotational StRs, other sub-specialist Fellows and a team of junior grades.

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

Provisional Transplant Timetable

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Ward Round Virtual WR	Endoscopy	Ward Round	Ward Round Virtual WR	Journal Club Ward Round Transplant MDT
13:00-14:00	Transplant Team Meeting	GI Weekly Seminar	Grand Round	Gastroenterology MDT	Endoscopy Teaching
PM	Gastro Clinic	Transplant Clinic	Research/ Admin	Research/ Admin or Transplant Clinic	Ward Work

Out of hours' duties: IF/MVT specialty daytime cover at weekends (on site) on a 1 in 4 basis. There is no overnight oncall activity related to this post.

Background

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. The unit is now one of the most active centres in the world, performing 15-20 transplants per year.

Staffing

The Cambridge Intestinal Transplant team comprises of:

3 Physicians: Dr Charlotte Rutter, Lead Physician, Dr Dunecan Massey, Endoscopy Lead, and Dr Jeremy Woodward.

3 Surgeons: Mr Andrew Butler, Lead Surgeon for Intestinal Transplant Service, Mr Neil Russell, Clinical Lead for Transplant, and Miss Irum Amin, Consultant Transplant Surgeon.

6 Specialist Nurses: Jackie Green, Lead Nurse for Intestinal Transplant, Paula Appleton, Halyna Buryachok, Samantha Duncan and Rebecca Smith.

3 Dietitians: Becky Maddison, Emma McKenzie, and Pinal Patel.

1 Administrator: Debbie Myers.

Aligned services include the Intestinal Rehabilitation Service, Hepatology and Liver Transplant Service, Interventional Radiology, Anaesthetics and Psychiatry. Valuable input is provided from Diagnostic Radiology, Microbiology and Infectious Diseases at the weekly MDT.

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 meeting 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 monthly (virtual) with rotating hosts between St Mark's, Addenbrooke's, Oxford and Salford Royal Hospitals. One important role for this training fellowship is to prepare assessment documents and slides to present patients at the meeting.

Educational Opportunities (CUH)

EDUCATIONAL OPPORTUNITIES AVAILABLE IN THE DEPARTMENT:

- ***In clinic*** - Trainees will be rostered for one general Gastroenterology clinic per week and will be supernummary in the Transplant clinic. There will always be a supervising Consultant in clinic.
- ***On ward*** - There are daily ward rounds. These are mostly Consultant led due to the complexity of the patients but, will be StR-led one day per week. An evening ward round is also undertaken most days.
- ***In endoscopy*** - Endoscopy training will be provided according to individual need and department capacity, but will include a weekly enteral tube list.
- ***In MDT*** - Friday - Transplant MDT, Thursday - Gastroenterology MDT, with occasional attendance at the Liver Transplant MDT on Fridays
- ***In procedural session*** - Trainees can expect to gain further experience in history taking, examination and communication with patients and colleagues.
- ***In Handover session*** - Brief handover occurs each evening and morning.

LOCAL / REGIONAL TEACHING:

- ***Departmental*** - The Gastroenterology Department holds a weekly educational meeting where various members of the team present topics (Audit/Research/Journal club/M&M) relating to Gastroenterology.
- ***Access to Trust based teaching*** - Widely advertised throughout the Trust and attendance is encouraged including weekly Grand Round.
- ***Information about regional teaching*** - Regional training days in Gastroenterology and Internal Medicine are organised. All Consultants encourage Trainees to attend these.

QUALITY IMPROVEMENT / AUDIT:

- ***Details of opportunity to complete projects*** - This is strongly encouraged and Trainees should discuss this as early as possible with their Educational Supervisors or supervising Consultant.
- ***Attendance at M&M*** - This forms part of clinical governance meetings which are held every quarter. Attendance is encouraged.
- ***Attendance at audit meetings*** - This forms part of clinical governance meetings which are held every quarter. Attendance is encouraged.

DEPARTMENTAL/LOCAL INDUCTION:

- All Trainees receive a formal induction with relevant departmental information and guidelines with regard to guidelines commonly used within the department. An induction pack contains information that juniors can refer to at later times.

OTHER:

- **Research** - There are ample opportunities to undertake research during this post and this is strongly encouraged.
- **Student Teaching** - There are opportunities to teach Clinical Students on the firm both bedside and tutorial-style.
- **Leadership** - Attendance at departmental meetings, engagement in sustaining safe out of hours coverage, leadership on certain ward management issues, effective communication with colleagues, evidence of departmental responsibility e.g. departmental meetings/teaching and clinical administration.

Cambridge University Health Partners, the academic health sciences centre, in conjunction with the Institute of Continuing Education at The University of Cambridge are pleased to offer a one year Postgraduate Certificate in Clinical Medicine to all clinicians employed in Cambridge. Further details and registration: www.ice.cam.ac.uk/ClinMed

Study and Research

Trainee appointments - As per national terms and conditions.

Clinical Fellow appointments - You are eligible for up to 30 days study leave per annum, pro-rata in agreement with your Clinical Lead. Study leave allowance is £300 per annum, pro-rata.

Arrangements for Leave

The annual leave entitlement for a full-time employee is based on a standard working week of five days:

- a. On first appointment to the NHS: 27 days
- b. After five years' completed NHS service: 32 days.

Arrangements for booking leave are departmental and will be confirmed as part of local induction.

Person Specification

Entry Criteria	Essential	Desirable
Qualifications	MBBS or equivalent qualification MRCP or equivalent qualification Full Registration and a Licence to Practice with the General Medical Council at point of application	Presentations/Publications
Experience	Completion of Foundation Competencies Completion of Specialty Registrar (IMT 1-3) competencies in the UK or equivalent Completion of a minimum of one year of Gastroenterology & Hepatology Specialty Registrar training (ST4) in the UK or equivalent Experience in dealing with Gastroenterological emergencies including GI bleeding Logbook indicating validated experience of appropriate range and number of clinical procedures	Experience of Nutrition Support, Intestinal Failure or Transplant To be eligible for appointment at the ST6+ level within this role you are required to have completed Specialty Registrar or equivalent training to ST6 level passing the associated competencies
Skills / Ability / Knowledge	Able to make independent management decisions with Consultant support Experience and accreditation in diagnostic upper gastrointestinal endoscopy Experience of clinical audit or research Experience in teaching and training of Medical Students, Trainees and the wider multi-disciplinary team Good organisation Ability to organise own learning and time	Experience in therapeutic upper GI endoscopy and diagnostic colonoscopy Experience of immunosuppression and managing post-transplant patients Experience with electronic patient records Basic computer skills including Microsoft word and Outlook
Qualities / Attributes	Ability to lead and work as part of a team Ability to keep good medical records and communicate with other hospital departments and primary care Ability to understand and communicate with patients and colleagues	Ability to undertake investigative, audit and research work outside immediate clinical responsibility

Entry Criteria	Essential	Desirable
Language Requirements	The applicant must have demonstrable skills in listening, reading, writing and speaking in English that enable effective communication about medical topics with patients and colleagues, as set out in the GMC's Good Medical Practice (2014) If the Primary Medical Qualification including clinical contact was not carried out using English, applicants must either: • Have an academic IELTS score of at least 7.5 in each domain and overall, or demonstrate equivalence by providing evidence of English language skills - or • Complete the Occupational English Test (OET) and achieve grade B in each of the four domains tested in the OET to meet the GMC's requirements	

General Information

Cambridge University Hospitals NHS Foundation Trust (CUH) in profile

We are one of the largest and best known acute hospital trusts in the country. The 'local' hospital for our community, delivering care through Addenbrooke's and the Rosie, CUH is also a leading regional and national centre for specialist treatment.

The hospital fulfils a number of important functions; its three main core activities are clinical care, research and teaching. It is the local hospital for people living in the Cambridge area, providing emergency, surgical, medical and maternity care but as well as delivering care, it is also:

- A leading national centre for specialist treatment for rare or complex conditions such as organ transplantation, cancer, neurosciences and paediatrics. (For further information about clinical services www.cuh.nhs.uk/services-0)
- A government-designed biomedical research centre and part of the National Institute for Health Research (NIHR)
- One of six academic health science centres in the UK
- A university teaching hospital with a worldwide reputation
- A partner in the development of the Cambridge Biomedical Campus.

Our vision is to improve people's quality of life through innovative and sustainable healthcare.

Our **CUH Together** Strategy has been developed with staff, patients and partners. Patients are central to everything we do and we want to ensure that CUH is an exciting and supportive place to work. Our vision is to improve people's quality of life through innovative and sustainable healthcare. We will deliver our vision in a way that is consistent with our values of **Together – Safe | Kind | Excellent**, and the associated behaviours that define how we care for our patients and work with our colleagues and partners.

Our strategy has four key priorities:

- Improving patient journeys
- Working with our communities
- Strengthening the organisation
- Contributing nationally and internationally

We share our 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, University of Cambridge Hutchison/Cancer Research UK (CRUK) Cancer Centre and The Medical Research Council's facility to house the Laboratory of Molecular Biology. The Royal Papworth Hospital relocated to the Campus in April 2019 and a new global R&D Centre and Corporate HQ for AstraZeneca opened in 2021.

In December 2018 it was announced that The Cambridge Children's Hospital will be added to the campus with enabling work beginning this year and main building work due to commence in 2026. The Children's Hospital vision is to treat the whole child, not just the illness or condition.

The children's hospital project will be delivered through an innovative joint proposal between ourselves, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), providing mental health services and the University of Cambridge, providing world-leading academic research. We are acutely aware that this hospital needs to provide support to develop and strengthen paediatrics across the whole region and we will be working with our networks to build a shared vision for this. The partnership is pioneering the full integration of physical and inpatient mental healthcare in the same setting, alongside ground breaking genomic science and mind and body mental health research to find new ways of preventing and detecting childhood diseases. The

hospital will provide a permanent and sustainable home for CPFT's inpatient children and young people's mental health services currently provided on the Ida Darwin site in Cambridge.

In addition, the Cambridge Cancer Research Hospital (CCRH) will be a new, purpose-built, specialist cancer research hospital. The new building will include additional beds that are needed to accommodate increasing numbers of patients and more single rooms that are suitable for novel therapies and reduce the risk of hospital-acquired infections. It will also deliver additional capacity for day treatment and clinical trials and an expanded emergency assessment unit for cancer patients. Specifically, it will include wards for Oncology, Haematology, Bone Marrow Transplant and a Young Adult Cancer ward, an outpatient department and diagnostic suites, day units for Oncology and Haematology and a Breast Unit. Groundworks are beginning in 2024 with main building work due to commence in 2025.

For us at CUH, being based at the heart of the Cambridge Biomedical Campus means we are perfectly situated to make the most of the opportunities that are arising. 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 develop professionally and personally.

Cambridge University Hospitals - Board of Directors

Chair and Chief Executive:

Dr Mike More – Chair
Roland Sinker – Chief Executive
Nicola Ayton – Deputy Chief Executive

Non-Executive Directors:

Daniel Abrams
Dr Annette Doherty
Professor Ian Jacobs
Ali Layne-Smith
Professor Patrick H Maxwell
Dr James Morrow
Rohan Sivanandan
Professor Sharon Peacock

Executive Directors:

Dr Sue Broster – Director of Innovation, Digital and Improvement
Mike Keech – Chief Finance Officer
Jon Scott – Interim Chief Operating Officer
Dr Ashley Shaw – Medical Director
Claire Stoneham – Director of Strategy and Major Projects
Lorraine Szeremeta – Chief Nurse
Ian Walker – Director of Corporate Affairs
David Wherrett – Director of Workforce

Cambridge University Hospitals NHS Foundation Trust in detail

Last year 57,626 men, women and children were treated as inpatients, 137,827 people attended accident and emergency, and there were 862,874 visits to outpatient clinics (2022/2023 figures). CUH medical staff hold clinics in 14 different regional hospitals so that patients do not have to travel to Cambridge. Nearly 100 of our Consultants hold some form of joint appointment with a dozen neighbouring hospitals.

CUH 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.

CUH has:

- Around 12,700 staff of which approx. 2,500 are medical and dental staff
- 5,445 births per year
- 198,721 admissions including inpatients, day cases and births (2022/2023 figures)

During the 2022/23 year we saw a slight increase in total admissions of 1.67% compared to the same period in 2021/22. This was the net result of an increase in day cases and in-patient elective admissions offset against lower maternity and emergency admissions (for under 85's) in addition to a lower number of births. During 2022/23 the Trust continued to manage high levels of infectious illness including COVID and Respiratory syncytial virus (RSV), with influenza levels rising significantly during December 2022. There were high levels of occupancy across the period.

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.

History

- 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
- 1992 Addenbrooke's NHS Trust formed
- 1995 MRC Cambridge Centre for Brain repair opened by Duke of Edinburgh
- 2004 Addenbrooke's Hospital becomes a Foundation Hospital as is known as- Addenbrooke's Hospital Cambridge University Hospitals NHS Foundation Trust

- National Centre for pancreatic surgery was opened
- 2006 Addenbrooke's Hospital was named one of five National Institute for Health Research comprehensive biomedical research centres
- 2007 New European headquarters for Cancer Research UK based on the campus were opened by the Queen
- 2009 CUH and local partners in clinical care, education and research became one of the government's new academic health science centres, forming an alliance called Cambridge University Health Partners
- 2009 CUH was named by Dr Foster as one of the country's best performing trusts for patient safety
- 2012 CUH is now the designated level 1 Major Trauma Centre for the East of England region
- 2014 Our new electronic patient record system (EPIC) was implemented at CUH making us the first hospital in the UK to go paperless
- 2019 The Royal Papworth Hospital was opened by Queen Elizabeth II
- 2021 Global R&D Centre and Corporate HQ for AstraZeneca opened
- 2023 Cambridge Movement Surgical Hub opened

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.

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.

CUH 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.

Research and development

Cambridge medical research enjoys a world-wide reputation. More organisations and more individuals continue to be attracted to the city; working alongside each other they have created one of the richest pools of clinical and scientific knowledge and expertise not only in the country but in the world. At CUH this is reflected in clinical teams working in the hospital alongside world-class scientists from a wealth of internationally renowned organisations such as the Medical Research Council (MRC) which shares the hospital campus. Doctors and scientists collaborate across disciplines and specialties and it is this co-existence of experience and expertise that fosters translational research – turning basic science into new drugs and new therapies giving patients innovative and excellent care.

With the University of Cambridge, CUH is a partner in the National Institute for Health Research (NIHR) Cambridge Biomedical Research Centre (CBRC). This partnership uses our combined strengths in biomedical science – the science that forms the basis of medicine including scientific laboratory-based knowledge and understanding – and translates them into clinical research. Established in 2007 the centre was recently awarded funding of £114.5m for 2012 to 2017. It was judged by the international selection panel as to have an outstanding breadth of

world-leading investigators and represented the UK's primary academic resource in biomedical research.

Outstanding facilities for research exist in Addenbrooke's Clinical Research Facility (ACRC) which includes the Wellcome Trust Clinical Research Facility and the Clinical Investigation Ward. For example the CIW includes a research endoscopy suite and area dedicated to intravenous treatment including cancer chemotherapies.

University of Cambridge School of Medicine

The University of Cambridge School of Clinical Medicine 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.

Cambridge University Health Partners, the academic health sciences centre, in conjunction with the Institute of Continuing Education at The University of Cambridge are pleased to offer a one year Postgraduate Certificate in Clinical Medicine to all clinicians employed in Cambridge. Further details and registration: <http://www.ice.cam.ac.uk/mst-clinical-medicine>

General Information

Cambridge is a city in the East of England, home to the University of Cambridge and one of the fastest growing technology hubs in the UK. 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. Cambridge is also served by the national motorway network and regular train services to London King's Cross or London Liverpool Street have a journey time of less than one hour.

Within CUH, the main concourse offers shopping facilities; an advice centre; cafés; clothes boutique; financial advisory services; Marks and Spencer Simply Food; newsagent; The Body Shop; gift shop and on site solicitors. There is a Food Court which offers "fast-food", as well as conventional options 24 hours a day. In addition the Frank Lee Leisure and Fitness club provides comprehensive facilities for swimming, racquet sports, a multi-sports hall, a floodlit outdoor multi-sports facility, gym and bar facilities.

The Cambridge University Postgraduate Medical Centre has catering 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.



Our Trust values and behaviours

Values	Behaviours	Love to see	Expect to see	Don't want to see
Safe I never walk past, I always speak up	Safety	Shares lessons learned to help others to improve safety.	Always follows agreed safety and wellbeing procedures. Learns from mistakes and asks for help if they need it.	Shows a lack of focus on safety and wellbeing in their day-to-day work.
	Raising concerns	Encourages others to raise concerns about safety or attitude.	Speaks up every time standards on safety, care or dignity are not met. Welcomes feedback.	Keeps concerns to themselves, and rejects feedback about their own behaviour.
	Communication	Seeks ways to enhance understanding of information being communicated to meet people's needs.	Keeps people informed and gives clear explanations in ways people can understand.	Doesn't give people the information they need. Uses jargon inappropriately.
	Teamwork	Encourage others to contribute and demonstrates better ways of working within and across teams.	Works as part of a team. Co-operates and communicates with colleagues. Values other people's views.	Excludes others and works in isolation.
	Reassuringly professional	Is constantly aware that what they say and do affects how safe other people feel.	Is calm, patient and puts people at ease. Takes pride in their own appearance and our environment.	Passes on their negativity/stress. Is critical of other teams or colleagues in front of others. Displays unprofessional appearance.
Kind I always take care of the people around me	Welcoming	Goes out of their way to make people feel welcome.	Is polite, friendly, makes eye contact, smiles where appropriate and introduces themselves. 'Hello my name is...'	Ignores or avoids people. Is rude or abrupt, appears unapproachable/ moody.
	Respectful	Applies a broader understanding of the diverse needs of patients/ colleagues. Supports others to be themselves.	Treats everyone as an equal and valued individual. Acts to protect people's dignity.	Ignores people's feelings or pain. Makes people feel bullied, belittled or judged.
	Helpful	Thinks about the needs of others. Goes the 'extra mile' for other people.	Is attentive and compassionate, helps people who need help, or finds someone who can. Never walks by.	Makes people feel like a burden: 'It's not my patient / job / problem'.
	Listen	Makes time to listen to people even when busy.	Listens to people in an attentive and responsive manner.	Disinterested, dismissive or talks over people.
	Appreciate	Goes out of their way to make people feel valued for their efforts and achievements.	Encourages people's efforts. Notices when people live up to our values, says thank you.	Doesn't notice or appreciate people's efforts.
Excellent I'm always looking for a better way	Aiming high	Their positive attitude inspires others to achieve the highest levels of quality.	Always aims to achieve the best results.	Accepts mediocrity or moans without looking for solutions.
	Improving	Helps others to find creative solutions to problems and shares good practice.	Suggests ideas for better ways of doing things and looks for opportunities to learn.	Resists change: 'we've always done it this way'.
	Responsible	Shows enthusiasm and energy to achieve excellent results.	Takes responsibility and has a positive attitude.	Avoids responsibility. Blames or criticises others.
	Timely	Always respects the value of other people's time.	Is on time, efficient, organised and tidy. Apologises and explains if people are kept waiting.	Misses deadlines or keeps people waiting, without explanation/apology.
	Makes connections	Helps others to understand how services connect.	Thinks beyond their own job and team to make things easier for people.	Focuses on their own department needs to the detriment of the people they serve.

Together-**Safe** | **Kind** | **Excellent**

General Conditions of Appointment (Specialty Registrars)

1. This appointment shall be governed by the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 and adhere to Trusts policies and procedures as appropriate. The terms and conditions of this post will be in accordance with the Terms and conditions of service.
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 unauthorised 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. Cambridge University Hospital NHS Foundation Trust 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.
4. As an employee of a 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.
5. 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.
6. The Trust will ensure compliance with the Health and Safety at Work Act 1974.
7. The post is based on a full time appointment; the salary for this appointment at ST5 equivalent is £55,329 per annum (April 2023 figures) and at ST6+ equivalent is £63,152 per annum (April 2023 figures).
8. In addition, a supplement will be paid for agreed hours of duty within the working pattern as per the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 as detailed in the work schedule upon appointment.
9. This post is superannuable and you will be subject to the NHS Superannuation Scheme unless you chose to opt out.
10. The successful candidate will be expected to complete a medical questionnaire and attend the Cambridge Centre for Occupational Health at Addenbrooke's for clearance of the form. 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, immigration status and all medical qualification.
11. The Trust requires the successful candidate to have and maintain registration with the General Medical Council and to fulfill the duties and responsibilities of a doctor as set out by the GMC.
12. 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.

13. 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, immigration status and all medical qualification.
14. This post is recognised for training by the **Royal College of Physicians** for applicants that hold a national training number.

The Postgraduate Dean confirms that this placement and/or programme has the required educational and Dean's approval.

15. Removal expenses will be available to successful applicants within the limits of the Trust policy.

General Conditions of Appointment (Clinical Fellows)

16. This appointment shall be governed by the **Terms and Conditions of Service for Clinical Fellows at Cambridge University Hospitals 2018**, as amended from time to time, and adhere to Trusts policies and procedures as appropriate.
17. 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 unauthorised 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.
18. Cambridge University Hospitals NHS Foundation Trust 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.
19. As an employee of a 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.
20. 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.
21. The Trust will ensure compliance with the Health and Safety at Work Act 1974.
22. The post is based on a whole time appointment calculated on an average of 40 hours work per week; the salary for this appointment at ST3-ST5 equivalent is £55,329 per annum (April 2023 figures), at ST6+ equivalent is £63,152 per annum (April 2023 figures). This is a fixed nodal pay point and does not increase incrementally.
23. In addition weekend and on-call allowances will be paid where appropriate for agreed hours of duty within the working pattern.
24. This post is superannuable and you will be subject to the NHS Superannuation Scheme unless you chose to opt out.
25. The successful candidate will be expected to complete a medical questionnaire and attend the Cambridge Centre for Occupational Health at Addenbrooke's for clearance of the form.
26. The Trust requires the successful candidate to have and maintain registration and a license to practice with the General Medical Council and to fulfill the duties and responsibilities of a doctor as set out by the GMC.
27. 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.

28. 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, immigration status and all medical qualification.
29. This post is not recognised for training.
30. Removal expenses will be available to successful applicants within the limits of the Trust policy.