Consultant Allergist Post in Manchester

An exciting opportunity has arisen Manchester for a Consultant Allergist Post.

The University Hospital of South Manchester NHS Foundation Trust is looking to appoint a second Consultant Allergist to its growing Allergy Service.

The UHSM Allergy Centre was set up by Professor Adnan Custovic and Professor Angela Simpson in January 2004. Dr Susana Marinho was recruited to the allergy team in 2009 and the service became led by a dedicated full time NHS Consultant Allergist. The service has since expanded considerably and is now recruiting for a second full time Consultant Allergist.

The UHSM Allergy Centre provides comprehensive allergy care for adults, offering a holistic approach to diagnosis and management of the full spectrum of allergic disorders. It also has close links with the Paediatrics Service, providing the same range of comprehensive allergy care to children. We perform diagnostic skin, in-vitro and challenge tests (to foods, drugs, bee/wasp venoms, latex); offer desensitisation (allergen specific immunotherapy) for bee and wasp venom allergy, inhalant allergy (rhinoconjunctivitis) to allergens such as pollen, mites, cat, etc., and offer desensitisation to drugs (e.g. aspirin). We have several weekly outpatient clinic sessions, sessions for allergen specific immunotherapy, drug allergy investigation service and day case challenge sessions. The UHSM Allergy Centre is an integrated clinical and research unit with an active research programme, ensuring that patients have access to the latest advances in the diagnosis and treatment of allergic diseases.

The new post holder will be instrumental in the growth and further development of the service, to continue providing excellent clinical services, as well as supporting the active research portfolio of Allergy. Research and audit activities are also encouraged, as is participation in undergraduate and postgraduate teaching.

Applicants should have substantial experience in clinical allergy and should be on the Specialist Register for Allergy or within 6 months of CCT.

We are looking to appoint a **Substantive post**, but also have a **Locum** (fixed term for 6 months) Informal enquiries are welcome and prospective applicants should contact Dr Susana Marinho (+44 161 291 5802/4055; susana.marinho@manchester.ac.uk) for further information.

**NHS Jobs links** below:
The link for the LOCUM POST is [http://jobs.uhsm.nhs.uk/job/v326114](http://jobs.uhsm.nhs.uk/job/v326114)
The link for the SUBSTANTIVE POST is [http://jobs.uhsm.nhs.uk/job/v326112](http://jobs.uhsm.nhs.uk/job/v326112)

**Closing Dates:**
Substantive post: 03/10/2014
Locum post: 03/10/2014
THE POST OF CONSULTANT
IN ALLERGY

August 2014
PROFILE

UHSM PROFILE

The following five statements define what it means to be a part of UHSM. We call them ‘The South Manchester Way’ – and they define the way we do things in our organisation. We are striving to make our Foundation Trust the best in the NHS. This document will give you some background to us and why you should consider joining us.

- Patient care is at our heart
- We strive for excellence
- We lead learn and inspire
- We are honest and open
- We are one talented team

Patient care is at our heart - The University Hospital of South Manchester (UHSM) NHS Foundation Trust provides district general hospital services for its local communities and many specialist tertiary services for Greater Manchester and the whole of the North West. Our specialist tertiary services include cardiology and cardiac surgery, thoracic surgery, heart and lung transplantation, complex respiratory services, vascular services, burns care and plastic surgery, cancer services and breast care.

The Foundation Trust has a very strong reputation for the quality of our clinical services, and our mortality rates are among the lowest in the UK. Our clinical services have gained the highest standard of clinical risk management (CNST Level 3 for Maternity and for the FT as a whole).

Authorised as a Foundation Trust (FT) on 1 November 2006, the FT is developing as a major health campus at Wythenshawe Hospital, and works in partnership with a number of other NHS organisations in offering services at other hospitals.

We lead, learn and inspire - In partnership with the University of Manchester and other education providers, we are recognised regionally and nationally for the quality of our teaching and research programmes. Our strong links with the University of Manchester ensure that we support excellent research in cancer, lung, vascular and gastro-intestinal diseases, tissue and wound management, and medical education.

We are one talented team - We have an income of over £300M per annum and employ 4,500 staff. A further 800 are employed by our Private Finance Initiative (PFI) partner in providing estates and facilities services. We consistently demonstrate sound financial management and revenue surpluses.

We strive for excellence - Our capital investment programme is supporting our ambition to develop as a major health campus. In 2007 we opened the £15M Nightingale Centre and Genesis Prevention Centre, Europe’s largest breast cancer prevention facility. The £20M expansion in our North West Heart Centre, opened in May 2008, provides a state-of-the-art intensive care and investigation facilities, in July 2008 we commissioned a cardiac MRI scanner and the Board approved a further investment of £8M to expand our regional cystic fibrosis service. As a consequence of the changes outlined in Making It Better relating to maternity and children’s services, the Board
approved a £20.3m investment for a substantial investment in expanding our maternity services in March 2009.

**We are honest and open** - Our membership has remained steady across the public, patient and staff constituencies. We are committed to establishing, maintaining and developing an active and engaged membership, and are working to ensure that our membership is representative of the communities we serve.

UHSM has an annual turnover of over £300m including £25m of research and education income. We have shown strong financial performance which has been delivered across the organisation through increased financial control and the delivery of efficiency savings of some 3% year on year. Our financial performance has thus provided a sound bedrock for the near future and helped secure our Foundation Trust status. The UHSM strategy acknowledges that, to continue to develop our clinical services whilst maintaining a healthy financial standing, will require the organisation to look more innovatively at how it delivers efficiencies in the future. Service redesign projects are therefore underway to support this goal focussing on areas such as theatre utilisation, length of stay reductions and workforce redesign.

**Foundation Trust Structure**

The Board of Directors has ultimate responsibility for the management of the Trust but is accountable to its membership through the Council of Governors. The Council of Governors is made up of 32 Governors comprising 5 appointed Governors, 7 elected Staff Governors and 20 elected Public and Patient Governors. UHSM has over 10,000 members. Our performance and compliance is regulated by the NHS Foundation Trust Regulator (Monitor), and our compliance with national service standards is also reviewed and rated by the Care Quality Commission.

The Board of Directors comprises five executive directors, five non-executive directors and a non-executive Chair.

*The executive directors are:*

Chief Executive: Attila Vegh  
Chief Nurse: Mandy Bailey  
Chief Operating Officer (interim): Jim O’Connell  
Director of Finance (Deputy Chief Executive): Nora Ann Heery  
Medical Director: John Crampton

The Director of Human Resources attends the Board of Directors as a non-voting executive director.

*The non-executive directors are:*

Felicity Goodey (Chairman)  
Roger Barlow  
Philip Smyth  
Professor Graham Boulnois  
Professor Martin Gibson  
Lorraine Clinton

The elected Governors represent the Membership of UHSM. Our Governors have an important role to play as it is through them the population served by the Trust is directly involved in influencing our strategic direction.

For more information on UHSM and its services: [http://www.uhsm.nhs.uk](http://www.uhsm.nhs.uk)
Towards 2015
The strategic direction for UHSM NHS Foundation Trust, 2008 – 2015

UHSM sees itself no longer as simply a centre of healthcare, but of health and well-being. UHSM has already begun to change the way it works, putting the patient at the centre of its organisational delivery. In partnership with others, UHSM will increasingly deliver treatment and care packages tailored to meet the often complex and long term needs of individual patients and their families.

Our mission is to create a healthcare organisation that is recognised nationally, for delivering safe, high quality care and an outstanding experience for patients. We want our communities to have complete confidence and trust in its services, convinced that we provide the best care any medical establishment can offer. We will measure the effectiveness of our services and publish the results. In summary our new strategy ‘Towards 2015’ will:

• **Deliver safe care, the best treatment and an outstanding patient experience**, exceeding national standards, continuously improving quality and outcomes for every patient, every service, every time. UHSM’s strategy ‘Towards 2015’ is designed to achieve the lowest mortality rates in the country, eradicate hospital acquired infections, reduce still further an already low incidence of errors and accidents and deliver the best possible outcomes for our patients.

• The cultural change being introduced throughout the hospital is aimed at making UHSM at Wythenshawe the **hospital of choice** for all users. This is known as ‘The South Manchester Way’ and defines everything we do.

• Medical quality will be underpinned by more **world class research** translated into effective, new, treatments for patients delivered by an increasing number of internationally recognised specialists. UHSM is a founder member of the Manchester Academic Health Sciences Centre and will resource and promote research within the Wythenshawe campus to ensure clinicians play an ever more prominent role in establishing Manchester as a major international centre of translational medicine and expertise.

• UHSM already has an excellent reputation for teaching. We train some 400 doctors and 2,000 other health related professionals each year. Over the next 7 years, UHSM will become a major provider of **multi-disciplinary education and training** for staff and students from a wide range of health professions. Courses in the management of health care provision will augment the clinical training, with students from overseas as well as other parts of the UK. Adult education and training opportunities will be provided for members of the local community where we wish to reinforce our position as an employer of choice.

• We will continue to invest heavily in the quality and range of physical facilities at the Wythenshawe campus. Our strategy will deliver the **substantially enhanced environment** which patients and staff have a right to expect from a top quality centre of clinical excellence in the 21st century. Strong emphasis will be placed on the ‘greening’ of the site to enhance patient well-being and recovery and produce a less stressful working environment. The campus will become a leader in exploiting ‘green’ technologies and designs to ensure that, in line with its mission to enhance well-being, we reduce our carbon emissions and protect the environment.
• Working with other public and voluntary sector providers, we will explore the potential for developing, in conjunction with the private sector, yet more facilities for staff patients and community benefit on the Wythenshawe campus. The opportunities might include care facilities; educational partnerships and more research and clinical trial infrastructure. UHSM will put the Wythenshawe hospital at the heart of its community, not only opening its doors to the public for an increasing range of health, education and volunteering activities, but also, wherever possible, taking services out of the hospital and put them closer to where people live.

• Transport infrastructure will play a vital role in enhancing the desirability as well as accessibility of the site. Studies with GMPTE are already beginning to look at the options for a fast link to Manchester Airport and enhanced public transport access.

‘Towards 2015’ is a robust strategy which will be resourced by a combination of income growth, improved business effectiveness, more efficient use of resources, and the exploitation of under-utilised assets.

Our commitment in ‘Towards 2015’ is to ensure that the already strong reputation of UHSM is strengthened even further, and that we continue to earn the full confidence of our communities in their preferred healthcare organisation. In doing so, we believe that UHSM is extremely well placed to be the catalyst for the creation of a South Manchester Health Zone to the benefit of local communities and the Greater Manchester sub region.
JOB DESCRIPTION

1. JOB TITLE: Consultant in Allergy

2. GRADE: Consultant

3. RESPONSIBLE TO: The Clinical Lead of the Allergy Service
The Clinical Director of Respiratory Medicine

4. ACCOUNTABLE TO: The Executive Medical Director

5. PRINCIPAL ACTIVITIES:

The UHSM Allergy Centre

The post is based at University Hospital of South Manchester NHS Foundation Trust, Wythenshawe Hospital.

The UHSM Allergy Centre was set up by Professor Adnan Custovic and Professor Angela Simpson in January 2004. Dr Susana Marinho was recruited to the allergy team in 2009 and the service became fronted by a dedicated full time NHS Consultant Allergist. The service has since expanded considerably and is now recruiting for a second full time Consultant Allergist.

The Service has moved into newly built facilities in 2012, which have significantly increased the ability of the service to deliver both clinical and research services.

The UHSM Allergy Centre provides comprehensive allergy care for adults, offering a holistic approach to diagnosis and management of the full spectrum of allergic disorders. It also has close links with the Paediatrics Service, providing the same range of comprehensive allergy care to children. We perform diagnostic skin, in-vitro and challenge tests (to foods, drugs, bee/wasp venoms, latex); offer desensitisation (allergen specific immunotherapy) for bee and wasp venom allergy, inhalant allergy (rhinoconjunctivitis) to allergens such as pollen, mites, cat, etc., and offer desensitisation to drugs (e.g. aspirin). We have several weekly outpatient clinic sessions, sessions for allergen specific immunotherapy, drug allergy investigation service and day case challenge sessions.

The UHSM Allergy Centre is an integrated clinical and research unit with an active research programme, ensuring that patients have access to the latest advances in the diagnosis and treatment of allergic diseases.

The Allergy Service is run by Dr Susana Marinho, who is the Clinical Lead for the Service. The Allergy team comprises of Prof. Adnan Custovic (Professor of Allergy), Prof. Angela Simpson (Professor of Respiratory Medicine with an interest in Allergy), two Clinical Research Fellows in Allergy, and we are currently recruiting for a full time Allergy ST3. The service is supported by three (2.3 FTE) Allergy Specialist Nurses, an Allergy Dietician, a health care support worker, 3 Allergy Secretaries and a concierge/caretaker.

The new post holder will be instrumental in the growth and further development of the service, to continue providing excellent clinical services, as well as supporting the active research portfolio of Allergy with a clear commitment to contribute to the recruitment to ManRAB. It is anticipated that as the service continues to expand, there will be a need for additional immunotherapy and nurse-led clinics, with the Consultant role being instrumental in supporting and developing such a multi-disciplinary service.

The Allergy service is managed within the Directorate of Respiratory Medicine, and as such the appointee will be a member of this Directorate.
Directorate of Respiratory Medicine

Consultant Staff

Respiratory Physicians (on –call rota) with a special interest:

Prof. Ashley Woodcock  Cough; Clinical Director / UHSM Academic Lead
Dr Richard Barracough  Clinical Director; Occupational Lung Disease
Dr Phil Barber  Bronchology and lung cancer
Dr Nauman Chaudhry  Non-invasive ventilation/Sleep
Dr Andrew Jones  Cystic Fibrosis
Dr Rob Niven  Senior Lecturer, Severe Asthma, Occupational Lung Disease
Dr Siddiq Pulakal  Sleep
Dr Mo Al-Aloul  Transplant
Rowland Brightthomas  Cystic Fibrosis
Richard Booton  Lung Cancer
Prof. Angela Simpson  Professor of Respiratory Medicine, special interest in Allergy
Dr Jayne Holme  Pleural Service
Dr Dorothy Evans  Severe Asthma
Dr Nazia Chaudhuri  Interstitial Lung Disease

Specialist Physicians within the Directorate of Respiratory Medicine (not on-call rota):

Dr Susana Marinho  Consultant Allergist; Clinical Lead of Allergy Service
Prof. Adnan Custovic  Professor of Allergy
Dr Paul Taylor  Medical Oncology
Dr Yvonne Summers  Medical Oncology
Dr Raffaele Califano  Medical Oncology
Dr Colm Leonard  Transplant / Interstitial Lung Disease
Prof. David Singh  COPD, Honorary Consultant in Respiratory Medicine
Prof. Jackie Smith  Cough; Professor of Respiratory Medicine
Prof. Kevin Webb  Cystic Fibrosis
Dr Amanda Brennan  Cystic Fibrosis
Dr Andrew Bentley  ICU / Non-invasive ventilation
Prof. David Denning  Infectious Diseases / Fungal Disease / National Aspergillosis Centre
Dr Pippa Newton  Infectious Diseases
Dr Eavan Muldoon  Infectious Diseases
Dr Chris Kosmidis  Infectious Diseases

Other Specialist Services within the Directorate

Regional Sleep Service

This service is aimed at the diagnosis and management of Sleep Apnoea, and is currently run by Dr Siddiq Pulukal, supported by Dr Nauman Chaudhry and a team of technicians and nurses.

Lung Transplantation

Wythenshawe hospital has an active heart and lung transplant program (>530 transplants since late 1980s) with a state-of-the-art integrated transplant centre which in one block provides transplant theatre space, dedicated transplant ICU beds, a transplant ward, dedicated outpatient department and a dedicated biopsy suite (for bronchoscopy and endomyocardial biopsy) with radiographic screening facilities. The assessment and post-operative care of the lung transplant patients is currently jointly managed by Dr. Colm Leonard and Dr M. Al Aloul.
**Long Term Ventilation Service**

This service is led by Dr Andrew Bentley and Dr Nauman Chaudhry, along with a Consultant Physiotherapist as well as a growing team of nurse Specialists and a lung physiologist. This service is expanding looking after over 1700 patients on ventilation, including patients with adult neuromuscular disease, supported by Dr. Mark Roberts, Consultant Neurologist. There are plans to move the entire service into a dedicated unit, where a weaning service for tracheostomy ventilated patients will be established.

**Cystic Fibrosis Centre**

Run from a dedicated unit comprising both ward and outpatient suite, this service now has 3 full time Consultant Chest Physicians, Prof. Kevin Webb, Dr. Andy Jones and Dr Rowland Bright-Thomas, and a part time consultant Dr Amanda Brennan. The service looks after 450 CF patients, with a dedicated full multi-disciplinary team including physiotherapists, dieticians, specialist nurses, psychologists, and social workers.

**Occupational Lung Disease**

Dr Richard Barraclough is the Lead Physician for this service.

**Bronchoscopy & Interventional Bronchology service**

Dr Phil Barber is the lead for this rapidly expanding service, supported by Dr Richard Booton, and includes stent placement, Brachytherapy, EBUS and Bronchothermosplasty.

**Interstitial Lung Disease**

This service, run by Dr Leonard, provides secondary and tertiary referral services to the whole of the North West. The service cares for over 200 patients with a variety of interstitial lung diseases under follow up.

**Difficult Asthma**

Dr. Rob Niven has a special interest in difficult asthma and has an integrated clinic with specialist nurses, to manage difficult asthma patients and those with conditions such as vocal cord paradox.

**Infectious Disease/Fungal Disease**

Prof David Denning is an authority on Aspergillus infections and runs a nationally commissioned fungal disease service at the North West Lung Centre, and provides infectious disease advice to the lung transplant service.

**Cough Clinic**

This tertiary service and research clinic is run by Prof. Jacky Smith.

**Smoking Cessation**

Specialist Nurses, run a comprehensive stop smoking program with NRT counselling.
Further information

Specialist Registrar Training

UHSM is part of the Health Education North West – NW Deanery North West Deanery and has a Training Programme in Allergy. Recruitment for an ST3 is ongoing. It is envisaged that the new post holder will collaborate with Dr Susana Marinho in the clinical supervision and delivery of the training programme for the new STr in Allergy. Therefore, if not attained already, the post holder will be required to undertake training to meet GMC requirements for Medical Educators.

Teaching

Manchester University Medical School is the largest school in the United Kingdom and highly rated. There are approximately 450 graduates each year. Wythenshawe Hospital participates fully in the undergraduate teaching programme, with about 300 students onsite at any time. There are full Departmental, Divisional and Trust-wide postgraduate programmes and clinical audit is well developed.

Research Opportunities

There are ample opportunities for research, be that centred on laboratory work, epidemiology, clinical or medical teaching. It is expected that the successful candidate will pursue an area of research. Respiratory Medicine/Allergy is the key academic research group in the School of Translational Medicine and in the Trust’s R & D portfolio. Professor Custovic is the Research Group Leader in South Manchester and is very active in supporting new research. There may be some funds available to support the start-up costs of a research project.

Induction and Mentoring

Understanding the systems in place and how an organisation operates helps to make sure that doctors can deliver safe, effective and efficient care to patients as soon as they start a new job. Induction and mentoring schemes and access to other support mechanisms are important ways of achieving this.

UHSM NHS FT offers a comprehensive induction programme to all new employees, which the new post holder will be expected to attend. The post holder will also have access to mentoring, for guidance in the development and re-examination of their own ideas, learning, and personal and professional development. This will be provided by the Allergy clinicians, Dr Susana Marinho, Prof. Adnan Custovic and Prof. Angela Simpson. There will also be opportunities of mentoring from outside the service, if considered necessary.

Management

The post-holder will be required to work within the FT’s management policies and procedures, both statutory and internal, accepting that the resources available to the FT are finite and that all changes in clinical practice or workload, or developments requiring additional resources must have prior agreement with the FT. He/she will undertake the administrative duties associated with the care of his/her patients, and the running of his/her clinical department under the direction of the Allergy Clinical Lead and the Clinical Director.

Clinical Governance

The post-holder will participate in clinical governance activities, including clinical audit, clinical effectiveness, risk management, quality improvement activities as required by the FT, and external accrediting bodies. There are six half day Clinical Governance meetings per annum which substitute regular fixed sessions.

Personal & Professional Development

The post-holder will be required to keep himself/herself fully up-to-date with their relevant area of practice and be able to demonstrate this to the satisfaction of the FT. Professional or study leave will be granted at the discretion of the FT in line with the prevailing Terms and Conditions.
of Service, to support appropriate study, postgraduate training activities, relevant CME courses and other appropriate personal development needs. The FT supports the college requirements for CPD and will provide time and funding as appropriate. The post holder is required by the FT to take part in annual appraisal.

**Accommodation**
Office accommodation with full computer facilities will be provided. This will be shared in the first instance.

**Junior Doctor Support**
Full time Specialist Trainee in Allergy is expected to support the new consultant post.

**Infection Control**
As a member of a clinical team the post holder’s personal contribution to reducing healthcare infections (HCAIs) require him/her to be familiar with the FT’s Hand Decontamination Policy, Personal Protective Equipment Policy, safe procedures for using aseptic techniques and safe disposal of sharps. The post holder will be required to attend induction training and mandatory training in Infection Prevention every two years to be compliant.

All staff have the following key responsibilities:
- Staff must wash their hands or use alcohol gel on entry and exit from all clinical areas and/or between each patient contact.
- Staff members who develop an infection (other than common colds and illness) that may be transmittable to patients have a duty to contact Occupational Health.

**General**
The post-holder will assume a continuing responsibility for the care of patients in his/her charge and the proper functioning of his/her department.

**Important General Note**
The post-holder must take reasonable care of his/her own health and safety and any other personnel who may be affected by his/her omission. FT policies and regulations must be followed at all times.
JOB PLAN

A draft job plan is attached.

It is anticipated that the successful applicant will complete 8.5 DCC sessions in Allergy.

There is no on-call with this post.

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<tr>
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<th>a.m.</th>
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<tbody>
<tr>
<td>Mon</td>
<td>Allergen Specific Immunotherapy</td>
<td>Clinical administration</td>
</tr>
<tr>
<td>Tue</td>
<td>Day cases - Drug/food allergy (challenges/desensitisation)</td>
<td>Day cases - Drug/food allergy (challenges/desensitisation)</td>
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<tr>
<td>Wed</td>
<td>General Allergy Clinic</td>
<td>General Allergy Clinic</td>
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<tr>
<td>Thu</td>
<td>Activities (&amp;management) related to service development/operational/strategy and quality improvement/Allergy coordination MDT Meeting/Operational meeting</td>
<td>Drug Allergy Investigation Service</td>
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<tr>
<td>Fri</td>
<td>Teaching/Training / Clinical Research</td>
<td>DC Follow up OP clinic</td>
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**Direct Patient Care**

- Clinic sessions: 8.5
- Work related to direct patient care and clinical administration to support service delivery + MDT: 1.5

**Supporting Professional Activity**

- Management activities related to service development: 0.5
- Personal CME/CPD + audit: 0.5
- Teaching, training: 0.25
- Clinical research: 0.25

**TOTAL**: 10 PA

The SPA allocation will be reviewed in twelve months

**THIS JOB PLAN WILL BE FLEXIBLE DEPENDING ON THE NEEDS OF THE SERVICE**

This is a draft job plan, and therefore sessional allocation to OP clinics/day case sessions may vary.
# PERSONAL SPECIFICATION FOR CONSULTANT IN ALLERGY

<table>
<thead>
<tr>
<th>Essential for the post</th>
<th>Desirable for the post</th>
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<tr>
<td><strong>1. ATTAINMENTS</strong></td>
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<tr>
<td>• Fully registered Medical Practitioner</td>
<td>• Post-graduate thesis</td>
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<td>• MRCP or equivalent</td>
<td>• Publications in peer reviewed journals</td>
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<td><strong>2. TRAINING</strong></td>
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<tr>
<td>• As required by the Royal College of Physicians</td>
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<tr>
<td>• Formal Specialist Registrar training in Allergy or equivalent</td>
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<td>• ALS provider</td>
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<td><strong>3. PROFESSIONAL INTERESTS &amp; EXPERIENCE</strong></td>
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<tr>
<td>• Ability to offer expert clinical opinion on a range of problems both elective &amp; emergency within specialty</td>
<td>• Active &amp; ongoing interest in research</td>
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<td>• Ability to take full &amp; independent responsibility for clinical care of patients</td>
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<td><strong>4. MANAGEMENT &amp; ADMINISTRATION</strong></td>
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<tr>
<td>• Ability to organise &amp; manage outpatient and day case priorities &amp; waiting lists</td>
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<tr>
<td>• Ability to manage &amp; lead a team</td>
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<tr>
<td><strong>5. TEACHING</strong></td>
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<tr>
<td>• Interest in undergraduate &amp; postgraduate teaching</td>
<td>• Fulfilling GMC requirements for Medical Educators</td>
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<tr>
<td>• Ability to teach clinical &amp; procedural skills</td>
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<td><strong>6. DOMICILE</strong></td>
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<tr>
<td>• Resident within 10 miles of the hospital or equivalent access</td>
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<td><strong>7. PHYSICAL</strong></td>
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<td>• Satisfactory medical clearance by University Hospital of South Manchester NHS Foundation Trust</td>
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<tr>
<td><strong>8. PERSONAL ATTRIBUTES</strong></td>
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<tr>
<td>• Multidisciplinary team experience</td>
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<td>• Enquiring, critical approach to problems</td>
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<tr>
<td>• Commitment to continuing medical education</td>
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<tr>
<td>• Willingness to undertake additional responsibilities at local, regional or national levels</td>
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<tr>
<td>• Sense of humour &amp; tact</td>
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MAIN CONDITIONS OF SERVICE

The post is covered by the national Terms and Conditions of Service of Hospital Medical and Dental Staff (England) and the Conditions of Service determined by the General Whitley Council for the Health Services (Great Britain), as amended from time to time. As the FT develops it will review these terms and may vary the national agreements to respond to local conditions and reflect FT requirements following negotiation with the BMA and Local Negotiating Committee.

The appointee will be required to live at an acceptable distance to the FT and agreement of the FT should be sought prior to entering into any removal arrangements. Expenses will be reimbursed and grants paid only when the FT is satisfied that:

- the practitioner is an eligible practitioner in accordance with the regulations;
- the removal of the practitioners home is required by the FT, and;
- The arrangements proposed are reasonable. Staff in receipt of removal expenses who terminate their employment with the FT within two years will be required to repay the relevant proportion of these expenses.

Applicants invited for interview will be asked to complete a medical questionnaire for submission to the FT's occupational health service.

The salary scale has nine thresholds, new appointees will be appointed to the minimum of the pay scale unless they qualify for additional seniority as outlined in the Terms & Conditions of service.

The successful candidate must hold full registration with the GMC.

The successful candidate must have, or be within 6 months of obtaining CCST (or equivalent for non-UK applicants of equivalent status), or be accredited (or equivalent), and be on the GMC Specialist Register in the specialty appropriate for the consultant post at the time of taking up the consultant appointment (Allergy).

The successful candidate is not required to subscribe to a recognized professional defence organisation to fulfil his/her contractual obligations to this FT, but should ensure he/she has defence cover as appropriate, for example, for private and Category 2 work, and for GMC disciplinary proceedings.

This appointment is exempt from Section 4(2) of the Rehabilitation of offenders Act 1974 by virtue of The Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. The successful candidate is required to reveal any information he/she may have concerning convictions, which would otherwise be considered as relevant to his/her suitability for employment. Any such information will be kept in strict confidence and only used in consideration of the candidate’s suitability for appointments where such an exemption is appropriate.

Appointment will be subject to a Disclosure Barring Service (DBS).

Canvassing will result in disqualification. Applicants who are related to any member or senior officer of the FT must indicate in their application the person to whom they are so related, together with the nature of the relationship. Any applicant deliberately concealing such a relationship would be rendered liable to dismissal.