

CLINICAL FELLOWS IN
INTENSIVE CARE MEDICINE
to complement
THE UNIVERSITY OF CAMBRIDGE
MASTER OF STUDIES IN INTENSIVE CARE MEDICINE

Available from Wednesday 03 August 2016

Please apply for this post online via NHS Jobs website. Applications to the MSt will need to be done in parallel, please go to <http://www.ice.cam.ac.uk/mst-clinical-medicine> in order to apply.

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The Cambridge Clinical Medicine Programme

Cambridge University Health Partners, the Academic Health Sciences Centre, and The Institute for Continuing Education at the University of Cambridge are pleased to offer the Cambridge Clinical Medicine (Intensive Care Medicine) Programme.

This programme is a two year combined clinical, academic, and vocational programme for senior trainees and new consultants in Intensive Care Medicine and comprises:

- A two year rotation between the three intensive care units in Cambridge: The John V Farman Intensive Care Unit (JVFICU) and The Neurosciences and Trauma Critical Care Unit (NCCU) in Addenbrooke's Hospital and Cardiothoracic Intensive Care Unit (CTICU) at Papworth Hospital; this is the post advertised herewith.
- A University of Cambridge Postgraduate Certificate in Clinical Medicine, which provides training in clinical education, clinical leadership, and clinical research.
- A University of Cambridge Master of Studies in Clinical Medicine (Intensive Care Medicine), which provides clinical and academic training in subspecialty Intensive Care Medicine.
- A vocational HELMS (Healthcare Education, Leadership and Management) Course, which is a unique, two year, non-award bearing course delivered by Cambridge University Health Partners and the Judge Business School, and aims to develop the non-clinical skills required for Consultant-level appointments at tertiary centres. The faculty includes clinicians, senior NHS managers, organisational development consultants, Judge Business School academics, and experts from the wider Cambridge commercial and academic community.

The Clinical Medicine Programme is designed to enhance the specialist skills of experienced clinicians and broaden their understanding of healthcare education, research, leadership and management. Essentially, it is designed for aspiring tertiary centre Intensive Care Medicine subspecialists.

Training within the programme is explicitly individualised, focussing on the student's areas of interest and development goals. The programme does not aim to reproduce training or examinations provided by the Medical Royal Colleges. Further details about this novel, exciting subspecialty training programme can be found at:

<http://www.ice.cam.ac.uk/mst-clinical-medicine>

The Course Specification is included with this job description and the faculty of the MSt would be delighted to discuss the programme in detail using the contact details on the Institute of Continuing Education website, above, or via Dr Ronan O'Leary, Course Director (mail@ronanoleary.net).

Clinical Fellowships in Intensive Care Medicine

These new posts are part of an exciting and innovative approach to subspecialty training in Intensive Care Medicine at Cambridge.

Our two NHS Foundation Trusts, Cambridge University Hospitals and Papworth Hospital, have developed this two year rotation in subspecialty Intensive Care Medicine to complement the Clinical Medicine Programme described above - comprehensive and outstanding training for aspiring tertiary centre consultants.

Now is an invigorating and dynamic time to join the Cambridge ICM community. We have significantly expanded our consultant workforce, and are transforming our educational strategy to ensure we are a world-leading centre for ICM training. Papworth Hospital is relocating to the Cambridge Biomedical Campus in 2018 and we are engaged in exciting research across all aspects of Critical Care. Moreover, Cambridge University Hospitals has introduced a Trust-wide electronic health record, Epic, which has revolutionised and dramatically improved how we work within Critical Care, and throughout the organisation.

Three busy state-of-the-art adult intensive care units provide ICM training in Cambridge, each with its own subspecialist interests and between them covering the full range of subspecialty adult intensive care. All three units have significant and unique research interests, and are affiliated with the University of Cambridge.

Two of the units are based within Addenbrooke's Hospital, the John V Farman Intensive Care Unit (JVFICU) and the Neurosciences and Trauma Critical Care Unit (NCCU), and a third, the Cardiothoracic ICU (CTICU), is based at Papworth Hospital. These Fellowships are two year clinical posts rotating between these three intensive care units.

During the first year of the Clinical Medicine Programme, post holders rotate through each of the three units (four months in each). The second year is spent on a single unit developing skills in subspecialty intensive care medicine. Clinical Fellows work alongside trainees from a range of other training programs, and will participate in a full shift rota (EWTD compliant) during their time on each unit (actual shift patterns vary from one unit to another).

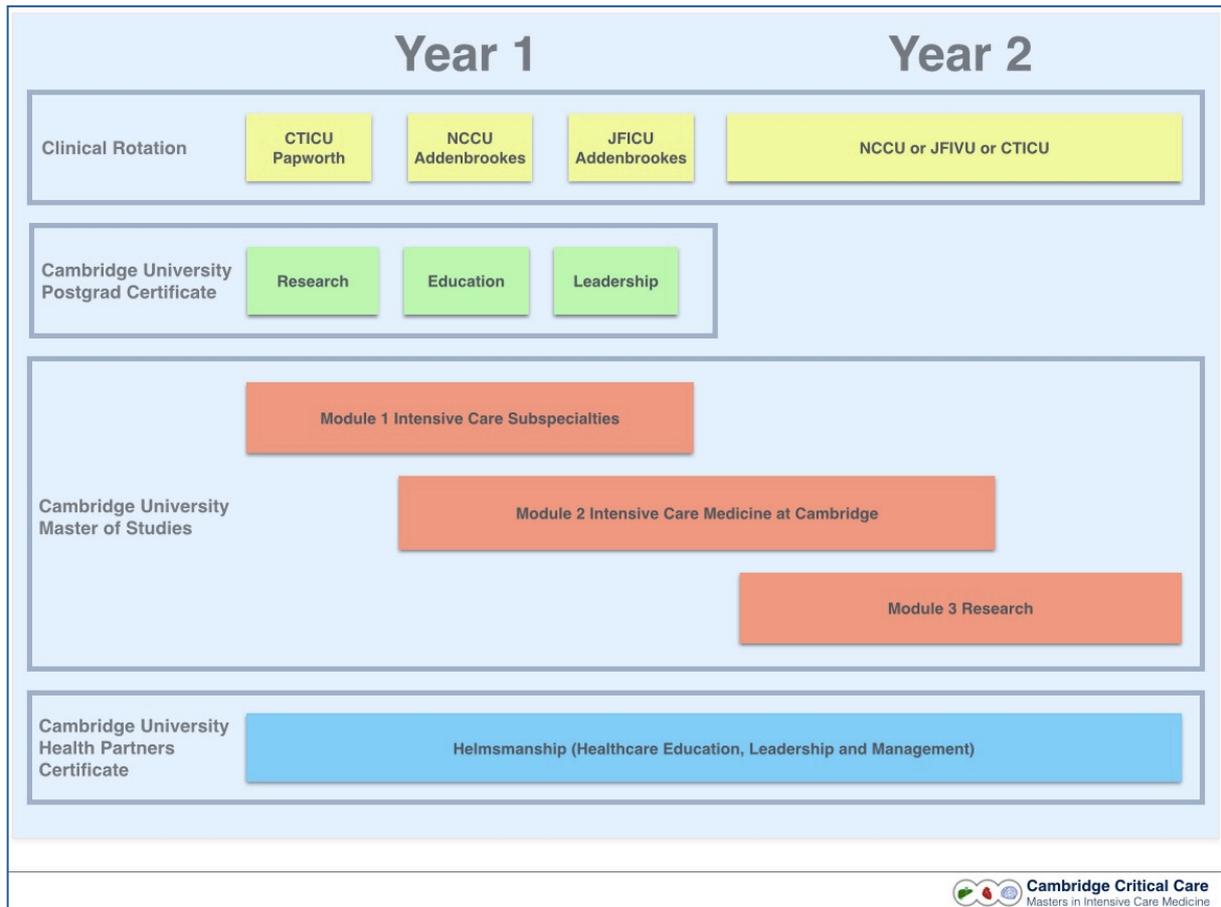
Applicants wishing to undertake the Master's and HELMS course will need to apply to the University (<https://www.ice.cam.ac.uk/mst-clinical-medicine>). It is possible to apply for these posts and not apply for the Master's and simply undertake a two year rotation, or to undertake the one year University of Cambridge Postgraduate Certificate in Clinical Medicine (<https://www.ice.cam.ac.uk/pgcert-clinical-medicine>). Please identify the preferred option during application.

The closing date for applications is 8th of February 2016. Interviews will be held in Cambridge on 8th March 2016. It will be possible to interview by phone or video.

Programme Structure

The structure of the programme over the two years is illustrated below.

In this example the student begins at Papworth CTICU, then rotates to NCCU, followed by JVFICU during year one. In year two, the student spends 12 months at the unit of their choice, in this case Papworth, focussing on a single subspecialty. The PGCert (which is a compulsory component of the MSt) starts at the beginning of year one with the research, then education, then leadership modules but the sequence of modules may alter each year. The MSt components are distributed throughout the two years with the majority occurring during the second year. HELMS also runs over the two years.



Cardiothoracic Intensive Care Unit (Papworth Hospital)

Unit Profile

The Cardiothoracic Intensive Care Unit at Papworth Hospital is a 33 bedded Critical Care (27 CTICU and 6 cardiac recovery) within the Department of Anaesthesia and Critical Care which also provides clinical services to five operating theatres with four recovery beds, five cardiac catheter laboratories and three pre-admission clinics. In addition, sessional service is provided for the radiology department and chronic pain service.

The Department of Anaesthesia and Critical Care has seen a steady increase in the number of operations over the last few years and has now risen above 2,000/year. Critical care services are provided for heart and lung transplantation, ventricular assist device (VAD) implantation and pulmonary endarterectomy (PEA), in addition to a significant thoracic surgical workload. Furthermore, electrophysiology and device insertions by the cardiologists continue to increase.

In parallel, Critical Care has seen an increase in activity, with 2814 admissions in the 2014/15 financial year, including those post cardiothoracic surgery, but also patients with advanced heart failure, severe acute respiratory failure, and following out of hospital cardiac arrest and primary percutaneous coronary intervention (PPCI). We are one of the largest specialist cardiothoracic centres in Europe, and the largest in the UK, as well as being the main UK heart and lung transplant centre.

Activity 2014/2015:

Cardiac Surgery	2115
Thoracic Surgery	555
Pulmonary Endarterectomy	146
Cardiology	350
TAVI	47
Transplants	77
Respiratory ECMO	47

Consultants

There are 25 consultant anaesthetists with sessional commitments at Papworth, 19 substantive and 6 locum, all working full-time.

Dr R M O Hall (Medical Director)
Dr J E Arrowsmith (Clinical IT lead, RCoA Examiner)
Dr S Ghosh
Dr J H Mackay (Department Chairman, CPR, Alert)
Dr A Vuylsteke (CADS Clinical Director, Intensive Care)
Dr A Klein (RCoA Examiner, Editor Anaesthesia)
Dr K Valchanov (Intensive Care, Acute and chronic Pain Management, RCoA Tutor)
Dr F Falter (Clinical Business Lead, Enhanced Recovery)
Dr S Webb (Intensive Care, Clinical Governance)
Dr C Burt (Airway Lead)
Dr N Jones (Clinical Business Lead, Intensive Care, Enhanced Recovery)
Dr B Parizkova (Intensive Care, TOE course)
Dr G Martinez-Munoz (Cardiac Recovery Unit)
Dr J Irons
Dr K Salaunkey (Intensive Care, Focused Intensive Care Echo)
Dr A Rubino (Intensive Care, Focused Intensive Care Echo, Clinical Lead for Organ Donation)
Dr A Roscoe (Intensive Care, TOE)
Dr S George
Dr A Needham (Intensive Care, FICM Tutor)

Dr H Thomson (Locum)
Dr A Hodek (Locum)
Dr J Moore (Locum)
Dr G Ramalingam (Locum)
Dr M Gimenez (Locum)
Dr M Balciunas (Locum)

Trainee Medical Staff:

There are typically 25 trainees working within the department of Anaesthesia and Critical Care. These include Foundation, Core and Specialist Trainees from the East of England Deanery as well as fellows from the UK and overseas, interested in gaining specialist experience in cardiothoracic anaesthesia, critical care, echocardiography and ECMO.

Duties of the CTICU Clinical Fellow Post

These posts will provide excellent training and experience in all aspects of adult intensive care, with an emphasis on cardiothoracic disease, including support for patients with severe respiratory and cardiac failure who require extra-corporeal membrane oxygenation, mechanical cardiac support or transplantation. There are also multiple opportunities to be involved in the research, audit and teaching activities of the unit, and to become certified in Focused Intensive Care Echocardiography (FICE).

Post holders work a 1:8 rota, undertaking a combination of long days (07:00-20:00) and nights (19:00-08:00). The post is European Working Time Directive (EWTD) compliant and the average working week is no more than 48 hours. Core responsibilities within CTICU involve active engagement with ICU ward rounds, developing multi-professional and multi-disciplinary interactions and relationships, in addition to undertaking a wide range of practical procedures. It is also essential that Fellows engage with teaching junior medical staff and nursing staff, and participate in the governance and administration of CTICU.

Unit Profile

The John Farman Intensive Care Unit (JVFICU) is a 20-bedded Critical Care Unit admitting over 1,000 patients a year. Patients are admitted from all the major surgical specialties, including Hepato-biliary, Upper and Lower Gastrointestinal Surgery, Urology and Gynaecological Oncology. A major component of our workload is the care of patients following solid organ abdominal transplant, including multi-visceral transplant recipients. Indeed, we are the only centre in the UK offering this exciting development in transplant medicine. The medical case-mix reflects the complex nature of the patients within Addenbrooke's, and significant numbers of admissions are from Hepatology, Haematology, Nephrology and Thoracic Medicine.

The unit is staffed by twelve Critical Care Consultants, supported by eighteen trainees and fellows. work work in tiers of six, on an EWTD compliant full shift pattern. An additional two Foundation Year 1 trainees are also part of the team.

In 2014 the JVF team incorporated the existing, successful critical care outreach team into a new trust-wide consultant led Rapid Response Team (RRT), which is a component of this post. The RRT initiates critical care support at ward level ensuring an experienced ICU trainee and Consultant work alongside the parent team to assess and stabilise critically ill patients. The RRT also provides medical cover for 4 dedicated beds on an existing HDU to allow rapid stabilisation of critically ill patients outside of ICU. Other functions of the team include managing cardiac arrest calls, seeing ICU referrals and follow-up of ICU discharges. A dedicated RRT consultant is present from 0800-2000 daily, with cover provided by the ICU on call consultant overnight.

The unit is recognised for training at all levels in ICM by the GMC, and participates in the ICNARC Case Mix Programme. There is a weekly ICU follow-up clinic. The unit has an active and internationally recognised translational medicine research programme, see Intensive Care Medicine Research, below.

Consultants

Dr Andrew Johnston - Consultant in ICM, Anaesthesia and Vascular Access; Speciality Lead
Dr Peter Bradley - Consultant in ICM, Anaesthesia and Vascular Access; Regional Advisor in ICM
Dr Peter Featherstone – Consultant in ICM and Anaesthesia; educational supervisor.
Dr Stephen Ford – Consultant in ICM and Anaesthesia; educational lead.
Dr Milena Georgieva – Consultant in ICM and Anaesthesia; educational supervisor.
Dr Razeen Mahroof - Consultant in ICM and Anaesthesia, Lead for M&M and e-hospital.
Dr Jonathan Martin – Consultant in ICM and Anaesthesia; educational supervisor; ICNARC lead.
Dr Vilas Navapurkar - Consultant in ICM and Anaesthesia.
Dr Jacobus Preller - Consultant in ICM and Acute Medicine; special interest in research.
Dr Monica Trivedi - Consultant in ICM and Anaesthesia, and Lead for Outreach and Follow-up.
Dr James Varley - Consultant in ICM, Anaesthesia and Vascular Access; educational supervisor.

Honorary/University Consultants

Dr Charlotte Summers – University Lecturer in ICM and Research Lead for JVF ICU/RRT; educational supervisor.

Trainee Medical Staff:

12 Specialty Registrars/Clinical Fellows
5 ST1/ST2
3 Foundation Training Doctors

Duties of the JVFICU Clinical Fellows Post

The JVFICU Clinical Fellow post is a full time EWTD compliant post in which trainees work on a full shift. Duties will be divided between RRT and ICU work on a rotational basis.

RRT will include time with the Rapid Response Team working alongside CCOT nurses and a Critical Care Consultant to run cardiac arrest calls and attend to all rapidly deteriorating patients on wards, in conjunction with the parent team, to make decisions about transfer of patients to higher levels of care or treatment limits, and also follow up of ICU discharges. Fellows will need to coordinate calls to the RRT, work with the nurses on duty and liaise with the supervising Consultant. This will provide experience of leadership and communication to a greater degree than most training posts.

Duties in the ICU will involve participation in ward rounds, multidisciplinary interaction, practical procedures, teaching junior medical staff and nursing staff.

Unit Profile

The Neurosciences Critical Care Unit (NCCU) is a mixed level 2/3 critical care unit which currently comprises 23 beds and is dedicated to the management of patients with acute brain injury and major trauma. The NCCU has an international reputation for the development and translation of research into clinical practice and works with a wide variety of national and international collaborators, particularly in the area of traumatic brain injury and neuroimaging (See Intensive Care Medicine Research below) and is co-located with the Wolfson Brain Imaging Centre. It was the first centre in the UK recognised for specialist training in neurointensive care.

NCCU serves three main clinical functions:

- Provision of specialist neurointensive care and general intensive care facilities for regional (East of England) trauma, neurology, stroke and neurosurgical services, covering a population of 2.5 million.
- Specialist neurointensive care and general intensive care for patients who are admitted to Addenbrooke's 60 bed neurosciences unit who require critical.
- Intensive care for major trauma patients admitted to the East of England Major Trauma Centre.

The unit is recognised by the Faculty of Intensive Care Medicine (UK) for all levels of ICM training. Clinical Fellows work alongside ST and academic trainees and come from a wide range of backgrounds, including anaesthesia, intensive care, neurosurgery, neurology, and emergency medicine. The posts provide outstanding experience and learning opportunities in specialist neurocritical care and trauma care, as well as a good grounding in the more generic aspects of critical care. There are weekly follow up clinics.

Consultants

Dr A Lavinio (Speciality Lead for NCCU)
Dr RM Burnstein (Clinical Director ICU/Perioperative Care)
Dr D Duane (Speciality Lead for Neuroanaesthesia)
Dr A Ercole (Senior Research Associate and Research Lead for Critical Care Bioinformatics)
Dr AK Gupta (Director of Postgraduate Education)
Dr BF Matta (Divisional Director)
Dr R O'Leary (Course Director, Clinical Medicine Programme (ICM))

Honorary/University Consultants

Professor DK Menon, (Professor of Anaesthesia)
Dr J Coles (University Lecturer in Anaesthesia and FICM Faculty Tutor)
Sg Cdr J Risdell (Royal Navy Consultant in Intensive Care Medicine and Anaesthesia)
Wg Cdr J White (Royal Air Force Consultant in Intensive Care Medicine and Anaesthesia)

Trainee Medical Staff

15 Specialty Registrars/Clinical Fellows
2 Foundation Training Doctors

Honorary/Supernumerary Medical Staff

In addition to the above fixed posts there is a regular throughput of trainees both from within Addenbrooke's, and hospitals across the country and overseas, wishing to undertake shorter periods of experience in neurocritical care.

Duties of the NCCU Clinical Fellows post

The clinical fellows are primarily involved in admission and resuscitation, day to day management, discharge and follow up of the patients on the NCCU.

Each shift one of the NCCU fellows carries the MTC trauma bleep and is an integral member of the trauma team, involved in the resuscitation of complex patients at admission to the Major Trauma Centre.

A large number of advanced critical care procedures are undertaken routinely on the NCCU. Trainees and fellows will have the opportunity to undertake or teach these procedures.

Patients on the NCCU are managed using a number of specialist protocols specific to brain injured and trauma patients and a range of neuroimaging procedures are undertaken as a matter of routine. All clinical fellows will become familiar with these during their attachment.

Education and Training Opportunities for Clinical Fellows in ICM

A wide range of educational opportunities are available across the three intensive care units in addition to the education and training provided within the PGCert and MSt.

All three units provide excellent basic, intermediate, and advanced ICU training.

Educational activity across the three units is constantly evolving, and we are committed to developing a world-leading programme of education and training in Intensive Care Medicine under the auspices of the Cambridge Critical Care Education Group.

Each unit has particular expertise in practical procedures, but the vast majority of ICM procedures are undertaken across all three units. These include:

- Fibre-optic bronchoscopy
- Percutaneous tracheostomies
- Advanced vascular access
- Haemodynamic monitoring
- Intercostal drain insertion
- Critical care echocardiography
- Point of care ultrasound

Subspecialty procedural training includes:

- Extracorporeal mechanical cardiorespiratory support (CTICU)
- Management of post heart and lung support and care (CTICU)
- Management of patients with advanced heart failure (CTICU)
- Management of patients following thoracic surgery (CTICU)

- State of the art, protocol driven management of traumatic brain injury (NCCU)
- Advanced monitoring and management of patients with neurovascular pathology (NCCU)
- Management of complex multisystem trauma (NCCU)

- Management of liver, kidney, pancreas, and multi-visceral transplant patients (JVFIVU)
- Management of haemato-oncology patients (JVFICU)
- Management of patients with complex multisystem failure (JVFICU)

All trainees undergo an induction program, some of which is online, followed by a weekly lectures, journal clubs, and trainee delivered *Quant* sessions. Monthly mortality and morbidity meetings are held, at which the Clinical Fellows are expected to present specific cases for discussion.

Our educational blog is at cambridgecriticalcare.net and trainees are expected to contribute to this, and other teaching activity such as our flipped classroom journal club during their appointment.

Fellows undertaking the Clinical Medicine Programme will receive a teaching timetable for the course, and their clinical commitments will be adapted to allow them to attend all of the teaching. Education, research, and audit projects will be provided within the programme.

There is an excellent and comprehensive Medical Library (<http://library.medschl.cam.ac.uk/>), a branch of the Cambridge University Library, which is situated at Addenbrooke's Hospital and incorporates the functions of a District Medical Library. There is also a well equipped simulation centre within the Trust (<http://www.cam-pgmc.ac.uk/simulation-centre>) in which a number of fellows have participated as course faculty.

Intensive Care Medicine Research at Cambridge

Research is at the centre of everything we do within Critical Care at Cambridge. The University Division of Anaesthesia (UDA) is led by Professor David Menon while other established University posts at Consultant level include three University Lecturers; one in Neurocritical Care (Dr Jonathan Coles), one in Pain Medicine (Dr Michael Lee), and one in Intensive Care Medicine (Dr Charlotte Summers). We also host several non-established ICM-related clinical academics, including Dr Virginia Newcombe (AMS Clinician Scientist), Dr Andy Conway-Morris (Clinical Lecturer in Anaesthesia), Dr Alasdair Jubb (Clinical Lecturer in Anaesthesia), and are about to appoint a Clinical Lecturer in ICM.

Several NHS Consultants have a research base within the UDA. These include Dr Ram Adapa (mechanisms of anaesthesia and consciousness) and Dr Ari Ercole (non-linear analysis of complex physiological data). The Division currently supports several PhD students and a variety of postgraduate/post-doctoral research workers. Departmental facilities are housed adjacent to the NHS Anaesthetic Department and the main operating theatres. In addition to office space, the Division contains an image processing facility, a biological sample processing laboratory, and further dedicated cell biology lab space within the Department of Medicine. The UDA is currently supported by grant funding from the NIHR, Wellcome Trust, MRC, EU FP7 program, and other sources.

JVFICU has an active programme of experimental medicine studies relating to sepsis, ARDS and nosocomial infection. JVFICU has world-recognised expertise in the translation of basic science into first-in-human and first-in-patient studies of therapeutics in these clinical domains, and work closely with several pharmaceutical companies on the development of novel agents for critically ill patient populations. Dr Summers also collaborates with Papworth CTICU on a number of research projects in addition to her other national and international research collaborations. Furthermore, we participate in a range of multicentre interventional clinical trials.

NCCU has a busy, vibrant research programme focussed on acute brain injury and complex trauma. Projects include CENTER-TBI which is a prospective longitudinal observational study in 60 centres from 20 countries including approximately 5400 patients which will obtain detailed data on the entire clinical course on injury details, treatment, outcome and health costs following traumatic brain injury; projects investigating surgical management of traumatic brain injury (RescueICP and RescueASDH); projects examining the treatment for open lower limb fractures; and research into infections following treatment for hydrocephalus. Many of these projects are described in more detail at <http://cambridgecriticalcare.net/research/>

Research at CTICU at Papworth adopts a multifaceted approach to understanding critical illness in the context of cardiothoracic disease. Recently we have been engaged in research into outcomes following a proton pump inhibitor usage, ECMO utilisation during the H1N1 pandemic; pulmonary embolus; and sickle cell disease, outcomes following pulmonary endarterectomy, genotype and phenotype characterisation of renal outcomes following cardiac surgery, and clinical information systems. In addition we have participated in a large number of multicentre international intensive care medicine trials.

Some examples of the current research activity in Cambridge:

<http://anaesthetics.medschl.cam.ac.uk/>
<http://www.wbic.cam.ac.uk/>
<http://www.immunology.cam.ac.uk/directory/summers>
http://www.papworthhospital.nhs.uk/content.php?/about/our_staff/profiles/Dr_Alain_Vuylsteke
<http://www.neuroscience.cam.ac.uk/directory/profile.php?jpc44>
<http://www.neuroscience.cam.ac.uk/directory/profile.php?dkm13>
<https://www.center-tbi.eu/>
<http://www.isrctn.com/ISRCTN66202560>
<http://www.rescueasdh.org/>

Person Specification

	ESSENTIAL CRITERIA	DESIRABLE CRITERIA
Education/ Qualifications	<p style="text-align: center;">MBBS or equivalent qualification</p> <p style="text-align: center;">Full Registration and a Licence to Practice with the General Medical Council</p>	<p style="text-align: center;">ATLS Course</p> <p style="text-align: center;">Presentations/Publications</p>
Experience	<p style="text-align: center;">Completion of a Core Surgical or Medical Training Programme or equivalent</p> <p style="text-align: center;">Completed a minimum of 6 months in acute surgical or medical specialty</p> <p style="text-align: center;">Able to deal with general emergency admissions</p>	<p style="text-align: center;">Intermediate or Advanced ICM training or equivalent.</p>
Skills/Ability/ Knowledge	<p style="text-align: center;">Good organisation</p> <p style="text-align: center;">Ability to organise own learning and time</p>	<p style="text-align: center;">Basic computer skills including Microsoft word and Outlook</p>
Qualities/ Attributes	<p style="text-align: center;">Ability to work as part of a team</p> <p style="text-align: center;">Ability to keep good medical records and communicate with other hospital departments and primary care</p> <p style="text-align: center;">Ability to understand and communicate with patients and colleagues</p>	<p style="text-align: center;">Ability to undertake research projects and audit</p> <p style="text-align: center;">Show interest in investigative, audit and research work outside immediate clinical responsibility.</p>
Other requirements	<p style="text-align: center;">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 (2013).</p> <p style="text-align: center;">If the Primary Medical Qualification including clinical contact was not carried out using English, applicants must 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</p>	

Cambridge University Hospitals NHS Foundation Trust

Cambridge University Hospitals NHS Foundation Trust (CUH) is a thriving, modern NHS hospital based in Cambridge, England.

The hospital fulfils a number of important functions. It is the local hospital for people living in the Cambridge area, it is a specialist centre for a regional, national and international population, it is the teaching hospital for the University of Cambridge, and it is a world-class centre for medical research.

CUH's is now a flagship NHS hospital having achieved NHS Foundation Trust status in July 2004. It is also working in partnership with the University and their research partners (the MRC and CRUK) to make The Cambridge Biomedical Campus an internationally leading centre for biomedical and translational research.

The hospital already shares its site with a range of other organisations including the University Clinical School, the National Blood Authority, and laboratories funded by the Medical Research Council (MRC), the Wellcome Trust and Glaxo SmithKline, University of Cambridge Hutchison/Cancer Research UK (CRUK) Cancer Centre. The most recent addition is The Medical Research Council's stunning 270,000 sq ft facility to house the Laboratory of Molecular Biology which opened in May 2013. Building is currently underway on a new global R&D Centre and Corporate HQ for AstraZeneca and coming soon a state-of-the-art building for Papworth Hospital when it relocates to the Campus in 2017.

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

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

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

Addenbrooke's Hospital, part of Cambridge University Hospitals NHS Foundation Trust (CUH) provides emergency, surgical and medical services, and is a centre of excellence for specialist services for liver transplantation, neurosciences, renal services, bone and marrow transplantation, cleft lip and palate reconstruction, treatment of rare cancers, medical genetics and paediatrics. CUH also includes The Rosie Hospital, which provides a full range of women's and maternity services.

Last year 73,069 men, women and children were treated as inpatients, 102,709 people attended accident and emergency, and there were 574,998 visits to outpatient clinics. 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 provides:

- Accessible high-quality healthcare for local people
- Specialist services for people in the East of England and beyond
- Support for education and training in all healthcare staff, and a workplace where all staff have access to continuing learning and personal development
- Support for research and development generating new knowledge, leading to improvements in population health and in healthcare delivery
- A contribution to economic growth, sustainable communities and a good quality of life for those we serve

Addenbrooke's History

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

In 1540, two centuries before Addenbrooke's was founded, the Regius Professorship of Physic in the University of Cambridge was founded by Henry VIII. Medical training on a modest scale developed at Addenbrooke's during the late 1700s, and in 1837 (the year of Queen Victoria's accession to the throne) the hospital became a recognised school of medicine.

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

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

Timeline

1766	Addenbrooke's Hospital was opened in Trumpington Street
1847	The first general anaesthetic using ether at Addenbrooke's was carried out two weeks after it was first used in the USA
1918	Addenbrooke's welcomed its first female medical student
1962	New site on Hills Road was officially opened by the Queen
1966	The first kidney transplant in the NHS was carried out at Douglas House Renal Unit
1968	Professor Sir Roy Calne carried out the first liver transplant in the NHS
1975	The first open heart surgery was carried out at Addenbrooke's
1981	Addenbrooke's first whole body scanner opened by Prince of Wales
1983	The Rosie Hospital was opened on the Addenbrooke's Campus
1984	Last patient left the 'old' Addenbrooke's Hospital site in Trumpington Street
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

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 - working for tomorrow's medicine

Cambridge medical research enjoys an international reputation for excellence, a reputation that extends from the laboratory to the bedside.

A great deal of research is carried out within the hospital. Over 1,000 projects and 400 clinical trials are run by Addenbrooke's staff. Much of the research is clinical and translational, turning basic science into new drugs and new therapies to improve patient care.

The Cambridge Biomedical Campus combines world-class biomedical research, patient care and education on a single site. Now undergoing a major expansion that includes the co-location of companies alongside the existing 12,000-strong community of healthcare professionals and research scientists, the Campus is on track to becoming one of the leading biomedical centres in the world by 2020.

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

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.

Achieving some of the best outcomes in the world for our patients, Papworth Hospital is the UK's largest specialist cardiothoracic hospital and the country's main heart and lung transplant centre.

We treat over 22,800 inpatient and day cases and 53,400 outpatients each year from across the UK. Our services are internationally recognised and include cardiology, respiratory medicine, and cardiothoracic surgery and transplantation.

Papworth Hospital carries out more major heart operations than any other hospital in the UK, currently approximately 2,000 per year. The survival rates and outcomes of these operations are under close and regular scrutiny by robust quality performance monitoring systems.

Papworth is the national centre for pulmonary endarterectomy, the largest respiratory support and sleep centre and a national centre for a range of other specialist services. Since carrying out the UK's first successful heart transplant in 1979, Papworth has established a reputation for leading edge research and innovation.

Papworth Hospital is a member of Cambridge University Health Partners (CUHP), an organisation which has been set up to drive forward the partnership between the National Health Service (NHS) and the University of Cambridge. CUHP is one of only five Academic Health Science Centres in England recognised by the Department of Health as internationally competitive centres of excellence in the integrated delivery of health care, health research and the education of health professionals.

Management and Staff

The Trust has five clinical directorates which manage the respective services of Cardiac, Surgery, Thoracic, Clinical and Diagnostic Support Services (Theatres, Critical Care & Anaesthetics, Radiology and Pathology), on a day to day basis. Each is led by a consultant Clinical Director and Service Manager. There are further non-clinical directorates for Research and Development, Education and Development, and Clinical Governance & Risk Management, together with Central management services.

The hospital has over 1,600 staff, plus contracted services. The workforce has grown considerably over the past few years. Recent appointments have enhanced our patient focus through a Patient Advice & Liaison service and Booked Admissions service. Modernisation is high on the agenda and there are posts in place to look at networking services, changing working roles and new ways of working.

Education and Learning at Papworth

The hospital has always recognised that education and research are of fundamental importance to enabling continuing innovation in clinical services and the delivery of high quality patient care. Both Education and Research have a high focus within the management and operation of the trust and are supported by appropriate resources and facilities.

The hospital website contains details of the training prospectus which is available to all staff. Examples of general and clinical training from the current prospectus include, *Conflict Resolution training, Time Management, Dealing with Loss and Bereavement, PTE study day, Pain Management, Recognise and Respond, ECG course, VAD training.*

There are also a range of eLearning courses, such as change management, communication skills, and improving personal effectiveness.

The library services and Information department provide training such as: Introductory Searching Skills, Cochrane Library, and specific research support. The library also provides a Knowledge Zone service to guide you through the databases, journals, internal and external resources to access the most useful sources.

The Research and Development department provides a teaching programme including Research Skills Teach Course developed in association with the Postgraduate Dean, the Institute of Public Health, University of Cambridge and Brunel University. This two day introductory course is held twice yearly, together with a programme of half day workshops offering more intensive teaching in particular topics, including Literature Searching, Critical Appraisal, Qualitative Research and SPSS

These courses run in May and November and the clinical fellows should have access to attending one of these courses, subject to individual training needs.

Educational Support

The Clinical Tutor/ Clinical Lead for Education is responsible for the overall provision of the training infrastructure for junior doctors, together with an overview of the training programme provided for junior doctors, allocation of funding for study leave and education resources. Within each specialty there is an Educational Supervisor who is responsible for the training programme for all junior doctors. Individual consultants have responsibility for delivering training, assessing trainees in their firm or specialty and contributing to the appraisal process.

Trainees will have 360 degree appraisal which provides a wide perspective on the development of their skills and facilities their development plans.

Educational supervisors

CCA	Amy Needham
Theatre	Kamen Valchanov

Facilities

There are doctors' offices in each of the specialty locations, and a doctors' mess with computers providing access to the internet in addition to the hospital resources. There is a dedicated clinical skills laboratory providing assessment and supported learning against key elements of the curricula.

The Clinical Library service provides all hospital staff with a comprehensive range of library and information services in support of clinical practice, education and research. There is a wide range of bibliographic databases including MEDLINE, CINAHL, Cochrane, EMBASE, AMED and BNI. The library services intranet enables staff to access databases and electronic journal links from their work area. There are close working relationships between the library and research staff who collaborate to provide various training programmes for medical staff.

Medical Education

In addition to the educational meetings/ teaching ward rounds and on-the job training within the specialties there are some trust wide activities which junior doctors are invited to attend

Hospital meetings include:

Joint meetings with Anaesthetists & Surgeons Wednesday mornings (0800-0900) twice a month. There are monthly Hospital wide Audit Meetings & Medical Morbidity and Mortality Meetings. There are regular multi-disciplinary team meetings within all specialties.

Research and Development

Papworth gives the highest priority to research evidenced by its worldwide reputation for scientific innovation and cutting edge research to develop state of the art technologies and treatments. Our international standing has recently been formally recognised through Academic Health Sciences Centre Designation for Cambridge University Health Partners; a joint venture involving the University of Cambridge, Cambridge University Hospitals NHS Foundation Trust, Cambridgeshire and Peterborough NHS Foundation Trust and Papworth Hospital NHS Foundation Trust.

The Trust encourages research via the R&D Unit which offers not just research governance approvals but a comprehensive 'one stop shop' service (including statistics and health economics) for developing and conducting new trials. A major strategic target is increasing National Institute for Health Research 'Portfolio' research trials and other well-designed studies. Our research is funded by the Health Technology Assessment Programme, the British Heart Foundation and other major grant organisations. The R&D Unit acts as a 'hub' for the West Anglia Comprehensive Local Research Network (CLRN), part of the National Comprehensive Clinical Research Network, which aims to provide a world-class infrastructure for clinical trials in all areas of disease and clinical need within the NHS.

Anaesthesia and Critical Care

The Department of Anaesthesia and Intensive Care is responsible for the Critical Care Unit medical staffing. The Department is located on the ground floor of the new theatre extension. Adjacent to the Departmental secretaries office are the departmental library, staff locker rooms and the theatre & critical care dining room. The Department of Anaesthesia provides a service for 5 operating theatres, as well as procedures in the Department of Radiology. The Department comprises 22 consultants, 15 anaesthetic trainees, 8 intensive care trainees, 3 critical care FY2, various number of visiting trainees, and 2 full-time secretaries. The consultant body has a wealth of experience in cardiothoracic anaesthesia, critical care, pain management, and echocardiography. The names of all consultants appear on the Specialist Register and further details are available on the departmental website: <http://www.papworth-anaesthesia.org>. The critical care area has 33 beds; 27 with the Intensive Care Unit and 6 within the Cardiac Recovery Unit. The area is staffed by a multidisciplinary team comprised of intensivists, surgeons, physicians, nurses, and allied medical professionals.

Cambridge and Papworth

Cambridge is one of Britain's smallest cities but also one of the fastest growing. The Arts Theatre within Cambridge is thriving and there are many musical activities to enjoy. The Fitzwilliam Museum is world famous.

Papworth Hospital is situated in a rural area within reach of Cambridge, Huntingdon and St Neots. There is easy access to London by road and rail and is situated on the A1198 in the village of Papworth Everard 8 miles south of Huntingdon and 12 miles west of Cambridge (A14 & A428). London Stansted Airport lies 35 miles to the south on the M11 motorway. The nearest mainline railway station is Huntingdon which lies on the main route between Peterborough and London Kings Cross stations.

For those with children of school age, there is a full range of public and private education institutions covering all age groups.

Cambridge is 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 excellent shopping facilities; an advice centre; Bank; cafés; clothes boutique; dry cleaners; financial advisory services; hairdressing salon; Marks and Spencer Simply Food; newsagent; The Body Shop; gift shop; solicitor and travel agents. There is a Food Court which offers "fast-food", as well as conventional options 24 hours a day.

In addition the Frank Lee Leisure 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

Addenbrooke's Hospital | Rosie Hospital

General Conditions of Appointment

1. This appointment shall be governed by the Terms and Conditions of Service for Hospital Medical and Dental Staff, as amended from time to time, and adhere to Trusts policies and procedures as appropriate.
2. All matters relating to patient's health and personal affairs and matters of a commercial interest to the Trust are strictly confidential and under no circumstances is such information to be divulged to any 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 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.
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 whole time appointment; the salary scale for this appointment is £31,301 to £47,175 per annum (April 2015 figures). Position on the incremental scale is determined by previous experience. Out of hours supplements will be paid in line with the forthcoming junior doctors contract, currently being negotiated between NHS Employers and the British Medical Association.
8. The University fees for the PGCert, Master's, and HELMS courses may be deducted from salary under a salary sacrifice scheme.
9. This post is superannuable and you will be subject to the NHS Superannuation Scheme unless you chose to opt out. The current rate of contribution is 6.5%.
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 fulfil 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.

13. 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.
14. 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.
15. This post is not recognised for training.
16. Removal expenses will be available to successful applicants within the limits of the Trust policy.