Urology Services Inquiry

Urology Services Inquiry | 1 Bradford Court | Belfast BT8 6RB
T: 02890 251005 | E: info@usi.org.uk | W: www.urologyservicesinquiry.org.uk

David Gracey
Head of Radiology
C/O Southern Health and Social Care Trust
Craigavon Area Hospital,
68 Lurgan Road, Portadown,
BT63 5QQ

26 September 2022

Dear Sir,

Re: The Statutory Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust

Provision of a Section 21 Notice requiring the provision of evidence in the form of a written statement

I am writing to you in my capacity as Solicitor to the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust (the Urology Services Inquiry) which has been set up under the Inquiries Act 2005 ('the Act').

I enclose a copy of the Urology Services Inquiry's Terms of Reference for your information.

You will be aware that the Inquiry has commenced its investigations into the matters set out in its Terms of Reference. The Inquiry is continuing with the process of gathering all of the relevant documentation from relevant departments, organisations and individuals. In addition, the Inquiry has also now begun the process of requiring individuals who have been, or may have been, involved in the range of matters which come within the Inquiry's Terms of Reference to provide written evidence to the Inquiry panel.

The Urology Services Inquiry is now issuing to you a Statutory Notice (known as a Section 21 Notice) pursuant to its powers to compel the provision of evidence in the form of a written statement in relation to the matters falling within its Terms of Reference.

The Inquiry is aware that you have held posts relevant to the Inquiry's Terms of Reference. The Inquiry understands that you will have access to all of the relevant information required to provide the witness statement required now or at any stage

throughout the duration of this Inquiry. Should you consider that not to be the case, please advise us of that as soon as possible.

The Schedule to the enclosed Section 21 Notice provides full details as to the matters which should be covered in the written evidence which is required from you. As the text of the Section 21 Notice explains, you are required by law to comply with it.

Please bear in mind the fact that the witness statement required by the enclosed Notice is likely (in common with many other statements we will request) to be published by the Inquiry in due course. It should therefore ideally be written in a manner which is as accessible as possible in terms of public understanding.

You will note that certain questions raise issues regarding documentation. As you are aware the Trust has already responded to our earlier Section 21 Notice requesting documentation from the Trust as an organisation. However if you in your personal capacity hold any additional documentation which you consider is of relevance to our work and is not within the custody or power of the Trust and/or has not been provided to us to date, then we would ask that this is also provided with this response.

If it would assist you, I am happy to meet with you and/or the Trust's legal representative(s) to discuss what documents you have and whether they are covered by the Section 21 Notice.

You will also find attached to the Section 21 Notice a Guidance Note explaining the nature of a Section 21 Notice and the procedures that the Inquiry has adopted in relation to such a notice. In particular, you are asked to provide your evidence in the form of the template witness statement which is also enclosed with this correspondence. In addition, as referred to above, you will also find enclosed a copy of the Inquiry's Terms of Reference to assist you in understanding the scope of the Inquiry's work and therefore the ambit of the Section 21 Notice.

Given the tight time-frame within which the Inquiry must operate, the Chair of the Inquiry would be grateful if you would comply with the requirements of the Section 21 Notice as soon as possible and, in any event, by the date set out for compliance in the Notice itself.

If there is any difficulty in complying with this time limit you must make application to the Chair for an extension of time before the expiry of the time limit, and that application must provide full reasons in explanation of any difficulty.

Finally, I would be grateful if you could acknowledge receipt of this correspondence and the enclosed Notice by email to Personal Information redacted by the USI.

Please do not hesitate to contact me to discuss any matter arising.

Yours faithfully

Personal Information redacted by the USI

Anne Donnelly
Solicitor to the Urology Services Inquiry

Tel: Personal Information redacted by the USI
Mobile: Personal Information redacted by the USI

THE INDEPENDENT PUBLIC INQUIRY INTO
UROLOGY SERVICES IN THE
SOUTHERN HEALTH AND SOCIAL CARE TRUST

Chair's Notice

[No 92 of 2022]

Pursuant to Section 21(2) of the Inquiries Act 2005

WARNING

If, without reasonable excuse, you fail to comply with the requirements of this Notice you will be committing an offence under section 35 of the Inquiries Act 2005 and may be liable on conviction to a term of imprisonment and/or a fine.

Further, if you fail to comply with the requirements of this Notice, the Chair may certify the matter to the High Court of Justice in Northern Ireland under section 36 of the Inquiries Act 2005, where you may be held in contempt of court and may be imprisoned, fined or have your assets seized.

TO:

David Gracey
Head of Radiology
C/O Southern Health and Social Care Trust
Headquarters
68 Lurgan Road
Portadown
BT63 5QQ

IMPORTANT INFORMATION FOR THE RECIPIENT

1. This Notice is issued by the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust on foot of the powers given to her by the Inquiries Act 2005.

2. The Notice requires you to do the acts set out in the body of the Notice.

3. You should read this Notice carefully and consult a solicitor as soon as possible about it.

4. You are entitled to ask the Chair to revoke or vary the Notice in accordance with the terms of section 21(4) of the Inquiries Act 2005.

5. If you disobey the requirements of the Notice it may have very serious consequences for you, including you being fined or imprisoned. For that reason you should treat this Notice with the utmost seriousness.

WITNESS STATEMENT TO BE PRODUCED

TAKE NOTICE that the Chair of the Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust requires you, pursuant to her powers under section 21(2)(a) of the Inquiries Act 2005 ('the Act'), to produce to the Inquiry a Witness Statement as set out in the Schedule to this Notice by **noon on 24th October 2022.**

APPLICATION TO VARY OR REVOKE THE NOTICE

AND FURTHER TAKE NOTICE that you are entitled to make a claim to the Chair of the Inquiry, under section 21(4) of the Act, on the grounds that you are unable to comply with the Notice, or that it is not reasonable in all the circumstances to require you to comply with the Notice.

If you wish to make such a claim you should do so in writing to the Chair of the Inquiry at: **Urology Services Inquiry, 1 Bradford Court, Belfast, BT8 6RB** setting out in detail the basis of, and reasons for, your claim by **noon on 17th October 2022.**

Upon receipt of such a claim the Chair will then determine whether the Notice should be revoked or varied, including having regard to her obligations under section 21(5) of the Act, and you will be notified of her determination.

Dated this day 26th September 2022

Signed: Personal Information redacted by the USI

Christine Smith QC

Chair of Urology Services Inquiry

Urology Services Inquiry

SCHEDULE
[No 92 of 2022]

SECTION 1 – GENERAL NARRATIVE

General

1. Having regard to the Terms of Reference of the Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of those Terms. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with or by you, meetings you attended, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order.

2. Please also provide any and all documents within your custody or under your control relating to the terms of reference of the *Urology Services Inquiry* ("USI"). Provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below. Place any documents referred to in the body of your response as separate appendices set out in the order referred to in your answers. If you are in any doubt about document provision, please do not hesitate to contact the Trust's Solicitor, or in the alternative, the Inquiry Solicitor.

3. Unless you have specifically addressed the issues in your reply to Question 1 above, please answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, please specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed and, as far as possible, to address your answers in a chronological format.

If there are questions that you do not know the answer to, or if you believe that someone else is better placed to answer a question, please explain and provide the name and role of that other person.

Your role

4. Please set out all roles held by you within the Southern Trust, including dates and a brief outline of duties and responsibilities in each post.

5. Please provide a description of your line management in each role, naming those roles/individuals to whom you directly report/ed and those departments, services, systems, roles and individuals whom you manage/d or had responsibility for.

6. If your current role involves managing staff, please set out how you carry out this role, e.g. meetings, oral/written reports, assessments, appraisals, etc.

7. What systems were and are in place during your tenure to assure you that appropriate standards were being met by you and maintained by you in fulfilling your role?

8. Was your role subject to a performance review or appraisal? If so, please explain how and by whom this was carried out and provide any relevant documentation including details of your agreed objectives for this role, and any guidance or framework documents relevant to the conduct of performance review or appraisal.

9. Where not covered by question 8 above, please set out any relevant policy and guidelines, both internal and external as applicable, governing your role. How, if at all, are you made aware of any updates on policy and guidance relevant to you?

Urology Services Inquiry

10. What performance indicators, if any, are used to measure performance for your role?

11. How do you assure yourself that you adhere to the appropriate standards for your role? What systems were in place to assure you that appropriate standards were being met and maintained?

12. Have you experience of these systems being by-passed, whether by yourself or others? If yes, please explain in full, most particularly with reference to urology services.

13. What systems of governance do you use in fulfilling your role?

14. Have you been offered any support for quality improvement initiatives during your tenure? If yes, please explain and provide any supporting documentation.

15. During your tenure, who did you understand was responsible for overseeing the quality of services in urology?

16. In your experience, who oversaw the clinical governance arrangements of urology and, how was this done?

17. Did you feel able to provide the requisite service and support to urology services which your role required? If not, why not? Did you ever bring this to the attention of management and, if so, what, if anything, was done? What, if any, impact do you consider your inability to properly fulfill your role within urology had on patient care, governance or risk?

18. Did you feel supported by staff within urology in carrying out your role? Please explain your answer in full.

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Urology services

19. Please explain those aspects of your role and responsibilities which are relevant to the operation, governance or clinical aspects of urology services.

20. With whom do you liaise directly about all aspects of your job relevant to urology? Do you have formal meetings? If so, please describe their frequency, attendance, how any agenda is decided and how the meetings are recorded. Please provide the minutes as appropriate. If meetings are informal, please provide examples.

21. In what way is your role relevant to the operational, clinical and/or governance aspects of urology services? How are these roles and responsibilities carried out on a day to day basis (or otherwise)?

22. What is your overall view of the efficiency and effectiveness of governance processes and procedures within urology as relevant to your role?

23. Through your role, did you inform or engage with performance metrics or have any other patient or system data input within urology? How did those systems help identify concerns, if at all?

24. Do you have any specific responsibility or input into any of the following areas within urology? If yes, please explain your role within that topic in full, including naming all others with whom you engaged:

    (i) Waiting times
    (ii) Triage/GP referral letters
    (iii) Letter and note dictation
    (iv) Patient care scheduling/Booking
    (v) Prescription of drugs

(vi) Administration of drugs
(vii) Private patient booking
(viii) Multi-disciplinary meetings (MDMs)/Attendance at MDMs
(ix) Following up on results/sign off of results
(x) Onward referral of patients for further care and treatment
(xi) Storage and management of health records
(xii) Operation of the Patient Administrative System (PAS)
(xiii) Staffing
(xiv) Clinical Nurse Specialists
(xv) Cancer Nurse Specialists
(xvi) Palliative Care Nurses
(xvii) Patient complaints/queries

Concerns

25. Please set out the procedure which you were expected to follow should you have a concern about an issue relevant to patient care and safety and governance.

26. Did you have any concerns arising from any of the issues set out at para 24, (i) – (xvii) above, *or any other matter* regarding urology services? If yes, please set out in full the nature of the concern, who, if anyone, you spoke to about it and what, if anything, happened next. You should include details of all meetings, contacts and outcomes. Was the concern resolved to your satisfaction? Please explain in full.

27. Did you have concerns regarding the practice of any practitioner in urology? If so, did you speak to anyone and what was the outcome? Please explain your answer in full, providing documentation as relevant. If you were aware of concerns but did not report them, please explain why not.

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28. If you did have concerns regarding the practice of any practitioner in urology, what, in your view was the impact of the issue giving rise to concern on the provision, management and governance of urology services?

29. What steps were taken by you or others (if any) to risk assess the potential impact of the concerns once known?

30. Did you consider that the concern(s) raised presented a risk to patient safety and clinical care? If yes, please explain by reference to particular incidents/examples. Was the risk mitigated in any way?

31. Was it your experience that once concerns were raised, systems of oversight and monitoring were put in place? If yes, please explain in full.

32. In your experience, if concerns are raised by you or others, how, if at all, are the outcomes of any investigation relayed to staff to inform practice?

33. Did you have any concerns that governance, clinical care or issues around risk were not being identified, addressed and escalated as necessary within urology?

34. How, if at all, were any concerns raised or identified by you or others reflected in Trust governance documents, such Governance meeting minutes or notes, or in the Risk Register, whether at Departmental level or otherwise? Please provide any documents referred to.

35. What could improve the ways in which concerns are dealt with to enhance patient safety and experience and increase your effectiveness in carrying out your role?

Staff

36. As relevant, what was your view of the working relationships between urology staff and other Trust staff? Do you consider you had a good working relationship with those with whom you interacted within urology? If you had any concerns regarding staff relationships, did you speak to anyone and, if so, what was done?

37. In your experience, did medical (clinical) managers and non-medical (operational) managers in urology work well together? Whether your answer is yes or no, please explain with examples.

Learning

38. Are you now aware of governance concerns arising out of the provision of urology services which you were not previously aware of? Identify any governance concerns which fall into this category and state whether you could and should have been made aware of the issues at the time they arose and why.

39. Having had the opportunity to reflect on these governance concerns arising out of the provision of urology services, do you have an explanation as to what went wrong within urology services and why?

40. What do you consider the learning to have been from a governance perspective regarding the issues of concern within urology services and, to the extent that you are aware, the concerns involving Mr. O'Brien in particular?

41. Do you think there was a failure to engage fully with the problems within urology services? If so, please identify who you consider may have failed to engage, what they failed to do, and what they may have done differently. Your answer may, for example, refer to an individual, a group or a particular level of staffing, or a particular discipline.

If your answer is no, please explain in your view how the problems which arose were properly addressed and by whom.

42. Do you consider that, overall, mistakes were made by you or others in handling the concerns identified? If yes, please explain what could have been done differently within the existing governance arrangements during your tenure? Do you consider that those arrangements were properly utilised to maximum effect? If yes, please explain how and by whom. If not, what could have been done differently/better within the arrangements which existed during your tenure?

43. Do you think, overall, the governance arrangements were and are fit for purpose? Did you have concerns specifically about the governance arrangements and did you raise those concerns with anyone? If yes, what were those concerns and with whom did you raise them and what, if anything, was done?

44. If not specifically asked in this Notice, please provide any other information or views on the issues raised in this Notice. Alternatively, please take this opportunity to state anything you consider relevant to the Inquiry's Terms of Reference and which you consider may assist the Inquiry.

NOTE:

By virtue of section 43(1) of the Inquiries Act 2005, "document" in this context has a very wide interpretation and includes information recorded in any form. This will include, for instance, correspondence, handwritten or typed notes, diary entries and minutes and memoranda. It will also include electronic documents such as emails, text communications and recordings. In turn, this will also include relevant email and text communications sent to or from personal email accounts or telephone numbers, as well as those sent from official or business accounts or numbers. By virtue of section 21(6) of the Inquiries Act 2005, a thing is under a person's control if it is in his possession or if he has a right to possession of it.

Urology Services Inquiry

UROLOGY SERVICES INQUIRY

USI Ref: Notice 92 of 2022

Date of Notice: 26 September 2022

Witness Statement of: David Gracey

I, David Gracey, will say as follows: -

SECTION 1 – GENERAL NARRATIVE

General

1. **Having regard to the Terms of Reference of the Inquiry, please provide a narrative account of your involvement in or knowledge of all matters falling within the scope of those Terms. This should include an explanation of your role, responsibilities and duties, and should provide a detailed description of any issues raised with or by you, meetings you attended, and actions or decisions taken by you and others to address any concerns. It would greatly assist the inquiry if you would provide this narrative in numbered paragraphs and in chronological order.**

1.1 As a Consultant Radiologist I perform and/or report radiology studies, some of which are for urology. I do not have a subspecialty interest in urological radiology and I therefore do not perform or report urology studies which require that specific expertise – for example prostate MRI or renal MRI. In my role as temporary Clinical Director for Radiology I had responsibility for directing the radiology services, including those utilized by Urology.

1.2 I did not raise any issues with regards to Urology or attend any meetings to address any concerns.

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2. **Please also provide any and all documents within your custody or under your control relating to the terms of reference of the *Urology Services Inquiry* ("USI"). Provide or refer to any documentation you consider relevant to any of your answers, whether in answer to Question 1 or to the questions set out below. Place any documents referred to in the body of your response as separate appendices set out in the order referred to in your answers. If you are in any doubt about document provision, please do not hesitate to contact the Trust's Solicitor, or in the alternative, the Inquiry Solicitor.**

   2.1 I have attached all emails relating to urology during my tenure as temporary Clinical Director. To my knowledge I have no other printed or electronic documents.

   2.2 All documents referenced in this statement can be located in folder S21 92 of 2022 – Attachments.

3. **Unless you have specifically addressed the issues in your reply to Question 1 above, please answer the remaining questions in this Notice. If you rely on your answer to Question 1 in answering any of these questions, please specify precisely which paragraphs of your narrative you rely on. Alternatively, you may incorporate the answers to the remaining questions into your narrative and simply refer us to the relevant paragraphs. The key is to address all questions posed and, as far as possible, to address your answers in a chronological format.**

   If there are questions that you do not know the answer to, or if you believe that someone else is better placed to answer a question, please explain and provide the name and role of that other person.

Urology Services Inquiry

Your role

4. **Please set out all roles held by you within the Southern Trust, including dates and a brief outline of duties and responsibilities in each post.**

4.1 Consultant Radiologist Sept 2007 to present. Temporary Clinical Director for Radiology June 2015 to December 2017.

5. **Please provide a description of your line management in each role, naming those roles/individuals to whom you directly report/ed and those departments, services, systems, roles and individuals whom you manage/d or had responsibility for.**

5.1 Current line managers Dr Imran Yousuf, Clinical Director for Radiology and Dr Shahid Tariq, Assistant Medical Director, Dr Maria O'Kane, Medical Director, until her replacement by Dr Steven Austin.

5.2 In my role as temporary Clinical Director my line managers were Dr Stephen Hall, Assistant Medical Director, until his replacement by Dr Martina Hogan, Assistant Medical Director, until her replacement by Dr Shahid Tariq, Assistant Medical Director, and Dr John Simpson, Medical Director, until his replacement by Dr Richard Wright, Medical Director.

5.4 In my role as temporary Clinical Director my Assistant Director was Mr Ronan Carroll, until his replacement by Mrs Heather Trouton, and the Director was Mrs Esther Gishkori.

5.5 Prior to my role as temporary Clinical Director my line managers were Dr Mohamed Fawzy, Clinical Director for Radiology and Dr Stephen Hall, Assistant Medical Director, and ultimately the Medical Director appointed at that time.

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6. **If your current role involves managing staff, please set out how you carry out this role, e.g. meetings, oral/written reports, assessments, appraisals, etc.**

6.1 My current role does not involve managing staff.

7. **What systems were and are in place during your tenure to assure you that appropriate standards were being met by you and maintained by you in fulfilling your role?**

7.1 Annual medical appraisal, performed by my line manager (Assistant Medical Director) when I held the role of temporary Clinical Director, which includes a record of satisfactory continuing professional development, workload, a record of any complaints, incidents and SAIs (serious adverse incidents), and colleague and patient feedback. My medical appraisal is now performed by an appraiser allocated by the Trust.

7.2 Medical revalidation every 5 years.

7.3 Departmental radiology education and learning meeting learning meetings (REALM, previously called discrepancy meetings).

8. **Was your role subject to a performance review or appraisal? If so, please explain how and by whom this was carried out and provide any relevant documentation including details of your agreed objectives for this role, and any guidance or framework documents relevant to the conduct of performance review or appraisal.**

8.1 My role was subject to satisfactory annual appraisal by my line manager as in 7 above. This was documented as per the Trust and GMC requirements. Appraisals are now held on line by the Trust's Medical Revalidation Team.

Summaries of appraisals prior to the on-line record are also held by the Trust's Medical Revalidation Team.

9. **Where not covered by question 8 above, please set out any relevant policy and guidelines, both internal and external as applicable, governing your role. How, if at all, are you made aware of any updates on policy and guidance relevant to you?**

9.1 I do not have any relevant policies or guidelines governing the role of temporary Clinical Director. The role of temporary Clinical Director was set out in the advertisement for the post, but I have not retained a copy of this.

9.2 Policy and guidance updates relevant to me are disseminated at Radiology Division Meetings, shared through the Radiology Department Quality Standard for Imaging (QSI) process, or sent from the Medical Director's office by email.

10. **What performance indicators, if any, are used to measure performance for your role?**

10.1 In my current position performance indicators are; workload figures, feedback from colleagues, departmental radiology education and learning meeting learning meeting (REALM, previously called discrepancy meetings), records of any complaints, incidents and SAIs (serious adverse incidents), and colleague and patient feedback as required by the GMC for medical revalidation.

10.2 I did not have any specific performance indicators during my time in the role of temporary Clinical Director.

Urology Services Inquiry

11. **How do you assure yourself that you adhere to the appropriate standards for your role? What systems were in place to assure you that appropriate standards were being met and maintained?**

11.1 Annual medical appraisal, GMC medical revalidation, fulfilling the Royal College of Radiologists continuing professional development requirements, and an absence of complaints, incidents or SAIs, assures me that I am adhering to the appropriate standards. These standards are in place for all clinicians.

12. **Have you experience of these systems being by-passed, whether by yourself or others? If yes, please explain in full, most particularly with reference to urology services.**

12.1 No

13. **What systems of governance do you use in fulfilling your role?**

13.1 Submission of cases to the radiology education and learning meeting, DATIX system for any incidents and IRMER reporting for any radiation incidents.

14. **Have you been offered any support for quality improvement initiatives during your tenure? If yes, please explain and provide any supporting documentation.**

14.1 The Radiology Quality Standard for Imaging (QSI) process was implemented at the end of my tenure as temporary Clinical Director, with the appointment of a Radiographer to facilitate this process. I have not had direct support for quality improvement initiatives.

15. **During your tenure, who did you understand was responsible for overseeing the quality of services in urology?**

15.1 The same hierarchy as is present in radiology; Clinical Director, Assistant Medical Director and Medical Director, with similar non clinical Managers; Assistant Director, Director and Chief Executive. I do not recall each of the individuals tenures during my tenure as temporary Clinical Director but this record will be held by the Trust.

16. **In your experience, who oversaw the clinical governance arrangements of urology and, how was this done?**

16.1 The Clinical Director for Urology, who was responsible to the Assistant Medical Director for Surgery, who was responsible to the Medical Director, with similar non clinical managers; Assistant Director, Director and Chief Executive. I do not recall each of the individuals tenures during my tenure as temporary Clinical Director but this record will be held by the Trust.

17. **Did you feel able to provide the requisite service and support to urology services which your role required? If not, why not? Did you ever bring this to the attention of management and, if so, what, if anything, was done? What, if any, impact do you consider your inability to properly fulfill your role within urology had on patient care, governance or risk?**

17.1 Radiology was able to provide the general services and support to urology during my tenure as temporary Clinical Director, but subspecialty uroradiology (specialist MRI reporting and multidisciplinary meeting attendance) was limited to a single Consultant Cadiologist (Dr Williams), with a consequent impact on services – particularly MDM attendance.

17.2 Prior to my appointment as temporary Clinical Director uroradiology expertise (MRI reporting and MDM attendance) was also provided by Dr Mark

McClure, but he had been suspended and was subsequently dismissed, and Dr Mohamed Fawzy (MRI prostate reporting) but he had been granted a sabbatical and subsequently retired.

17.3 Multiple attempts were made to extend uroradiology subspecialty provision through advertisements for substantive posts, but there were no suitable applicants despite repeated advertisements for a Consultant Radiologist with an interest in Urology in; September 2016, March 2017, July 2017 and October 2017.

Please see the following supporting emails:

1. 13.4.16 - advertisements for vacant posts, request to include urology
2. 2.9.16 - advertisement for Urology and 2 other posts
3. 8.9.16 - advertisement, including urology
4. - 9. 11.1.17 - advertisements including Urology, A1-A5
10.-15. 16.1.17 - advertisements, including replacement of Dr McClure (urology), A1-A5
16. 21.2.17 - advertisement of vacant posts including urology
17.-21. 22.6.17 - Urology post advertisement (4 posts total), A1-A4
22. 14.9.17 - request for standing advertisements to include urology
23. 26.9.17 - request to include those not currently eligible in advertisements
24. 17.10.17 - contact with trainee regarding split urology position (later appointed to NT)

17.4 Locum agencies and international recruitment were also unable to provide a suitable Consultant.

Please see the following supporting emails:

25. 14.6.16 - no suitable locum available
26. 12.12.16 - response to International Recruitment, 7.6 vacant posts
27. 20.7.17 - potential uroradiology locums

28.-30. 21.7.17 - potential locum (did not take job), A1-A2

31. 24.8.17 - request to locum agency, including Urology

32. 31.8.17 - offer to locum Consultant Radiologist to include Urology MDM

17.5 Other Trusts in Northern Ireland were approached for assistance but were unable to provide assistance for reporting or MDM attendance due pressures within their own Trusts.

Please see the following supporting emails:

33. 1.9.16 - Request to SWAH for MDT involvement

34. 2.9.16 - WT unable to provide Consultant input for Urology MDM

35. 6.1.17 - request from Belfast Trust for SHSCT to provide a uroradiology for the regional MDM

36. 13.10.17 - request to WT for joint urology MDM

37. 15.11.17 - Request to other Trusts for assistance with Urology

38. 15.11.17 - WT unable to help with Urology

39. 15.11.17 - reply to WT unable to assist

40. 4.12.17 - further request to SET for assistance with prostate MRI reporting

40a. 18.12.17 - SET unable to help with urology

17.6 Training in uroradiology of a Consultant Radiologist already within the SHSCT was also proposed in late 2017 but no one was available to pursue this at that time.

Please see the following supporting email:

41. 28.11.17 - responses to proposed training of in house Consultants to take on Urology subspecialty, Dr Williams and Dr James

17.7 A portion of uroradiology subspecialty MRI reporting was performed as waiting list initiatives by Dr Williams. This was briefly problematic as he was not working the required number of programmed activities required by the

Trust (11 PAs) to be eligible to undertake WLIs. This was rectified in July 2016 with a condensed job plan to accommodate his wishes. In January 2017 an audit put WLI reporting at risk.

Please see the following supporting emails:

42.-44. 28.6.16 - Dr Williams unable to undertake WL as not on 11PAs as required by the trust
45. 3.7.16 - Dr Williams 11PA condensed job plan agreed to facilitate WL
46. 6.1.17 - Dr Williams proposing to resign if WLI sessions stopped

17.8 In 2017 an Independent Sector provider [Irrelevant information redacted by USI] provided a reporting service for subspecialty uroradiology studies, but they withdrew their services following criticism of some of the reports by Dr Williams, with a subsequent impact on report turn around times.

Please see the following supporting emails:

47. 16.2.17 - delay in MRI prostate reporting, no IS availability
48. 20.2.17 - MRI prostate reporting delays, IS services withdrawn
49. 25.5.17 - meeting proposed to feed back to Dr Williams regarding [Irrelevant information redacted by USI] *and offer of change of job plan*
50.-52. 5.6.17 [Irrelevant information redacted by USI] *discrepancies, prior to* [Irrelevant information redacted by USI] *reporting there was only a single reporter with no peer review*
53. 6.6.17 - IS discrepancies being addressed
54. 17.10.17 - Dr Williams disagreeing with [Irrelevant information redacted by USI] *report*
55. 22.11.2017 - Dr Williams and [Irrelevant information redacted by USI] *responses to discrepancies*

17.9 Urology MDM radiology cover was problematic throughout my tenure. Dr Williams was the sole Consultant Radiologist appointed to the MDM, as he was the only one with uroradiology expertise. He found the number of cases at the meeting and the length of the MDM notes arduous. His MDM

preparation time was increased to facilitate the meeting (May 2016). Initial clashes with other acute clinical duties, conflicting either with preparation time or the actual meeting, were addressed to optimize attendance (September 2017). Dr Williams leave also frequently coincided with the MDM. It was not possible to move the MDM, or discuss individual cases, at another day or time, to accommodate Dr Williams and facilitate patient flow, and Dr Williams was similarly not able to move his preparation time.

Please see the following supporting emails:

56. 14.5.15 - could Urology MDM day be moved, Dr Williams time protected
57. 15.5.15 - request to consider moving Urology meeting to better accommodate Dr Williams declined, MDM to proceed if radiology cases do not need discussed
58. 27.4.16 - Dr Williams resigning from Urology MDM, senior input requested
59. 27.4.16 - request to AMD for assistance with Dr Williams job plan and urology MDT attendance
59a.
60. 28.4.16 - Dr Williams complaining about the length of the urology MDM notes
61. 2.5.16 - proposed meeting regarding urology MDM
62. 2.5.16 - Dr Williams asked to prioritise meeting regarding urology MDM, job plan escalated to AMD.
63. 9.5.16 - urology MDM meeting, Dr O'Brien supports further time for Dr Williams to prepare.
64. 23.9.16 - patient deferred from urology MDM because no radiologist present
65.-66. 16.1.17 - Urology MDM minutes, concern regarding quoracy
67. 26.1.17 - Dr Williams unable to attend Urology MDM for several weeks because of leave and other commitments
68. 26.1.17 - Dr Williams unable for several MDTS due to annual leave, acute CT cover changed to enable meeting attendance

69. 8.2.17 - I offer to attend urology MDM, Dr Williams unavailable for several weeks due to leave

70. 8.2.17 - I cancel my leave to enable Dr Williams to attend the urology MDM

71. 24.5.17 - Dr Williams sharing the urology MDM to show the large number of cases

72. 20.6.17 - request to Dr Williams to review job plan to report MRI prostate as part of core work

73. 25.9.17 - no radiology available at MDM as Dr Williams prep time taken up with acute care, job plan to be reviewed with both prep and meeting attendance protected

74. 22.11.17 - note to Dr Tariq regarding informal discussion with Mr Haynes about MRI

75. 6.2.18 - Cancer performance meeting

18. **Did you feel supported by staff within urology in carrying out your role? Please explain your answer in full.**

18.1 My role did not require support from urology staff.

Urology services

19. **Please explain those aspects of your role and responsibilities which are relevant to the operation, governance or clinical aspects of urology services.**

19.1 My job as temporary Clinical Director for Radiology was relevant to Urology in trying to maintain and enhance the radiology provision for performing and reporting studies, and for MDMs. I did not personally contribute to urology subspecialty reporting or attend the Urology MDM as this is outside my areas of clinical expertise.

19.2 I have reviewed the SAIs investigated during my tenure as temporary Clinical Director and I have no record of any SAIs relating to both Urology and Radiology. Please see other emails that pertain to uroradiology service development:

76. 2.2.17 - Haematuria pathway
77. 21.2.17 - haematuria pathway change
78. 21.2.17 - haematuria pathway, NG12
79. 21.2.17 - Haematuria pathway
80. 22.11.17 - renal colic pathway
23.2.17 - Haematuria pathway

20. **With whom do you liaise directly about all aspects of your job relevant to urology? Do you have formal meetings? If so, please describe their frequency, attendance, how any agenda is decided and how the meetings are recorded. Please provide the minutes as appropriate. If meetings are informal, please provide examples.**

20.1 I had no formal meetings with Urology during my tenure as temporary Clinical Director for Radiology. I had formal meetings on a weekly basis with my Assistant Medical Director and Assistant Director, in which provision of radiology services for urology would have been discussed. I do not have a record of these meetings

21. **In what way is your role relevant to the operational, clinical and/or governance aspects of urology services? How are these roles and responsibilities carried out on a day to day basis (or otherwise)?**

21.1 With the exception of reporting some radiology examinations for Urology my current role is not relevant to the operational, clinical and/or governance aspects of Urology

Urology Services Inquiry

22. **What is your overall view of the efficiency and effectiveness of governance processes and procedures within urology as relevant to your role?**

22.1 I have no view regarding the efficiency and effectiveness of governance within urology.

23. **Through your role, did you inform or engage with performance metrics or have any other patient or system data input within urology? How did those systems help identify concerns, if at all?**

23.1 No

24. **Do you have any specific responsibility or input into any of the following areas within urology? If yes, please explain your role within that topic in full, including naming all others with whom you engaged:**

(i) **Waiting times**
(ii) **Triage/GP referral letters**
(iii) **Letter and note dictation**
(iv) **Patient care scheduling/Booking**
(v) **Prescription of drugs**

(vi) **Administration of drugs**
(vii) **Private patient booking**
(viii) **Multi-disciplinary meetings (MDMs)/Attendance at MDMs**
(ix) **Following up on results/sign off of results**
(x) **Onward referral of patients for further care and treatment**
(xi) **Storage and management of health records**
(xii) **Operation of the Patient Administrative System (PAS)**
(xiii) **Staffing**

(xiv) **Clinical Nurse Specialists (xv) Cancer Nurse Specialists**

(xvi) **Palliative Care Nurses**

(xvii) **Patient complaints/queries**

24.1 No

Concerns

25. **Please set out the procedure which you were expected to follow should you have a concern about an issue relevant to patient care and safety and governance.**

25.1 Inform colleague involved. Inform line managers – clinical and management. Complete DATIX. If inadequate response from line manager escalate further to Assistant Medical Director, Medical Director or GMC.

26. **Did you have any concerns arising from any of the issues set out at para 24, (i) – (xvii) above, *or any other matter* regarding urology services? If yes, please set out in full the nature of the concern, who, if anyone, you spoke to about it and what, if anything, happened next. You should include details of all meetings, contacts and outcomes. Was the concern resolved to your satisfaction? Please explain in full.**

26.1 No. I have no direct involvement with urology.

27. **Did you have concerns regarding the practice of any practitioner in urology? If so, did you speak to anyone and what was the outcome? Please explain your answer in full, providing documentation as relevant. If you were aware of concerns but did not report them, please explain why not.**

27.1 No

Urology Services Inquiry

28. **If you did have concerns regarding the practice of any practitioner in urology, what, in your view was the impact of the issue giving rise to concern on the provision, management and governance of urology services?**

28.1 Not applicable.

29. **What steps were taken by you or others (if any) to risk assess the potential impact of the concerns once known?**

29.1 Not applicable.

30. **Did you consider that the concern(s) raised presented a risk to patient safety and clinical care? If yes, please explain by reference to particular incidents/examples. Was the risk mitigated in any way?**

30.1 Not applicable.

31. **Was it your experience that once concerns were raised, systems of oversight and monitoring were put in place? If yes, please explain in full.**

31.1 Not applicable.

32. **In your experience, if concerns are raised by you or others, how, if at all, are the outcomes of any investigation relayed to staff to inform practice?**

32.1 I have no experience.

33. **Did you have any concerns that governance, clinical care or issues around risk were not being identified, addressed and escalated as necessary within urology?**

33.1 No

34. **How, if at all, were any concerns raised or identified by you or others reflected in Trust governance documents, such Governance meeting minutes or notes, or in the Risk Register, whether at Departmental level or otherwise? Please provide any documents referred to.**

34.1 No

35. **What could improve the ways in which concerns are dealt with to enhance patient safety and experience and increase your effectiveness in carrying out your role?**

35.1 Action all recommendations arising from complaints, including increasing resources to provide a timely and appropriate services.

Staff

36. **As relevant, what was your view of the working relationships between urology staff and other Trust staff? Do you consider you had a good working relationship with those with whom you interacted within urology? If you had any concerns regarding staff relationships, did you speak to anyone and, if so, what was done?**

36.1 I believe the relationship between Urology and Radiology is good. Radiology provides the necessary investigations within the limitations of the services available. Provision for subspecialty uroradiology reporting and MDM attendance have been increased with a Consultant Radiologist (Dr Richard McConville) having undertaken further training and now contributing to the

reporting of MRI prostate, and with the appointment of a further Consultant Radiologist (Dr Ryan Connolly) who has a subspecialty interest in Urology and who contributes to both subspecialty reporting and the Urology MDM.

37. **In your experience, did medical (clinical) managers and non-medical (operational) managers in urology work well together? Whether your answer is yes or no, please explain with examples.**

37.1 I have no experience of this.

Learning

38. **Are you now aware of governance concerns arising out of the provision of urology services which you were not previously aware of? Identify any governance concerns which fall into this category and state whether you could and should have been made aware of the issues at the time they arose and why.**

38.1 I am not aware of the governance concerns arising out of the provision of urology service, except for those articles published in the general press.

39. **Having had the opportunity to reflect on these governance concerns arising out of the provision of urology services, do you have an explanation as to what went wrong within urology services and why?**

39.1 I am not aware of what went wrong within urology services.

40. **What do you consider the learning to have been from a governance perspective regarding the issues of concern within urology services and, to the extent that you are aware, the concerns involving Mr. O'Brien in particular?**

40.1 I cannot comment as I am not aware of the issues of concern

41. **Do you think there was a failure to engage fully with the problems within urology services? If so, please identify who you consider may have failed to engage, what they failed to do, and what they may have done differently. Your answer may, for example, refer to an individual, a group or a particular level of staffing, or a particular discipline.**

If your answer is no, please explain in your view how the problems which arose were properly addressed and by whom.

41.1 I cannot comment as I do not have knowledge of the problems with urology.

42. **Do you consider that, overall, mistakes were made by you or others in handling the concerns identified? If yes, please explain what could have been done differently within the existing governance arrangements during your tenure? Do you consider that those arrangements were properly utilised to maximum effect? If yes, please explain how and by whom. If not, what could have been done differently/better within the arrangements which existed during your tenure?**

42.1 I do not know what concerns were identified.

43. **Do you think, overall, the governance arrangements were and are fit for purpose? Did you have concerns specifically about the governance arrangements and did you raise those concerns with anyone? If yes, what were those concerns and with whom did you raise them and what, if anything, was done?**

Urology Services Inquiry

43.1 I do not know what the specifics of the governance arrangements were or are within Urology.

44. **If not specifically asked in this Notice, please provide any other information or views on the issues raised in this Notice. Alternatively, please take this opportunity to state anything you consider relevant to the Inquiry's Terms of Reference and which you consider may assist the Inquiry.**

44.1 I have no other information or views.

NOTE:

By virtue of section 43(1) of the Inquiries Act 2005, "document" in this context has a very wide interpretation and includes information recorded in any form. This will include, for instance, correspondence, handwritten or typed notes, diary entries and minutes and memoranda. It will also include electronic documents such as emails, text communications and recordings. In turn, this will also include relevant email and text communications sent to or from personal email accounts or telephone numbers, as well as those sent from official or business accounts or numbers. By virtue of section 21(6) of the Inquiries Act 2005, a thing is under a person's control if it is in his possession or if he has a right to possession of it.

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed: [redacted]

Date: 20.11.2022

Section 21 Notice Number 92 of 2022

Witness Statement – David Gracey

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4. 11.1.17 - advertisements including Urology
5. 11.1.17 - advertisements including Urology A1
6. 11.1.17 - advertisements including Urology A2
7. 11.1.17 - advertisements including Urology A3
8. 11.1.17 - advertisements including Urology A4
9. 11.1.17 - advertisements including Urology A5
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11. 16.1.17 - advertisements, including replacement of Dr McClure (urology) A1
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22. 14.9.17 - request for standing advertisements to include urology
23. 26.9.17 - request to include those not currently eligible in advertisements
24. 17.10.17 - contact with trainee regarding split urology position (later appointed to NT)
25. 14.6.16 - no suitable locum available
26. 12.12.16 - response to International Recruitment, 7.6 vacant posts
27. 20.7.17 - potential uroradiology locums
28. 21.7.17 - potential locum (did not take job)
29. 21.7.17 - potential locum (did not take job) A1
30. 21.7.17 - potential locum (did not take job) A2
31. 24.8.17 - request to locum agency, including Urology
32. 31.8.17 - offer to locum Consultant Radiologist to include Urology MDM
33. 1.9.16 - Request to SWAH for MDT involvement
34. 2.9.16 - WT unable to provide Consultant input for Urology MDM
35. 6.1.17 - request from Belfast Trust for SHSCT to provide a uroradiology for the regional MDM
36. 13.10.17 - request to WT for joint urology MDM
37. 15.11.17 - Request to other Trusts for assistance with Urology
38. 15.11.17 - WT unable to help with Urology
39. 15.11.17 - reply to WT unable to assist
40. 4.12.17 - further request to SET for assistance with prostate MRI reporting
40a. 18.12.17 - SET unable to help with urology

41. 28.11.17 - responses to proposed training of in house Consultants to take on Urology subspecialty, Dr Williams and Dr James
42. 28.6.16 - Dr Williams unable to undertake WL as not on 11PAs as required by the trust
43. 28.6.16 - Dr Williams unable to undertake WL as not on 11PAs as required by the trust A1
44. 28.6.16 - Dr Williams unable to undertake WL as not on 11PAs as required by the trust A2
45. 3.7.16 - Dr Williams 11PA condensed job plan agreed to facilitate WL
46. 6.1.17 - Dr Williams proposing to resign if WLI sessions stopped
47. 16.2.17 - delay in MRI prostate reporting, no IS availability
48. 20.2.17 - MRI prostate reporting delays, IS services withdrawn
49. 25.5.17 - meeting proposed to feed back to Dr Williams regarding Irrelevant Information and offer of change of job plan
50. 5.6.17 - Irrelevant Information discrepancies, prior to Irrelevant Information reporting there was only a single reporter with no peer review
51. 5.6.17 - Irrelevant Information discrepancies, prior to Irrelevant Information reporting there was only a single reporter with no peer review A1
52. 5.6.17 - Irrelevant Information discrepancies, prior to Irrelevant Information Redacted reporting there was only a single reporter with no peer review A2
53. 6.6.17 - IS discrepancies being addressed
54. 17.10.17 - Dr Williams disagreeing with Irrelevant Information report
55. 22.11.2017 - Dr Williams and Irrelevant Information responses to discrepancies
56. 14.5.15 - could Urology MDM day be moved, Dr Williams time protected
57. 15.5.15 - request to consider moving Uro mtg to better accommodate Dr W declined, MDM to proceed if radiology cases etc
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59a. 27.4.16 - copy of AMD assistance requested regarding Dr Williams job plan review
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81. 23.2.17 - Haematuria pathway

Stinson, Emma M

From: Gracey, David [redacted]
Sent: 13 April 2016 12:21
To: Neill, Ruth
Subject: Re: BMJ Display Consultant Radiologists - Apr 16

Ruth

Many thanks. Could you change the gastroenterologist job to (Gastreoenterology and/or Urology). Just in case we have an applicant who has only one or the skill sets.

Many thanks

David

Sent from my iPad

On 13 Apr 2016, at 11:46, Neill, Ruth [redacted] wrote:

> Dr Gracey,
>
> The Radiologist posts are going to be advertised in the press next week. I have attached a draft BMJ ad – is there anything else that you would like in it?
>
> Thanks,
>
> Ruth
>
> **Ruth Neill**
> HR Advisor – Medical Resourcing
> SHSCT, Hill Building, St. Luke's Hospital Site, Armagh BT61 7NQ
> **<image001.jpg>:** [redacted] | **<image002.jpg>:** [redacted]
>
> Please note that my current working days are Wednesday, Thursday & Friday
>
> <BMJ Display Consultant Radiologists - Apr 16.doc>

Stinson, Emma M

From: Gracey, David [redacted]
Sent: 02 September 2016 09:48
To: Neill, Ruth
Cc: McIlkenny, Andrea
Subject: RE: Radiology vacancies

Ruth

Consultant Radiologist - Breast Imaging	15.09.2015	Permanent
Consultant Radiologist (Breast Radiology)	07.04.2016	Permanent
Consultant Radiologist (Gastroenterology and/or Urology)	07.04.2016	Permanent

Just the above at present.

Thanks

From: Neill, Ruth
Sent: 02 September 2016 09:28
To: Gracey, David
Cc: McIlkenny, Andrea
Subject: RE: Radiology vacancies

Dr Gracey, just to clarify – do you wish to advertise all of these posts?

Thanks, Ruth

Requisition	Requisition Creation Date	Work Contract Type
Consultant Radiologist, Nuclear Medicine	26.06.2015	Permanent
Consultant Radiologist - Paediatrics (joint with BHSCT)	26.06.2015	Permanent

---

From: Gracey, David
Sent: 01 September 2016 23:27
To: McIlkenny, Andrea
Cc: Neill, Ruth
Subject: RE: Radiology vacancies

Andrea

Yes please. Can we please ensure that "part time applicants" will be welcomed.

Many thanks

David

From: McIlkenny, Andrea
Sent: 15 August 2016 14:18
To: Gracey, David
Cc: Neill, Ruth
Subject: FW: Radiology vacancies
Importance: High

Dr Gracey

I am following up on an email you had sent to my colleague Ruth Neill back in July as she is on annual leave at present (please see email below)
RE Consultant Radiologist Breast Imaging, Craigavon Area Hospital, 2 posts.

You had mentioned in your email that you would like this readvertised again mid-August/September. Do you require this to be readvertised now?

Regards
Andrea McIlkenny
Medical Human Resources Officer
Medical & Dental Recruitment
Directorate of HR & Organisational Development
Southern Health & Social Care Trust
Hill Building
St Luke's Hospital
Loughgall Road
Armagh
BT61 7NQ

Direct Line Personal Information redacted by the USI

Personal Information redacted by the USI

Please feel free to click on the below tiles to view the HROD and Resourcing Team's New SharePoint sites

From: Gracey, David
Sent: 19 July 2016 09:37
To: Neill, Ruth
Subject: RE: Radiology vacancies

Ruth

With currently 9 vacant posts these will be readvertised at the end of this year.

There is a potential of an applicant for a breast position so I would like to readvertise this post end of Aug/Start of September.

Thanks

David

From: Neill, Ruth
Sent: 15 July 2016 09:52
To: Gracey, David
Subject: Radiology vacancies

Dr Gracey,

We currently have the below vacancies in the system for Radiology – can you advise if any of these can be closed off or will they all be re-advertised at some point in the future?

Thanks, Ruth

Requisition	Requisition Creation Date	Work Contract Type	On Hold
Consultant Radiologist, Nuclear Medicine	26.06.2015	Permanent	1
Consultant Radiologist - Breast Imaging	15.09.2015	Permanent	1
Consultant Radiologist (Breast Radiology)	07.04.2016	Permanent	0
Consultant Radiologist (Gastroenterology and/or Urology)	07.04.2016	Permanent	0
Consultant Radiologist - Paediatrics (BHSCT)	26.06.2015	Permanent	1

Ruth Neill
HR Advisor – Medical Resourcing
SHSCT, Hill Building, St. Luke's Hospital Site, Armagh BT61 7NQ
: Personal Information redacted by the USI | : Personal Information redacted by the USI

Please note that my current working days are Wednesday, Thursday & Friday

Stinson, Emma M

From: Gracey, David [redacted]
Sent: 08 September 2016 10:31
To: Yousuf, Imran
Subject: FW: Radiology vacancies

No chance to previous advert in the interests of expediency. Part time applicants welcome.

From: Somerville, Nicola
Sent: 08 September 2016 10:29
To: Gracey, David
Cc: McIlkenny, Andrea; Neill, Ruth
Subject: FW: Radiology vacancies

Dr Gracey

As instructed the Consultant Radiologist (Gastroenterology/Urology) CAH and Consultant Radiologist Breast Radiology (2 posts) CAH have been advertised again with a closing date of Tuesday 11th October 2016.

They are appearing in the BMJ as a Display advert like the last time and also the NHS jobs website. The advert details that anyone interested in part-time hours can apply and your name has been put on it as a contact for informal enquiries.

We will be in contact when the file closes.

Many Thanks

Nicola

Mrs Nicola Somerville
Human Resources Officer
Southern Health and Social Care Trust
Hill Building
St Luke's Hospital Site
Loughgall Road
ARMAGH
BT61 7NQ

My Working Hours are Mon 9am – 5pm, Tue 9am-1.15pm, Wed, Thur, Fri 9am – 4pm.

☎: [redacted]
[redacted]

From: McIlkenny, Andrea
Sent: 08 September 2016 10:24
To: Somerville, Nicola
Subject: FW: Radiology vacancies

From: Gracey, David
Sent: 02 September 2016 09:48
To: Neill, Ruth
Cc: McIlkenny, Andrea
Subject: RE: Radiology vacancies

Ruth

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Thanks, Ruth

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Consultant Radiologist (Breast Radiology)	07.04.2016	Permanent	0
Consultant Radiologist (Gastroenterology and/or Urology)	07.04.2016	Permanent	0
Consultant Radiologist - Paediatrics (BHSCT)	26.06.2015	Permanent	1

Ruth Neill
HR Advisor – Medical Resourcing
SHSCT, Hill Building, St. Luke's Hospital Site, Armagh BT61 7NQ
: Personal Information redacted by the USI | : Personal Information redacted by the USI

Please note that my current working days are Wednesday, Thursday & Friday

Stinson, Emma M

From: Gracey, David [redacted]
Sent: 11 January 2017 14:58
To: Somerville, Nicola; McIlkenny, Andrea; Neill, Ruth; Clegg, Malcolm
Cc: Trouton, Heather; Hogan, Martina
Subject: Consultamt Radiology - Job Advertisements
Attachments: Job advertisement Breast Jan 2017.doc; Job advertisement Cardiothoracic Jan 2017.doc; Job advertisement Gastro Jan 2017.doc; Job advertisement Gastro Urology Jan 2017.doc; Job advertisement NM Jan 2017.doc

Dear All,

I would like to advertise several of our vacant posts (currently 7)

I have interest from two/possibly three local trainees – Cardiothoracic Radiology, Gastroenterology Radiology.

Other pressing needs remain in Breast, Nuclear Medicine and Urology.

I have forwarded a first draft job description to the RCR college advisor (Dr John Lawson) for comments. Drafts for all of the above posts are attached.

Do I require position numbers prior to completing an e requisition on HRPTS?

I would be very grateful of your assistance/direction.

Kind regards

David

Dr David Gracey, FRCR
Consultant Radiologist

[redacted]
office [redacted] (internal)
[redacted] (external)

Southern Health and Social Care Trust

Quality Care - for you, with you

Consultant Radiologist with a specialist interest in Breast

-

- Job Information Pack

Closing Date for Receipt of Completed Applications is:

IMPORTANT NOTE

All communication relating to your application will be sent to you via email, you should continually check your email account for correspondence, this includes checking junk mail box.

An Equal Opportunities Employer

Introduction

Thank you for your interest in applying for a post with the Southern Health & Social Care Trust. This Job Information pack will provide you with further details regarding the Job you are applying for.

It is essential that you read the Job Description and Personnel Specification carefully to allow you to demonstrate in your application form how you meet the essential criteria.

Application forms can be submitted through one of the following channels:

- **On Line at** http://www.HSCRecruit.com – full details on completing an online application form are provided at this web address.

  Remember not to leave it until the last minute as something could happen to the internet at either end

- **Or by post**[1] to the Resourcing Team, Southern Health and Social Care Trust, Human Resources Department, Hill Building, St Luke's Hospital Site, Loughgall Road, Armagh, County Armagh, Northern Ireland BT61 7NQ Tel: +44 (0)28 3741 2558/2572

Following submission of your application you will receive all correspondence relating to your application by email. **You should set up your mailbox to receive emails from** Workflow.System@HSC.com otherwise the information may go to your Junk Email box. Emails will appear to have a sender 'WF Batch'. Please check your email account on an ongoing basis for correspondence as there will be no other alerts in this regard. You should also check your Junk Email Box.

Thank you again for your interest in the Southern Health & Social Care Trust.
Southern Trust Resourcing Team

[1] *Applicants using Royal Mail should note that 1st class mail does not guarantee next day delivery. It is the responsibility of the applicant to ensure that sufficient postage has been paid to return the form to the address above by the stated closing date and time.*

Where Is the Southern Health & Social Care Trust, and what do we Do?

The Southern Trust provides essential patient / client centred services to a population of 335,000 people in the local areas of Armagh, Banbridge, Craigavon, Dungannon, South Tyrone, Newry and Mourne (see map outline below):

The Trust provides both Acute and Community based services for all ages. You may wish to view further information on our website at http://www.southerntrust.hscni.net/ or you can follow us on Facebook or Twitter

The Southern Trust Vision is 'to deliver safe, high quality health and social care services, respecting the dignity and individuality of all who use them' and this is underpinned by six values which have been developed to help achieve the vision.

Our Values

We will;

- Treat people fairly and with respect
- Be open and honest and act with integrity
- Put patients, clients, carers and community at the heart of all we do
- Value staff and support their development to improve our care
- Embrace change for the better
- Listen and learn

Our Priorities

- Providing safe high quality care
- Maximizing independence and choice for our patients and clients
- Supporting people and communities to live healthy lives and to improve their health and wellbeing
- Being a great place to work, valuing our people
- Making best use of resources
- Being a good social partner within our communities

Standard Wording Updated 09.11.2015

Southern Health and Social Care Trust

Quality Care - for you, with you

www.planetware.com

http://www.mourne mountains.com/mournes/

http://www.armagh.co.uk

Standard Wording Updated 09.11.2015

Southern Health and Social Care Trust

Quality Care - for you, with you

Approval:	**THIS JOB DESCIRPTION WAS APPROVED BY**

JOB TITLE: Consultant Radiologist (Gastroenterology)

DEPARTMENT: Radiology

BASE/LOCATION: All posts are appointed to the Southern Health and Social Care Trust. The base hospital for this post is **Craigavon Area Hsopital** however the post holder may be required to work on any site within the Southern Health and Social Care Trust.

REPORTS TO: Associate Medical Director for Cancer and Clinical Services

ACCOUNTABLE TO: Mrs E Gishkori – Director of Acute Services

SUMMARY OF POST:

- This is a replacement post and will join a team of 17 Consultant Radiologists.
- This post will participate in a 1:18 Category A on-call rota. Current pay supplement: 3%
- This post will attract a salary of **£75,249 - £101,451 per annum**
- This is a full-time position, however anyone interested in working part-time / job share is also welcome to apply.
- Annual leave will be 32 days per annum initially rising to 34 days after 7 years' seniority, plus 10 statutory and public holidays.
- The post also has an attractive study leave entitlement of up to 30 days paid leave with expenses in any period of three years.
- A relocation package may also be available if required.
- The Southern Trust has established a dedicated revalidation support team which ensures all doctors have an annual appraisal with a trained appraiser and supports all doctors through the revalidation process. The Trust has also appointed corporate, Consultant and SAS Leads for appraisal and revalidation.
- The Trust offers a medical mentoring scheme which can be viewed on the Southern Docs website CLICK HERE Commercially Sensitve Information
- The Trust supports the requirements for continuing professional development (CPD) as laid down by the GMC and is committed to providing time and financial support for these activities.

- The post will attract all the terms and conditions and employment benefits associated with an NHS post e.g. NHS indemnity; access to NHS pension scheme and many additional benefits such as child care vouchers etc.

THE SOUTHERN TRUST:

The Southern Trust is one of the largest employers in Northern Ireland and Craigavon Area and Daisy Hill hospitals form the Southern Trust Acute Hospital Network - serving a population of over 360,000. Each year in our hospital network there are approximately 63,000 inpatient admissions; 25,000 day cases; 300,000 outpatient appointments; 116,000 Emergency Department attendances; and over 6,000 births. *Statistics updated in 2015*

The Southern Trust's acute hospital network was reaffirmed in 2015 as one of the UK's Top Hospitals for the fourth consecutive year. The national CHKS Top 40 Hospitals programme recognises acute sector organisations for their achievements in healthcare quality, improvement and performance. The Top Hospitals award is based on the evaluation of over 20 key performance indicators covering safety, clinical effectiveness, health outcomes, efficiency, patient experience and quality of care. As well as being placed in the Top 40 Hospitals, the Southern Trust was shortlisted for the first time ever for the CHKS National Data Quality Improvement Award. Our vision is to 'to deliver safe, high quality health and social care services, respecting the dignity and individuality of all who use them'

WHY SHOULD YOU WORK FOR US?

The Southern Trust was the first Trust in Northern Ireland to invest and implement in a fully electronic job planning system which is available for all permanent consultant and SAS doctors. This makes it much easier for doctors to maintain an up to date job plan to ensure they are paid correctly and to support the revalidation and appraisal process. Doctors in longer term temporary posts may also be able to use this system. As well as Corporate and Departmental Induction each new permanent medical employee will have an opportunity to have an informal meeting with the Medical Director at the end of month three / four of commencement with the Trust during which time they can explore the option of job shadowing a non-clinical manager within their speciality for a morning / afternoon. This will be facilitated via the relevant Associate Medical Director. There is also a fully embedded revalidation and appraisal process which supports all doctors with all of their appraisal and revalidation requirements. Opportunities also exist for doctors to avail of the Trust medical mentoring scheme.

The Southern Trust is keen to become an employer of choice for SAS doctors who choose to spend their career with us. The Trust has been proactive in encouraging the role of SAS doctors within the Trust and has a number of trained SAS Medical Appraisers and Mentors. Regular lunchtime SAS Link-Up sessions are held across the Trust which provide an opportunity for the SAS group of doctors to establish relationships and network with each other. A regional SAS Conference is also hosted by the Trust each year and a number of initiatives are being developed to support and retain our doctors within their chosen specialties. Our doctors play a vital role in the care and treatment of our patients and in return you can expect a positive experience that will support your development as a key member of the Southern Trust. But don't just take our word for it – listen to the comments of a few of our European doctors who have chosen to relocate from their home country and make a career

with the Southern Trust:
https://vimeo.com/155571807
https://vimeo.com/155571800
https://vimeo.com/155571809
Access code: ateam

SOUTHERN TRUST – IN THE SPOTLIGHT

The Southern Trust is one of the largest employers in Northern Ireland. Follow us on Twitter to hear all the latest news https://mobile.twitter.com/southernhsct or visit our YouTube channel for more news: https://www.youtube.com/channel/UC0YNNjgHJwX4WKregeR_IDQ/videos.

Some of our key achievements in 2015/16:

A day in the life of Southern Trust: CLICK HERE

Consultant Geriatrician recognised at prestigious Institute of Health Care Management Awards: CLICK HERE

First UK Hospital to Trial Groundbreaking Physio for Critically ill Patients: CLICK HERE

First Trust in NI to trial new baby heart screening test: CLICK HERE

UK Wide Recognition for Daisy Hill Anaesthetist: CLICK HERE

Junior doctors rank Southern Trust among top 10 UK providers to work for: CLICK HERE

Southern Trust Anaesthetists Ranked Top in Northern Ireland: CLICK HERE

RADIOLOGY DIVISION

The Southern Trust provides acute and elective radiology services on the Craigavon Area Hospital and Daisy Hill Hospital sites, with a 7 day service being provided for acute diagnostic radiology. Further elective radiology, including radiographs, CT, DEXA and ultrasound, are also provided on other community sites - in line with the ethos of providing patient services "in the right place, at the right time."

The Southern Trust utilizes the regional Northern Ireland PACS solution with an integrated RIS/PACS complete with voice recognition, advanced visualization and decision support software. Home workstations are provided. Secretarial support and office facilities are provided within the Division.

EQUIPMENT

The MRI suite in Craigavon hosts 2 modern 1.5T wide bore MRIs (Siemens Aera 2014 & 2015). 3 CT scanners are currently in place (Toshiba Prime 2016, Phillips Ingenuity 2015, Toshiba Aquilion 2010). A mobile CT (Toshiba Prime) is currently present on the Criagavon site, with a dedicated CT suite with 2 permanent CT scanners planned for Craigavon in early 2018.

The ultrasound service, including endoscopic and endobronchial ultrasound, continues to expand with ongoing renewal of equipment (fifteen Toshiba Aplio's 2009 – 2016, BK Medical

Flex Focus 2013 and Hitachi Avious 2012). Interventional radiology is provided in Craigavon (Siemens Axiom Artis, 2011), with further fluoroscopy rooms in both Daisyhill and Craigavon (Siemens 2004, Philips 2003). Nuclear imaging is sited in Craigavon (Siemens Symbia SPECT CT 2008, Siemens E Cam 1999). The majority of radiography is now digital (Carestream 2014 - 2016, Siemens 2014, Canon 2014).

The breast service is provided in the dedicated Glenanne Unit in Craigavon (Hologic Dimensions 2011, Hologic Selenia 2011, Hologic Multi Care Prone Table 2015, Hologic Affirm Biopsy 2015, two GE Logic Ultrasounds 2010 and Bard Encor Vacuum Biopsy, 2013). The breast screening service is supported by a mobile unit (Siemens Mammomat, 2014, Siemens Mammomat Tomo, 2014).

ON CALL

All consultants participate on a 1 in 17 rota call rota and also provide resident Saturday and Sunday service with the same frequency. Radiology registrars appointed to the Southern Trust, supplemented by locums, provide first on call cover. Out sourcing of overnight on call CT (10pm to 8am) is being progressed and will be in place shortly.

NUMBER OF EXAMINATIONS, APRIL 2015 – MARCH 2016

CT	26426
MRI	14018
US (Non Obstetric)	40868
US (Obstetric)	6090
Fluoroscopy	3383
Intervention	259
Radiographs	191980
DEXA	2591
Mammography (Symptomatic)	5632
Mammography (Screening)	12803
Nuclear Medicine	2184
Total	**306230**

MEDICAL STAFF

	Subspecialty Interests	*PAs*
Dr A Carson	Gynaecology and Paediatrics	11
Dr P Rice	Gastrointestinal	11
Dr M Fawzy	Nuclear (Sabbatical)	
Dr M Ahmed	General	11
Dr E Conlon	General	11
Dr D Gracey	Musculoskeletal	11
Dr J Yarr	Paediatrics	7
Dr M Williams	Urology	11
Dr S Porter	Musculoskeletal	11
Dr R McConville	Interventional	11
Dr L Johnston	Breast	11

Dr A Milligan	Musculoskeletal	11
Dr B James	Cardiac, Musculoskeletal	11
Dr P McGarry	Neuroradiology, Head & Neck	11
Dr P McSherry	Neuroradiology, Paediatrics	11
Dr I Yousuf	Musculoskeletal, Gastroenterology	11
Dr M Jamison	Neuroradiology (Sabbatical)	

RADIOGRAPHIC AND ADMINISTRATIVE STAFF

Assistant Director of Cancer & Clinical Services	Mrs H Trouton
Head of Diagnostics	Mrs J Robinson
Site Lead Radiographers	3
Radiographers	132 WTE
Practitioners	5.5 WTE
Assistants	17 WTE
Nurses	3 WTE
Clerical	34 WTE

DUTIES OF THE POST:

The post holder will:

- Have experience in breast radiology (both screening and symptomatic), with evidence of subspecialty training and MDT participation.

- Be expected to undertake those examinations which would be encountered in an Area Acute Hospital.

- Demonstrate good general experience in CT, Ultrasound, MRI and screening procedures.

- Be part of a Radiology team with responsibility for all work performed in the directorate which includes Daisy Hill Hospital, Lurgan Hospital, Banbridge Polyclinic, South Tyrone Hospital and Armagh Community Hospital.

- Be expected to keep up to date with innovations and ideas within the profession, and within the Health Service, and will work with other professionals towards improvement of the service.

- Be required to participate in a planned programme of Medical Audit with colleagues at Hospital and Area level.

- Be required to participate in an on-call rota with other Radiologists in the Southern Trust, as agreed with his/her Consultant colleagues.

- Have continuing responsibility for the patients under his/her care.

- Undertake administrative duties associated with the care of his/her patients.

For informal queries regarding this post please contact Dr David Gracey – Clinical Director of Radiology – Craigavon Area Hospital. Tel: Personal Information redacted by the USI.

PROPOSED JOB PLAN / ROTA PATTERN

A provisional job plan is outlined below which illustrates the content, but not necessarily the distribution of the individual fixed sessions. It is indicative only and may be subject to change following discussion with your clinical manager to deliver against service delivery.

	TIME	WORK ACTIVITY	HOURS				Total
			DCC	SPA	APA	EPA	
Mon	09.00 – 13.00	SPA		4			8
	13:00 – 17:00	CT	4				
Tues	09.00 – 13.00	Breast Clinic	4				8
	13.00 – 17.00	MRI	4				
Wed	09.00 – 13.00	SPA / Plain film reporting	2	2			8
	13.00 – 17.00	Breast MDM / Admin	4				
Thur	09.00 – 13.00	Breast Clinic	4				4
Fri	09.00 – 13.00	Breast Screening	4				8
	13.00 – 17.00	MRI/Admin	4				
TOTAL HOURS			**30**	**6**			**36**
TOTAL PAs			**8**	**1.5**			**9**

Programmed Activities	Number of PAs
Direct Clinical Care	7.5
Supporting Professional Activities	1.5
On call (including weekend working)	1
Total PA's	**10**

Emergency Work	
On-call Rota Frequency:	1 in 17
Agreed Category: (consultants only)	Category A
On-call % Supplement	3%

TERMS AND CONDITIONS:

This post will be contracted in accordance with:

Consultant Terms and Conditions which can be viewed at:
https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/revised-consultants-terms.pdf

Your salary scale will be in accordance with the NHS Remuneration for your grade, which can be viewed at: https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/hsc-tc8-1-2015.pdf
(updated February 2015)

If you would like any additional information about this post, for example details of the specialty or existing staff, please contact the Medical Staffing Office on 02838 614204.

GENERAL REQUIREMENTS:
The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.

2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.

3. Adhere at all times to all Trust policies/codes of conduct, including for example:
    - Smoke Free policy
    - IT Security Policy and Code of Conduct
    - standards of attendance, appearance and behaviour

4. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.

5. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

6. It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.

SOUTHERN HEALTH & SOCIAL CARE TRUST
PERSONNEL SPECIFICATION

JOB TITLE: **Consultant Radiologist (Gastroenterology) – CAH**

DIRECTORATE: **Acute Services**

HOURS: **Full-time** **September 2016**

SALARY: **£75,249 - £101,451 per annum**

Notes to applicants:

1. ***Your application form:*** *You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted. You should do this for both essential and desirable criteria requirements. All essential criteria requirements listed below must be met by the stated closing date, unless otherwise stated.*
2. *Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.*

You MUST demonstrate all necessary shortlisting criteria on the Trust's standard application form or you may not be shortlisted.

ESSENTIAL CRITERIA – *these are criteria all applicants MUST be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below;*

The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the interview stage;

1. Hold Full registration with the General Medical Council (London) with Licence to Practice or be able to obtain by time of appointment;[2]

2. Hold a Higher Professional Diploma i.e. Fellowship of the Royal College of Radiologists (FRCR) or equivalent qualification;

3. Entry on the GMC (London) Specialist Register via:

    - CCT in the specialty (proposed CCT date must be within 6 months of interview)
    - CESR or
    - European Community Rights

4. Have adequate sub-specialty training in Gastroenterology Imaging to function as part of the MDT.

[2] *If successful at interview, applicants will be required to provide proof of their GMC application. Applicants must be registered, with a licence to practice at the time of appointment.*

5. Hold a full current driving licence valid for use in the UK and have access to a car on appointment.[3]

The following are essential criteria which will be measured during the interview stage.

6. Have an understanding of the Radiological Service provision in the Southern Trust area.

7. Knowledge of evidence based approach to clinical care.

8. Understanding of the implication of clinical governance.

9. Have an interest in teaching and research.

10. Ability to lead and engender high standards of care.

11. Ability to develop strategies to meet changing demands.

12. Willingness to work flexibly as part of a team.

13. Good communication and interpersonal skills.

14. Ability to work well within a multidisciplinary team.

15. Ability to effectively train and supervise medical undergraduates and postgraduates.

DESIRABLE CRITERIA – these will only be used where it is necessary to introduce additional job related criteria to ensure files are manageable. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being short listed

1. Have some formal training in teaching methods.
2. Have management experience.
3. Have experience in research.

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

[3] *This criterion will be waived in the case of a suitable applicant who has a disability which prohibits them from driving but who is able to organise suitable alternative arrangements in order to meet the requirements of the post in full.*

The Benefits of Working for the Southern Trust

There are many key benefits of working for the Southern Trust. The Trust offers competitive remuneration packages with excellent Terms & Conditions of Service. Other than Medical & Dental staff all other staff are on the Agenda for Change Terms & Conditions of service which can be viewed on http://www.dhsspsni.gov.uk/scuagenda-2. Below are some points to highlight;

Annual Leave and Statutory / Public holidays

The Trust offers excellent provision for annual leave and Public / Statutory Holidays as follows which vary slightly for different staff groups but generally range between 27 – 33 days annual leave plus 10 statutory / public holidays.

Human Resources Policies

The Trust offers a wide range of Human Resource Policies to underpin the value that is placed on its staff such as:

- A range of Work Life Balance/Flexible Working Policies;
- Child Care Voucher Scheme;
- Cycle to Work Scheme;
- Savings on Social and Leisure Facilities;
- Excellent Employee Health & Well-being Support;
- Free Parking across the Trust sites;
- A strong commitment to Equality of Opportunity.

Continuous Professional Development

The Trust offers a strong preceptorship programme, rotational opportunities and ongoing continuous professional development through Annual Personal Development Reviews.

Modern Facilities

The Trust is continually updating its facilities to ensure modern 'State of the Art' care environments for all its service users and staff.

HSC Pension Scheme / HPSS Superannuation Scheme

One of the leading pension schemes available, Trust staff may choose to join the Health & Social Care Pension Scheme. Further information may be obtained from the HSC Pension Service Website at **www.hscpensions.hscni.net** . Applicants who are already members of the HPSS Superannuation Scheme may continue with their current arrangements.

FURTHER INFORMATION ON THESE AND OTHER POLICIES ARE AVAILABLE ON REQUEST.

Committed to Equality of Opportunity

The Trust recognises and values the diversity of its workforce and the population it serves. The Trust is committed to a working environment free from intimidation of any kind. Through a systematic and objective recruitment & selection process the Trust is committed to ensuring that appointment decisions are taken solely on the basis of merit.

Completing & Submitting your Application Form

The application form is designed to ensure that applicants provide the necessary information to determine how they meet the essential shortlisting criteria. It also provides additional information required at the various stages of the Recruitment process.

The Trust will only accept properly completed Application Forms. No CV's are accepted (*including for Medical applicants*)

In completing your application you are encouraged to read the following information which provides some useful tips on the information to include. If you are completing your application form online please also reference the 'Step by Step Guide for Applicants'.

MEETING THE CRITERIA SET OUT IN THE PERSONNEL SPECIFICATION

- Always refer to the Job Description and Personnel Specification when completing your form.
- Clearly demonstrate on your application form how you meet the essential shortlisting criteria as detailed in the personnel specification. Failure to do so will result in you not being shortlisted for interview. Please remember that selection panels cannot make assumptions on whether or not you meet the essential shortlisting criteria.

COMPLETING THE REFERENCE SECTION

We will want to seek references which cover the previous 3 years to the date of application in relation to your employment / training / education. The following is a useful guide when completing this section;

Applicant Employment Position	Who is a suitable Referee	
I am Currently employed	Your must provide a referee from your current employment who holds a managerial / supervisory post in relation to your employment. Your second referee could be another from your current or previous employment. If you have previously been employed in the HSC / NHS you must provide a referee from that employment who held a supervisory / management role in relation to your employment	
Not currently employed	Your must provide a referee from your most recent employment who holds a managerial / supervisory post in relation to your employment. Your second referee could be another from your most recent or previous employment. If you have previously been employed in the HSC / NHS you must provide a referee from that employment who held a supervisory / management role in relation to your employment.	
Self Employed	Character reference*	From previous employer / relevant Academic** reference / Other
Never been employed	Character* reference / relevant Academic** reference / Other	

***Character Reference** - eg Accountant, Banker, HM Revenue & Customs, Solicitor, Client references or voluntary organisation*

****Academic Reference** - eg school, college, university*

COMPLETING YOUR CURRENT / PREVIOUS EMPLOYMENT DETAILS

- Ensure that full details are provided.
- Be specific about all the dates that you provide, these should be stated in the following format DD.MM.YYYY.
- Explain any gaps between periods of employment and include reasons for leaving each post.
- Provide a list of key duties that you have been responsible for in current post / previous posts.

COMPLETING THE CRIMINAL CONVICTIONS / OFFENCES SECTION

The Trust is committed to the equality of opportunity for all applicants, including those with criminal convictions. We undertake to ensure an open, measured and recorded discussion on the subject of any offences or other matters that might be considered relevant for the position concerned e.g. the individual is applying for a driving job but has a conviction history of driving offences. This will be conducted following the selection process if this applies to the successful candidate. Whilst the disclosure of information does not automatically prevent an individual from obtaining employment, it is essential that all convictions (*other than protected convictions*) are disclosed to allow the Trust to adequately consider their relevance to the post in question. The Trust considers failure by an applicant to declare complete and accurate information about convictions to be a serious breach of trust.

It is in this context that the application asks for information on Criminal Convictions. The Trusts positions fall under the Rehabilitation of Offenders Exceptions (NI) Order 1979 as amended. This requires you to tell us about any criminal convictions or offences that you may have. Within the Health Service, criminal convictions are never regarded as spent and therefore you must tell us about all previous or pending convictions or offences (*including motoring convictions*), even if they happened a long time ago (*other than protected convictions*).

Access NI Disclosure – the Trust operates in line with the Access NI Code of Practice. Further details can be obtained from www.accessni.gov.uk

It should be noted that some posts will fall within the definition of 'Regulated Activity'. Further information on Regulated Activity can be obtained on request. Any post falling within the definition of Regulated Activity will be subject to an Access NI Enhanced Disclosure check with Barred list check.

COMPLETING THE MEDICAL HISTORY SECTION

This section requires you to tell us about any periods of sickness you have had in the last **3 years**, whether you have been in employment or not. Please ensure that you include all dates that fall within this time period giving relevant details of the nature of the illness / absence. Failure to disclose all periods of sickness may affect your application. Your sickness absence record will be verified through the reference checking process; therefore it is important that you give full and accurate information.

DISABILITY REQUIREMENTS

We ask on the application form if you require any reasonable adjustments, due to disability, to enable you to attend the interview or undertake the duties of the post. Details of any disability are only used for this purpose and do not form any part of the selection process. If

you require any reasonable adjustments to be made throughout the Recruitment Process please contact the Resourcing Team to discuss.

COMPLETING THE PERSONAL DECLARATION

It is important to remember that when signing the personal declaration section or submitting your form via HSCRecruit.com / email you are stating that the information is **true, complete and accurate, and that giving wrong information or leaving information out could lead to the withdrawal of an offer of employment, or dismissal if you take up a post.**

DATA PROTECTION

The information you provide the Trust will be processed in accordance with the Data Protection Act 1998. If you would like further information in relation to this please contact the Resourcing Team.

COMPLETING THE EQUAL OPPORTUNITY MONITORING FORM

Please note that this information is regarded as part of your application and you are strongly encouraged to complete this section. This information is treated in the strictest confidence and is for monitoring /statistical purposes only. Selection panels do not have any access to this information at any stage of the recruitment process.

ADVISING US IF YOU ARE NOT AVAILABLE TO ATTEND FOR INTERVIEW

If you have any planned holidays, it is useful to tell us about this by detailing it on your application form. However please note that the selection panel are under no obligation to take these into account when arranging interview dates.

SUBMITTING YOUR COMPLETED FORM TO THE RESOURCING TEAM

This must be received by the Resourcing Team by the stated closing date and time, as late applications will not be accepted. Forms will also not be accepted if they are incomplete or have been re-formatted.

Please remember that the Trust's standard Application Form is the only acceptable method of application to the Trust including for Medical Applicants.

You are encouraged to submit your application on line at http://www.HSCRecruit.com – full details on completing an online application form are provided at this web address. REMEMBER not to leave it until the last minute as something could happen to the internet at either end

If this is not possible you can also submit your application in hard copy format by post[4] to the Resourcing Team, Southern Health and Social Care Trust, Human Resources Department, Hill Building, St Luke's Hospital Site, Loughgall Road, Armagh, County Armagh, Northern Ireland BT61 7NQ

PLEASE DO NOT LEAVE YOUR APPLICATION UNTIL THE LAST MINUTE – SUBMISSION BY THE CLOSING DATE AND TIME IS YOUR RESPONSIBILITY.

[4] *Applicants using Royal Mail should note that 1st class mail does not guarantee next day delivery. It is the responsibility of the applicant to ensure that sufficient postage has been paid to return the form to the recruitment service by the stated closing date and time.*

Application Form Checklist

Please use the checklist below to help ensure that you have completed your form in full and are now ready to submit your application.

HAVE YOU…

☐ Read the 'Tips on completing / submitting your application form' section of this information pack?

☐ Clearly demonstrated how you meet all criteria requirements?

☐ Provided full details of 2 relevant referees which cover a 3 year period?

☐ Provided full details on relevant Qualifications, Registration ie subjects, grades, dates, registration number, as well as Driving Licence and access to a car details?

☐ Listed current / previous employment details since leaving Education, including details of posts held, exact dates (DD.MM.YYYY), and a brief summary of main duties undertaken?

☐ Explained any gaps in employment and listed reasons for leaving previous employment?

☐ Told us about any previous / pending convictions or offences including any that happened a long time ago?

☐ Detailed on your form any periods of sickness in the last 3 years?

☐ Completed the disability related questions if you require reasonable adjustments?

☐ Read and signed / agreed to the personal declaration. REMEMBER: Failure to provide complete and accurate information may lead to a withdrawal of employment / offer of employment if this is subsequently discovered?

☐ Completed your equal opportunity monitoring form in full?

If you have ticked all of the above you are now ready to submit your application form.

Recruitment & Selection Process – What to Expect

The Southern Health & Social Care Trust operates a fair and impartial recruitment system which provides a positive experience of the Trust and is in line with Best Practice and legislative standards. The following should give you an idea of what is involved in this process after submitting your form:

Following the Closing date

After the closing date all applications will be considered against the essential shortlisting criteria as stated on the personnel specification. **Only those applicants who have provided all the necessary information in their application form will be invited to interview** - this is called Shortlisting. If you do not meet the essential shortlisting criteria we will advise you of this by email correspondence.

Selection process

If shortlisted you will be invited to participate in the selection process. This communication will normally be by email. You will be required to bring a form of photographic ID to the selection process.

Final Outcomes

You will be advised of the outcome of the Selection process whatever the outcome. This will normally happen by email correspondence.

If successful, you will be made a conditional offer of employment which is subject to completion of a range of satisfactory pre-employment checks, the details of which you will be advised at that time.

Once pre-employment checks have been completed satisfactorily, we will confirm your offer of employment and you will be contacted to arrange a suitable starting date. Once this is agreed you will be issued with a Contract of Employment / Engagement depending on the post offered.

Every effort will be made to ensure you have a positive experience when applying for a post with the Southern Trust.

Thank you again for your interest and we look forward to receiving your application.

Standard Wording Updated 09.11.2015

Southern Health and Social Care Trust

Quality Care - for you, with you

Consultant Radiologist with a specialist interest in Cardiothoracic Radiology

-

- Job Information Pack

Closing Date for Receipt of Completed Applications is:

IMPORTANT NOTE

All communication relating to your application will be sent to you via email, you should continually check your email account for correspondence, this includes checking junk mail box.

An Equal Opportunities Employer

Introduction

Thank you for your interest in applying for a post with the Southern Health & Social Care Trust. This Job Information pack will provide you with further details regarding the Job you are applying for.

It is essential that you read the Job Description and Personnel Specification carefully to allow you to demonstrate in your application form how you meet the essential criteria.

Application forms can be submitted through one of the following channels:

- **On Line at** http://www.HSCRecruit.com – full details on completing an online application form are provided at this web address.

  Remember not to leave it until the last minute as something could happen to the internet at either end

- **Or by post**[1] to the Resourcing Team, Southern Health and Social Care Trust, Human Resources Department, Hill Building, St Luke's Hospital Site, Loughgall Road, Armagh, County Armagh, Northern Ireland BT61 7NQ Tel: +44 (0)28 3741 2558/2572

Following submission of your application you will receive all correspondence relating to your application by email. **You should set up your mailbox to receive emails from** Workflow.System@HSC.com otherwise the information may go to your Junk Email box. Emails will appear to have a sender 'WF Batch'. Please check your email account on an ongoing basis for correspondence as there will be no other alerts in this regard. You should also check your Junk Email Box.

Thank you again for your interest in the Southern Health & Social Care Trust.
Southern Trust Resourcing Team

[1] *Applicants using Royal Mail should note that 1st class mail does not guarantee next day delivery. It is the responsibility of the applicant to ensure that sufficient postage has been paid to return the form to the address above by the stated closing date and time.*

Where Is the Southern Health & Social Care Trust, and what do we Do?

The Southern Trust provides essential patient / client centred services to a population of 335,000 people in the local areas of Armagh, Banbridge, Craigavon, Dungannon, South Tyrone, Newry and Mourne (see map outline below):

The Trust provides both Acute and Community based services for all ages. You may wish to view further information on our website at http://www.southerntrust.hscni.net/ or you can follow us on Facebook or Twitter

The Southern Trust Vision is 'to deliver safe, high quality health and social care services, respecting the dignity and individuality of all who use them' and this is underpinned by six values which have been developed to help achieve the vision.

Our Values

We will;

- Treat people fairly and with respect
- Be open and honest and act with integrity
- Put patients, clients, carers and community at the heart of all we do
- Value staff and support their development to improve our care
- Embrace change for the better
- Listen and learn

Our Priorities

- Providing safe high quality care
- Maximizing independence and choice for our patients and clients
- Supporting people and communities to live healthy lives and to improve their health and wellbeing
- Being a great place to work, valuing our people
- Making best use of resources
- Being a good social partner within our communities

Southern Health and Social Care Trust

Quality Care - for you, with you

www.planetware.com

http://www.mourne mountains.com/mournes/

http://www.armagh.co.uk

Standard Wording Updated 09.11.2015

Southern Health and Social Care Trust

Quality Care - for you, with you

Approval:	**THIS JOB DESCIRPTION WAS APPROVED BY**

JOB TITLE: Consultant Radiologist (Gastroenterology)

DEPARTMENT: Radiology

BASE/LOCATION: All posts are appointed to the Southern Health and Social Care Trust. The base hospital for this post is **Craigavon Area Hsopital** however the post holder may be required to work on any site within the Southern Health and Social Care Trust.

REPORTS TO: Associate Medical Director for Cancer and Clinical Services

ACCOUNTABLE TO: Mrs E Gishkori – Director of Acute Services

SUMMARY OF POST:

- This is a replacement post and will join a team of 17 Consultant Radiologists.
- This post will participate in a 1:18 Category A on-call rota. Current pay supplement: 3%
- This post will attract a salary of **£75,249 - £101,451 per annum**
- This is a full-time position, however anyone interested in working part-time / job share is also welcome to apply.
- Annual leave will be 32 days per annum initially rising to 34 days after 7 years' seniority, plus 10 statutory and public holidays.
- The post also has an attractive study leave entitlement of up to 30 days paid leave with expenses in any period of three years.
- A relocation package may also be available if required.
- The Southern Trust has established a dedicated revalidation support team which ensures all doctors have an annual appraisal with a trained appraiser and supports all doctors through the revalidation process. The Trust has also appointed corporate, Consultant and SAS Leads for appraisal and revalidation.
- The Trust offers a medical mentoring scheme which can be viewed on the Southern Docs website CLICK HERE (Personal Information redacted by the USI).
- The Trust supports the requirements for continuing professional development (CPD) as laid down by the GMC and is committed to providing time and financial support for these activities.

- The post will attract all the terms and conditions and employment benefits associated with an NHS post e.g. NHS indemnity; access to NHS pension scheme and many additional benefits such as child care vouchers etc.

THE SOUTHERN TRUST:

The Southern Trust is one of the largest employers in Northern Ireland and Craigavon Area and Daisy Hill hospitals form the Southern Trust Acute Hospital Network - serving a population of over 360,000. Each year in our hospital network there are approximately 63,000 inpatient admissions; 25,000 day cases; 300,000 outpatient appointments; 116,000 Emergency Department attendances; and over 6,000 births. *Statistics updated in 2015*

The Southern Trust's acute hospital network was reaffirmed in 2015 as one of the UK's Top Hospitals for the fourth consecutive year. The national CHKS Top 40 Hospitals programme recognises acute sector organisations for their achievements in healthcare quality, improvement and performance. The Top Hospitals award is based on the evaluation of over 20 key performance indicators covering safety, clinical effectiveness, health outcomes, efficiency, patient experience and quality of care. As well as being placed in the Top 40 Hospitals, the Southern Trust was shortlisted for the first time ever for the CHKS National Data Quality Improvement Award. Our vision is to 'to deliver safe, high quality health and social care services, respecting the dignity and individuality of all who use them'

WHY SHOULD YOU WORK FOR US?

The Southern Trust was the first Trust in Northern Ireland to invest and implement in a fully electronic job planning system which is available for all permanent consultant and SAS doctors. This makes it much easier for doctors to maintain an up to date job plan to ensure they are paid correctly and to support the revalidation and appraisal process. Doctors in longer term temporary posts may also be able to use this system. As well as Corporate and Departmental Induction each new permanent medical employee will have an opportunity to have an informal meeting with the Medical Director at the end of month three / four of commencement with the Trust during which time they can explore the option of job shadowing a non-clinical manager within their speciality for a morning / afternoon. This will be facilitated via the relevant Associate Medical Director. There is also a fully embedded revalidation and appraisal process which supports all doctors with all of their appraisal and revalidation requirements. Opportunities also exist for doctors to avail of the Trust medical mentoring scheme.

The Southern Trust is keen to become an employer of choice for SAS doctors who choose to spend their career with us. The Trust has been proactive in encouraging the role of SAS doctors within the Trust and has a number of trained SAS Medical Appraisers and Mentors. Regular lunchtime SAS Link-Up sessions are held across the Trust which provide an opportunity for the SAS group of doctors to establish relationships and network with each other. A regional SAS Conference is also hosted by the Trust each year and a number of initiatives are being developed to support and retain our doctors within their chosen specialties. Our doctors play a vital role in the care and treatment of our patients and in return you can expect a positive experience that will support your development as a key member of the Southern Trust. But don't just take our word for it – listen to the comments of a few of our European doctors who have chosen to relocate from their home country and make a career

with the Southern Trust:
https://vimeo.com/155571807
https://vimeo.com/155571800
https://vimeo.com/155571809
Access code: ateam

SOUTHERN TRUST – IN THE SPOTLIGHT

The Southern Trust is one of the largest employers in Northern Ireland. Follow us on Twitter to hear all the latest news https://mobile.twitter.com/southernhsct or visit our YouTube channel for more news: https://www.youtube.com/channel/UC0YNNjgHJwX4WKregeR_IDQ/videos.

Some of our key achievements in 2015/16:

A day in the life of Southern Trust: CLICK HERE

Consultant Geriatrician recognised at prestigious Institute of Health Care Management Awards: CLICK HERE

First UK Hospital to Trial Groundbreaking Physio for Critically ill Patients: CLICK HERE

First Trust in NI to trial new baby heart screening test: CLICK HERE

UK Wide Recognition for Daisy Hill Anaesthetist: CLICK HERE

Junior doctors rank Southern Trust among top 10 UK providers to work for: CLICK HERE

Southern Trust Anaesthetists Ranked Top in Northern Ireland: CLICK HERE

RADIOLOGY DIVISION

The Southern Trust provides acute and elective radiology services on the Craigavon Area Hospital and Daisy Hill Hospital sites, with a 7 day service being provided for acute diagnostic radiology. Further elective radiology, including radiographs, CT, DEXA and ultrasound, are also provided on other community sites - in line with the ethos of providing patient services "in the right place, at the right time."

The Southern Trust utilizes the regional Northern Ireland PACS solution with an integrated RIS/PACS complete with voice recognition, advanced visualization and decision support software. Home workstations are provided. Secretarial support and office facilities are provided within the Division.

EQUIPMENT

The MRI suite in Craigavon hosts 2 modern 1.5T wide bore MRIs (Siemens Aera 2014 & 2015). 3 CT scanners are currently in place (Toshiba Prime 2016, Phillips Ingenuity 2015, Toshiba Aquilion 2010). A mobile CT (Toshiba Prime) is currently present on the Criagavon site, with a dedicated CT suite with 2 permanent CT scanners planned for Craigavon in early 2018.

The ultrasound service, including endoscopic and endobronchial ultrasound, continues to expand with ongoing renewal of equipment (fifteen Toshiba Aplio's 2009 – 2016, BK Medical

Flex Focus 2013 and Hitachi Avious 2012). Interventional radiology is provided in Craigavon (Siemens Axiom Artis, 2011), with further fluoroscopy rooms in both Daisyhill and Craigavon (Siemens 2004, Philips 2003). Nuclear imaging is sited in Craigavon (Siemens Symbia SPECT CT 2008, Siemens E Cam 1999). The majority of radiography is now digital (Carestream 2014 - 2016, Siemens 2014, Canon 2014).

The breast service is provided in the dedicated Glenanne Unit in Craigavon (Hologic Dimensions 2011, Hologic Selenia 2011, Hologic Multi Care Prone Table 2015, Hologic Affirm Biopsy 2015, two GE Logic Ultrasounds 2010 and Bard Encor Vacuum Biopsy, 2013). The breast screening service is supported by a mobile unit (Siemens Mammomat, 2014, Siemens Mammomat Tomo, 2014).

ON CALL

All consultants participate on a 1 in 17 rota call rota and also provide resident Saturday and Sunday service with the same frequency. Radiology registrars appointed to the Southern Trust, supplemented by locums, provide first on call cover. Out sourcing of overnight on call CT (10pm to 8am) is being progressed and will be in place shortly.

NUMBER OF EXAMINATIONS, APRIL 2015 – MARCH 2016

CT	26426
MRI	14018
US (Non Obstetric)	40868
US (Obstetric)	6090
Fluoroscopy	3383
Intervention	259
Radiographs	191980
DEXA	2591
Mammography (Symptomatic)	5632
Mammography (Screening)	12803
Nuclear Medicine	2184
Total	**306230**

MEDICAL STAFF

	Subspecialty Interests	*PAs*
Dr A Carson	Gynaecology and Paediatrics	11
Dr P Rice	Gastrointestinal	11
Dr M Fawzy	Nuclear (Sabbatical)	
Dr M Ahmed	General	11
Dr E Conlon	General	11
Dr D Gracey	Musculoskeletal	11
Dr J Yarr	Paediatrics	7
Dr M Williams	Urology	11
Dr S Porter	Musculoskeletal	11
Dr R McConville	Interventional	11
Dr L Johnston	Breast	11

Dr A Milligan	Musculoskeletal	11
Dr B James	Cardiac, Musculoskeletal	11
Dr P McGarry	Neuroradiology, Head & Neck	11
Dr P McSherry	Neuroradiology, Paediatrics	11
Dr I Yousuf	Musculoskeletal, Gastroenterology	11
Dr M Jamison	Neuroradiology (Sabbatical)	

RADIOGRAPHIC AND ADMINISTRATIVE STAFF

Assistant Director of Cancer & Clinical Services	Mrs H Trouton
Head of Diagnostics	Mrs J Robinson
Site Lead Radiographers	3
Radiographers	132 WTE
Practitioners	5.5 WTE
Assistants	17 WTE
Nurses	3 WTE
Clerical	34 WTE

DUTIES OF THE POST:

The post holder will:

- Have experience in cardiothoracic radiology (including cardiac CT (level II SCCT accreditation or equivalent) and lung biopsy) with evidence of subspecialty training and MDT participation.

- Be expected to undertake those examinations which would be encountered in an Area Acute Hospital.

- Demonstrate good general experience in CT, Ultrasound, MRI and screening procedures.

- Be part of a Radiology team with responsibility for all work performed in the directorate which includes Daisy Hill Hospital, Lurgan Hospital, Banbridge Polyclinic, South Tyrone Hospital and Armagh Community Hospital.

- Be expected to keep up to date with innovations and ideas within the profession, and within the Health Service, and will work with other professionals towards improvement of the service.

- Be required to participate in a planned programme of Medical Audit with colleagues at Hospital and Area level.

- Be required to participate in an on-call rota with other Radiologists in the Southern Trust, as agreed with his/her Consultant colleagues.

- Have continuing responsibility for the patients under his/her care.

- Undertake administrative duties associated with the care of his/her patients.

For informal queries regarding this post please contact Dr David Gracey – Clinical Director of Radiology – Craigavon Area Hospital. Tel: Personal Information redacted by the USI.

PROPOSED JOB PLAN / ROTA PATTERN

A provisional job plan is outlined below which illustrates the content, but not necessarily the distribution of the individual fixed sessions. It is indicative only and may be subject to change following discussion with your clinical manager to deliver against service delivery.

	TIME	WORK ACTIVITY	HOURS				Total
			DCC	SPA	APA	EPA	
Mon	09.00 – 13.00	CT (cardiac)		4			8
	13:00 – 17:00	CT (cardiac) / MRI	4				
Tues	09.00 – 13.00	US	4				8
	13.00 – 17.00	CT	4				
Wed	09.00 – 13.00	Plain film reporting / MDM prep	4				8
	13.00 – 17.00	MDM / SPA	4				
Thur							4
	13.00 – 17.00	CT	4				
Fri	09.00 – 13.00	Ultrasound	4				8
	13.00 – 17.00	MRI / Admin	4				
TOTAL HOURS			**30**	**6**			**36**
TOTAL PAs			**8**	**1.5**			**9**

Programmed Activities	**Number of PAs**
Direct Clinical Care	7.5
Supporting Professional Activities	1.5
On call (including weekend working)	1
Total PA's	**10**

Emergency Work	
On-call Rota Frequency:	1 in 17
Agreed Category: (consultants only)	Category A
On-call % Supplement	3%

TERMS AND CONDITIONS:

This post will be contracted in accordance with:

Consultant Terms and Conditions which can be viewed at:
https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/revised-consultants-terms.pdf

Your salary scale will be in accordance with the NHS Remuneration for your grade, which can be viewed at: https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/hsc-tc8-1-2015.pdf
(updated February 2015)

If you would like any additional information about this post, for example details of the specialty or existing staff, please contact the Medical Staffing Office on 02838 614204.

GENERAL REQUIREMENTS:
The post holder will be required to:

1. Ensure the Trust's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.

2. Co-operate fully with the implementation of the Trust's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.

3. Adhere at all times to all Trust policies/codes of conduct, including for example:
    - Smoke Free policy
    - IT Security Policy and Code of Conduct
    - standards of attendance, appearance and behaviour

4. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.

5. Represent the Trust's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

6. It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.

SOUTHERN HEALTH & SOCIAL CARE TRUST
PERSONNEL SPECIFICATION

JOB TITLE: **Consultant Radiologist (Gastroenterology) – CAH**

DIRECTORATE: **Acute Services**

HOURS: **Full-time** **September 2016**

SALARY: **£75,249 - £101,451 per annum**

Notes to applicants:

1. ***Your application form:*** *You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted. You should do this for both essential and desirable criteria requirements. All essential criteria requirements listed below must be met by the stated closing date, unless otherwise stated.*
2. *Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.*

You MUST demonstrate all necessary shortlisting criteria on the Trust's standard application form or you may not be shortlisted.

ESSENTIAL CRITERIA – *these are criteria all applicants MUST be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below;*

The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the interview stage;

1. Hold Full registration with the General Medical Council (London) with Licence to Practice or be able to obtain by time of appointment;[2]

2. Hold a Higher Professional Diploma i.e. Fellowship of the Royal College of Radiologists (FRCR) or equivalent qualification;

3. Entry on the GMC (London) Specialist Register via:

    - CCT in the specialty (proposed CCT date must be within 6 months of interview)
    - CESR or
    - European Community Rights

4. Have adequate sub-specialty training in Gastroenterology Imaging to function as part of the MDT.

[2] *If successful at interview, applicants will be required to provide proof of their GMC application. Applicants must be registered, with a licence to practice at the time of appointment.*

5. Hold a full current driving licence valid for use in the UK and have access to a car on appointment.[3]

The following are essential criteria which will be measured during the interview stage.

6. Have an understanding of the Radiological Service provision in the Southern Trust area.

7. Knowledge of evidence based approach to clinical care.

8. Understanding of the implication of clinical governance.

9. Have an interest in teaching and research.

10. Ability to lead and engender high standards of care.

11. Ability to develop strategies to meet changing demands.

12. Willingness to work flexibly as part of a team.

13. Good communication and interpersonal skills.

14. Ability to work well within a multidisciplinary team.

15. Ability to effectively train and supervise medical undergraduates and postgraduates.

DESIRABLE CRITERIA – these will only be used where it is necessary to introduce additional job related criteria to ensure files are manageable. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being short listed

1. Have some formal training in teaching methods.
2. Have management experience.
3. Have experience in research.

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

[3] *This criterion will be waived in the case of a suitable applicant who has a disability which prohibits them from driving but who is able to organise suitable alternative arrangements in order to meet the requirements of the post in full.*

The Benefits of Working for the Southern Trust

There are many key benefits of working for the Southern Trust. The Trust offers competitive remuneration packages with excellent Terms & Conditions of Service. Other than Medical & Dental staff all other staff are on the Agenda for Change Terms & Conditions of service which can be viewed on http://www.dhsspsni.gov.uk/scuagenda-2. Below are some points to highlight;

Annual Leave and Statutory / Public holidays

The Trust offers excellent provision for annual leave and Public / Statutory Holidays as follows which vary slightly for different staff groups but generally range between 27 – 33 days annual leave plus 10 statutory / public holidays.

Human Resources Policies

The Trust offers a wide range of Human Resource Policies to underpin the value that is placed on its staff such as:

- A range of Work Life Balance/Flexible Working Policies;
- Child Care Voucher Scheme;
- Cycle to Work Scheme;
- Savings on Social and Leisure Facilities;
- Excellent Employee Health & Well-being Support;
- Free Parking across the Trust sites;
- A strong commitment to Equality of Opportunity.

Continuous Professional Development

The Trust offers a strong preceptorship programme, rotational opportunities and ongoing continuous professional development through Annual Personal Development Reviews.

Modern Facilities

The Trust is continually updating its facilities to ensure modern 'State of the Art' care environments for all its service users and staff.

HSC Pension Scheme / HPSS Superannuation Scheme

One of the leading pension schemes available, Trust staff may choose to join the Health & Social Care Pension Scheme. Further information may be obtained from the HSC Pension Service Website at **www.hscpensions.hscni.net** . Applicants who are already members of the HPSS Superannuation Scheme may continue with their current arrangements.

FURTHER INFORMATION ON THESE AND OTHER POLICIES ARE AVAILABLE ON REQUEST.

Committed to Equality of Opportunity

The Trust recognises and values the diversity of its workforce and the population it serves. The Trust is committed to a working environment free from intimidation of any kind. Through a systematic and objective recruitment & selection process the Trust is committed to ensuring that appointment decisions are taken solely on the basis of merit.

Completing & Submitting your Application Form

The application form is designed to ensure that applicants provide the necessary information to determine how they meet the essential shortlisting criteria. It also provides additional information required at the various stages of the Recruitment process.

The Trust will only accept properly completed Application Forms. No CV's are accepted (*including for Medical applicants*)

In completing your application you are encouraged to read the following information which provides some useful tips on the information to include. If you are completing your application form online please also reference the 'Step by Step Guide for Applicants'.

Meeting the Criteria set out in the Personnel Specification

- Always refer to the Job Description and Personnel Specification when completing your form.
- Clearly demonstrate on your application form how you meet the essential shortlisting criteria as detailed in the personnel specification. Failure to do so will result in you not being shortlisted for interview. Please remember that selection panels cannot make assumptions on whether or not you meet the essential shortlisting criteria.

Completing the Reference Section

We will want to seek references which cover the previous 3 years to the date of application in relation to your employment / training / education. The following is a useful guide when completing this section;

Applicant Employment Position	Who is a suitable Referee	
I am Currently employed	Your must provide a referee from your current employment who holds a managerial / supervisory post in relation to your employment. Your second referee could be another from your current or previous employment. If you have previously been employed in the HSC / NHS you must provide a referee from that employment who held a supervisory / management role in relation to your employment	
Not currently employed	Your must provide a referee from your most recent employment who holds a managerial / supervisory post in relation to your employment. Your second referee could be another from your most recent or previous employment. If you have previously been employed in the HSC / NHS you must provide a referee from that employment who held a supervisory / management role in relation to your employment.	
Self Employed	Character reference*	From previous employer / relevant Academic** reference / Other
Never been employed	Character* reference / relevant Academic** reference / Other	

***Character Reference** - eg Accountant, Banker, HM Revenue & Customs, Solicitor, Client references or voluntary organisation*

****Academic Reference** - eg school, college, university*

COMPLETING YOUR CURRENT / PREVIOUS EMPLOYMENT DETAILS

- Ensure that full details are provided.
- Be specific about all the dates that you provide, these should be stated in the following format DD.MM.YYYY.
- Explain any gaps between periods of employment and include reasons for leaving each post.
- Provide a list of key duties that you have been responsible for in current post / previous posts.

COMPLETING THE CRIMINAL CONVICTIONS / OFFENCES SECTION

The Trust is committed to the equality of opportunity for all applicants, including those with criminal convictions. We undertake to ensure an open, measured and recorded discussion on the subject of any offences or other matters that might be considered relevant for the position concerned e.g. the individual is applying for a driving job but has a conviction history of driving offences. This will be conducted following the selection process if this applies to the successful candidate. Whilst the disclosure of information does not automatically prevent an individual from obtaining employment, it is essential that all convictions (*other than protected convictions*) are disclosed to allow the Trust to adequately consider their relevance to the post in question. The Trust considers failure by an applicant to declare complete and accurate information about convictions to be a serious breach of trust.

It is in this context that the application asks for information on Criminal Convictions. The Trusts positions fall under the Rehabilitation of Offenders Exceptions (NI) Order 1979 as amended. This requires you to tell us about any criminal convictions or offences that you may have. Within the Health Service, criminal convictions are never regarded as spent and therefore you must tell us about all previous or pending convictions or offences (*including motoring convictions*), even if they happened a long time ago (*other than protected convictions*).

Access NI Disclosure – the Trust operates in line with the Access NI Code of Practice. Further details can be obtained from www.accessni.gov.uk

It should be noted that some posts will fall within the definition of 'Regulated Activity'. Further information on Regulated Activity can be obtained on request. Any post falling within the definition of Regulated Activity will be subject to an Access NI Enhanced Disclosure check with Barred list check.

COMPLETING THE MEDICAL HISTORY SECTION

This section requires you to tell us about any periods of sickness you have had in the last **3 years**, whether you have been in employment or not. Please ensure that you include all dates that fall within this time period giving relevant details of the nature of the illness / absence. Failure to disclose all periods of sickness may affect your application. Your sickness absence record will be verified through the reference checking process; therefore it is important that you give full and accurate information.

DISABILITY REQUIREMENTS

We ask on the application form if you require any reasonable adjustments, due to disability, to enable you to attend the interview or undertake the duties of the post. Details of any disability are only used for this purpose and do not form any part of the selection process. If

you require any reasonable adjustments to be made throughout the Recruitment Process please contact the Resourcing Team to discuss.

COMPLETING THE PERSONAL DECLARATION

It is important to remember that when signing the personal declaration section or submitting your form via HSCRecruit.com / email you are stating that the information is **true, complete and accurate, and that giving wrong information or leaving information out could lead to the withdrawal of an offer of employment, or dismissal if you take up a post.**

DATA PROTECTION

The information you provide the Trust will be processed in accordance with the Data Protection Act 1998. If you would like further information in relation to this please contact the Resourcing Team.

COMPLETING THE EQUAL OPPORTUNITY MONITORING FORM

Please note that this information is regarded as part of your application and you are strongly encouraged to complete this section. This information is treated in the strictest confidence and is for monitoring /statistical purposes only. Selection panels do not have any access to this information at any stage of the recruitment process.

ADVISING US IF YOU ARE NOT AVAILABLE TO ATTEND FOR INTERVIEW

If you have any planned holidays, it is useful to tell us about this by detailing it on your application form. However please note that the selection panel are under no obligation to take these into account when arranging interview dates.

SUBMITTING YOUR COMPLETED FORM TO THE RESOURCING TEAM

This must be received by the Resourcing Team by the stated closing date and time, as late applications will not be accepted. Forms will also not be accepted if they are incomplete or have been re-formatted.

Please remember that the Trust's standard Application Form is the only acceptable method of application to the Trust including for Medical Applicants.

You are encouraged to submit your application on line at http://www.HSCRecruit.com – full details on completing an online application form are provided at this web address. REMEMBER not to leave it until the last minute as something could happen to the internet at either end

If this is not possible you can also submit your application in hard copy format by post[4] to the Resourcing Team, Southern Health and Social Care Trust, Human Resources Department, Hill Building, St Luke's Hospital Site, Loughgall Road, Armagh, County Armagh, Northern Ireland BT61 7NQ

PLEASE DO NOT LEAVE YOUR APPLICATION UNTIL THE LAST MINUTE – SUBMISSION BY THE CLOSING DATE AND TIME IS YOUR RESPONSIBILITY.

[4] *Applicants using Royal Mail should note that 1st class mail does not guarantee next day delivery. It is the responsibility of the applicant to ensure that sufficient postage has been paid to return the form to the recruitment service by the stated closing date and time.*

Application Form Checklist

Please use the checklist below to help ensure that you have completed your form in full and are now ready to submit your application.

HAVE YOU…

☐ Read the 'Tips on completing / submitting your application form' section of this information pack?

☐ Clearly demonstrated how you meet all criteria requirements?

☐ Provided full details of 2 relevant referees which cover a 3 year period?

☐ Provided full details on relevant Qualifications, Registration ie subjects, grades, dates, registration number, as well as Driving Licence and access to a car details?

☐ Listed current / previous employment details since leaving Education, including details of posts held, exact dates (DD.MM.YYYY), and a brief summary of main duties undertaken?

☐ Explained any gaps in employment and listed reasons for leaving previous employment?

☐ Told us about any previous / pending convictions or offences including any that happened a long time ago?

☐ Detailed on your form any periods of sickness in the last 3 years?

☐ Completed the disability related questions if you require reasonable adjustments?

☐ Read and signed / agreed to the personal declaration. REMEMBER: Failure to provide complete and accurate information may lead to a withdrawal of employment / offer of employment if this is subsequently discovered?

☐ Completed your equal opportunity monitoring form in full?

If you have ticked all of the above you are now ready to submit your application form.

Recruitment & Selection Process – What to Expect

The Southern Health & Social Care Trust operates a fair and impartial recruitment system which provides a positive experience of the Trust and is in line with Best Practice and legislative standards. The following should give you an idea of what is involved in this process after submitting your form:

Following the Closing date

After the closing date all applications will be considered against the essential shortlisting criteria as stated on the personnel specification. **Only those applicants who have provided all the necessary information in their application form will be invited to interview** - this is called Shortlisting. If you do not meet the essential shortlisting criteria we will advise you of this by email correspondence.

Selection process

If shortlisted you will be invited to participate in the selection process. This communication will normally be by email. You will be required to bring a form of photographic ID to the selection process.

Final Outcomes

You will be advised of the outcome of the Selection process whatever the outcome. This will normally happen by email correspondence.

If successful, you will be made a conditional offer of employment which is subject to completion of a range of satisfactory pre-employment checks, the details of which you will be advised at that time.

Once pre-employment checks have been completed satisfactorily, we will confirm your offer of employment and you will be contacted to arrange a suitable starting date. Once this is agreed you will be issued with a Contract of Employment / Engagement depending on the post offered.

Every effort will be made to ensure you have a positive experience when applying for a post with the Southern Trust.

Thank you again for your interest and we look forward to receiving your application.

Southern Health and Social Care Trust

Quality Care - for you, with you

Consultant Radiologist with a specialist interest in Gastroenterology

-

- Job Information Pack

Closing Date for Receipt of Completed Applications is:

IMPORTANT NOTE

All communication relating to your application will be sent to you via email, you should continually check your email account for correspondence, this includes checking junk mail box.

An Equal Opportunities Employer

Introduction

Thank you for your interest in applying for a post with the Southern Health & Social Care Trust. This Job Information pack will provide you with further details regarding the Job you are applying for.

It is essential that you read the Job Description and Personnel Specification carefully to allow you to demonstrate in your application form how you meet the essential criteria.

Application forms can be submitted through one of the following channels:

- **On Line at** http://www.HSCRecruit.com – full details on completing an online application form are provided at this web address.

  Remember not to leave it until the last minute as something could happen to the internet at either end

- **Or by post**[1] to the Resourcing Team, Southern Health and Social Care Trust, Human Resources Department, Hill Building, St Luke's Hospital Site, Loughgall Road, Armagh, County Armagh, Northern Ireland BT61 7NQ Tel: +44 (0)28 3741 2558/2572

Following submission of your application you will receive all correspondence relating to your application by email. **You should set up your mailbox to receive emails from** Workflow.System@HSC.com otherwise the information may go to your Junk Email box. Emails will appear to have a sender 'WF Batch'. Please check your email account on an ongoing basis for correspondence as there will be no other alerts in this regard. You should also check your Junk Email Box.

Thank you again for your interest in the Southern Health & Social Care Trust.
Southern Trust Resourcing Team

[1] *Applicants using Royal Mail should note that 1st class mail does not guarantee next day delivery. It is the responsibility of the applicant to ensure that sufficient postage has been paid to return the form to the address above by the stated closing date and time.*

Where Is the Southern Health & Social Care Trust, and what do we Do?

The Southern Trust provides essential patient / client centred services to a population of 335,000 people in the local areas of Armagh, Banbridge, Craigavon, Dungannon, South Tyrone, Newry and Mourne (see map outline below):

The Trust provides both Acute and Community based services for all ages. You may wish to view further information on our website at http://www.southerntrust.hscni.net/ or you can follow us on Facebook or Twitter

The Southern Trust Vision is 'to deliver safe, high quality health and social care services, respecting the dignity and individuality of all who use them' and this is underpinned by six values which have been developed to help achieve the vision.

Our Values

We will;

- Treat people fairly and with respect
- Be open and honest and act with integrity
- Put patients, clients, carers and community at the heart of all we do
- Value staff and support their development to improve our care
- Embrace change for the better
- Listen and learn

Our Priorities

- Providing safe high quality care
- Maximizing independence and choice for our patients and clients
- Supporting people and communities to live healthy lives and to improve their health and wellbeing
- Being a great place to work, valuing our people
- Making best use of resources
- Being a good social partner within our communities

Southern Health and Social Care Trust

Quality Care - for you, with you

www.planetware.com

http://www.mourne mountains.com/mournes/

http://www.armagh.co.uk

Standard Wording Updated 09.11.2015

Southern Health and Social Care Trust

Quality Care - for you, with you

Approval:	**THIS JOB DESCIRPTION WAS APPROVED BY**

JOB TITLE: Consultant Radiologist (Gastroenterology)

DEPARTMENT: Radiology

BASE/LOCATION: All posts are appointed to the Southern Health and Social Care Trust. The base hospital for this post is **Craigavon Area Hsopital** however the post holder may be required to work on any site within the Southern Health and Social Care Trust.

REPORTS TO: Associate Medical Director for Cancer and Clinical Services

ACCOUNTABLE TO: Mrs E Gishkori – Director of Acute Services

SUMMARY OF POST:

- This is a replacement post and will join a team of 17 Consultant Radiologists.
- This post will participate in a 1:18 Category A on-call rota. Current pay supplement: 3%
- This post will attract a salary of **£75,249 - £101,451 per annum**
- This is a full-time position, however anyone interested in working part-time / job share is also welcome to apply.
- Annual leave will be 32 days per annum initially rising to 34 days after 7 years' seniority, plus 10 statutory and public holidays.
- The post also has an attractive study leave entitlement of up to 30 days paid leave with expenses in any period of three years.
- A relocation package may also be available if required.
- The Southern Trust has established a dedicated revalidation support team which ensures all doctors have an annual appraisal with a trained appraiser and supports all doctors through the revalidation process. The Trust has also appointed corporate, Consultant and SAS Leads for appraisal and revalidation.
- The Trust offers a medical mentoring scheme which can be viewed on the Southern Docs website CLICK HERE (Personal Information redacted by the USI
- The Trust supports the requirements for continuing professional development (CPD) as laid down by the GMC and is committed to providing time and financial support for these activities.

- The post will attract all the terms and conditions and employment benefits associated with an NHS post e.g. NHS indemnity; access to NHS pension scheme and many additional benefits such as child care vouchers etc.

THE SOUTHERN TRUST:

The Southern Trust is one of the largest employers in Northern Ireland and Craigavon Area and Daisy Hill hospitals form the Southern Trust Acute Hospital Network - serving a population of over 360,000. Each year in our hospital network there are approximately 63,000 inpatient admissions; 25,000 day cases; 300,000 outpatient appointments; 116,000 Emergency Department attendances; and over 6,000 births. *Statistics updated in 2015*

The Southern Trust's acute hospital network was reaffirmed in 2015 as one of the UK's Top Hospitals for the fourth consecutive year. The national CHKS Top 40 Hospitals programme recognises acute sector organisations for their achievements in healthcare quality, improvement and performance. The Top Hospitals award is based on the evaluation of over 20 key performance indicators covering safety, clinical effectiveness, health outcomes, efficiency, patient experience and quality of care. As well as being placed in the Top 40 Hospitals, the Southern Trust was shortlisted for the first time ever for the CHKS National Data Quality Improvement Award. Our vision is to 'to deliver safe, high quality health and social care services, respecting the dignity and individuality of all who use them'

WHY SHOULD YOU WORK FOR US?

The Southern Trust was the first Trust in Northern Ireland to invest and implement in a fully electronic job planning system which is available for all permanent consultant and SAS doctors. This makes it much easier for doctors to maintain an up to date job plan to ensure they are paid correctly and to support the revalidation and appraisal process. Doctors in longer term temporary posts may also be able to use this system. As well as Corporate and Departmental Induction each new permanent medical employee will have an opportunity to have an informal meeting with the Medical Director at the end of month three / four of commencement with the Trust during which time they can explore the option of job shadowing a non-clinical manager within their speciality for a morning / afternoon. This will be facilitated via the relevant Associate Medical Director. There is also a fully embedded revalidation and appraisal process which supports all doctors with all of their appraisal and revalidation requirements. Opportunities also exist for doctors to avail of the Trust medical mentoring scheme.

The Southern Trust is keen to become an employer of choice for SAS doctors who choose to spend their career with us. The Trust has been proactive in encouraging the role of SAS doctors within the Trust and has a number of trained SAS Medical Appraisers and Mentors. Regular lunchtime SAS Link-Up sessions are held across the Trust which provide an opportunity for the SAS group of doctors to establish relationships and network with each other. A regional SAS Conference is also hosted by the Trust each year and a number of initiatives are being developed to support and retain our doctors within their chosen specialties. Our doctors play a vital role in the care and treatment of our patients and in return you can expect a positive experience that will support your development as a key member of the Southern Trust. But don't just take our word for it – listen to the comments of a few of our European doctors who have chosen to relocate from their home country and make a career

with the Southern Trust:
https://vimeo.com/155571807
https://vimeo.com/155571800
https://vimeo.com/155571809
Access code: ateam

SOUTHERN TRUST – IN THE SPOTLIGHT

The Southern Trust is one of the largest employers in Northern Ireland. Follow us on Twitter to hear all the latest news https://mobile.twitter.com/southernhsct or visit our YouTube channel for more news: https://www.youtube.com/channel/UC0YNNjgHJwX4WKregeR_IDQ/videos.

Some of our key achievements in 2015/16:

A day in the life of Southern Trust: CLICK HERE

Consultant Geriatrician recognised at prestigious Institute of Health Care Management Awards: CLICK HERE

First UK Hospital to Trial Groundbreaking Physio for Critically ill Patients: CLICK HERE

First Trust in NI to trial new baby heart screening test: CLICK HERE

UK Wide Recognition for Daisy Hill Anaesthetist: CLICK HERE

Junior doctors rank Southern Trust among top 10 UK providers to work for: CLICK HERE

Southern Trust Anaesthetists Ranked Top in Northern Ireland: CLICK HERE

RADIOLOGY DIVISION

The Southern Trust provides acute and elective radiology services on the Craigavon Area Hospital and Daisy Hill Hospital sites, with a 7 day service being provided for acute diagnostic radiology. Further elective radiology, including radiographs, CT, DEXA and ultrasound, are also provided on other community sites - in line with the ethos of providing patient services "in the right place, at the right time."

The Southern Trust utilizes the regional Northern Ireland PACS solution with an integrated RIS/PACS complete with voice recognition, advanced visualization and decision support software. Home workstations are provided. Secretarial support and office facilities are provided within the Division.

EQUIPMENT

The MRI suite in Craigavon hosts 2 modern 1.5T wide bore MRIs (Siemens Aera 2014 & 2015). 3 CT scanners are currently in place (Toshiba Prime 2016, Phillips Ingenuity 2015, Toshiba Aquilion 2010). A mobile CT (Toshiba Prime) is currently present on the Criagavon site, with a dedicated CT suite with 2 permanent CT scanners planned for Craigavon in early 2018.

The ultrasound service, including endoscopic and endobronchial ultrasound, continues to expand with ongoing renewal of equipment (fifteen Toshiba Aplio's 2009 – 2016, BK Medical

Flex Focus 2013 and Hitachi Avious 2012). Interventional radiology is provided in Craigavon (Siemens Axiom Artis, 2011), with further fluoroscopy rooms in both Daisyhill and Craigavon (Siemens 2004, Philips 2003). Nuclear imaging is sited in Craigavon (Siemens Symbia SPECT CT 2008, Siemens E Cam 1999). The majority of radiography is now digital (Carestream 2014 - 2016, Siemens 2014, Canon 2014).

The breast service is provided in the dedicated Glenanne Unit in Craigavon (Hologic Dimensions 2011, Hologic Selenia 2011, Hologic Multi Care Prone Table 2015, Hologic Affirm Biopsy 2015, two GE Logic Ultrasounds 2010 and Bard Encor Vacuum Biopsy, 2013). The breast screening service is supported by a mobile unit (Siemens Mammomat, 2014, Siemens Mammomat Tomo, 2014).

ON CALL

All consultants participate on a 1 in 17 rota call rota and also provide resident Saturday and Sunday service with the same frequency. Radiology registrars appointed to the Southern Trust, supplemented by locums, provide first on call cover. Out sourcing of overnight on call CT (10pm to 8am) is being progressed and will be in place shortly.

NUMBER OF EXAMINATIONS, APRIL 2015 – MARCH 2016

CT	26426
MRI	14018
US (Non Obstetric)	40868
US (Obstetric)	6090
Fluoroscopy	3383
Intervention	259
Radiographs	191980
DEXA	2591
Mammography (Symptomatic)	5632
Mammography (Screening)	12803
Nuclear Medicine	2184
Total	**306230**

MEDICAL STAFF

	Subspecialty Interests	*PAs*
Dr A Carson	Gynaecology and Paediatrics	11
Dr P Rice	Gastrointestinal	11
Dr M Fawzy	Nuclear (Sabbatical)	
Dr M Ahmed	General	11
Dr E Conlon	General	11
Dr D Gracey	Musculoskeletal	11
Dr J Yarr	Paediatrics	7
Dr M Williams	Urology	11
Dr S Porter	Musculoskeletal	11
Dr R McConville	Interventional	11
Dr L Johnston	Breast	11

Dr A Milligan	Musculoskeletal	11
Dr B James	Cardiac, Musculoskeletal	11
Dr P McGarry	Neuroradiology, Head & Neck	11
Dr P McSherry	Neuroradiology, Paediatrics	11
Dr I Yousuf	Musculoskeletal, Gastroenterology	11
Dr M Jamison	Neuroradiology (Sabbatical)	

RADIOGRAPHIC AND ADMINISTRATIVE STAFF

Assistant Director of Cancer & Clinical Services	Mrs H Trouton
Head of Diagnostics	Mrs J Robinson
Site Lead Radiographers	3
Radiographers	132 WTE
Practitioners	5.5 WTE
Assistants	17 WTE
Nurses	3 WTE
Clerical	34 WTE

DUTIES OF THE POST:

The post holder will:

- Have experience in gastroenterology radiology (including body MR and CT colonography), with evidence of subspecialty training and MDT participation.

- Be expected to undertake those examinations which would be encountered in an Area Acute Hospital.

- Demonstrate good general experience in CT, Ultrasound, MRI and screening procedures.

- Be part of a Radiology team with responsibility for all work performed in the directorate which includes Daisy Hill Hospital, Lurgan Hospital, Banbridge Polyclinic, South Tyrone Hospital and Armagh Community Hospital.

- Be expected to keep up to date with innovations and ideas within the profession, and within the Health Service, and will work with other professionals towards improvement of the service.

- Be required to participate in a planned programme of Medical Audit with colleagues at Hospital and Area level.

- Be required to participate in an on-call rota with other Radiologists in the Southern Trust, as agreed with his/her Consultant colleagues.

- Have continuing responsibility for the patients under his/her care.

- Undertake administrative duties associated with the care of his/her patients.

For informal queries regarding this post please contact Dr David Gracey – Clinical Director of Radiology – Craigavon Area Hospital. Tel: Personal Information redacted by the USI.

PROPOSED JOB PLAN / ROTA PATTERN

A provisional job plan is outlined below which illustrates the content, but not necessarily the distribution of the individual fixed sessions. It is indicative only and may be subject to change following discussion with your clinical manager to deliver against service delivery.

	TIME	WORK ACTIVITY	HOURS				Total
			DCC	SPA	APA	EPA	
Mon	09.00 – 13.30	SPA		4			8
	13:00 – 17:00	MRI	4				
Tues	09.00 – 13.00	CT (elective)	4				8
	13.00 – 17.00	Fluoroscopy	4				
Wed	09.00 – 13.00	CT (acute)	4				6
	13.00 – 15.00	Reporting	2				
Thur	09.00 – 13.00	SPA / MDM preparation	2	2			6
	13.00 – 15.00	MDMs	2				
Fri	09.00 – 13.00	Ultrasound	4				8
	13.00 – 17.00	MRI/Admin	4				
TOTAL HOURS			**30**	**6**			**36**
TOTAL PAs			**8**	**1.5**			**9**

Programmed Activities	**Number of PAs**
Direct Clinical Care	7.5
Supporting Professional Activities	1.5
On call (including weekend working)	1
Total PA's	**10**

Emergency Work	
On-call Rota Frequency:	1 in 17
Agreed Category: (consultants only)	Category A
On-call % Supplement	3%

TERMS AND CONDITIONS:

This post will be contracted in accordance with:

Consultant Terms and Conditions which can be viewed at:
https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/revised-consultants-terms.pdf