

**IMPERIAL COLLEGE HEALTHCARE NHS TRUST
FACULTY OF MEDICINE, IMPERIAL COLLEGE LONDON**

JOB DESCRIPTION

SECTION 1

Consultant Radiologist with a specialist interest in cardiac radiology

Imperial College Healthcare NHS Trust Values

We are absolutely committed to ensuring that our patients have the best possible experience within our hospitals. We are looking for people who are committed to delivering excellent patient care, whatever their role, and who take pride in what they do. We place a high value on treating all patients, customers and colleagues with respect and dignity, and seek people who strive for excellence and innovation in all that they do.

We value all of our staff and aim to provide rewarding careers and benefits, fulfilling work environments and exciting opportunities.

As an organisation we expect everyone to be:

- Kind** - We are considerate and thoughtful, so you feel respected and included.
- Collaborative** - We actively seek others' views and ideas, so we achieve more together.
- Expert** - We draw on our diverse skills, knowledge and experience, so we provide the best possible care.
- Aspirational** - We are receptive and responsive to new thinking, so we never stop learning, discovering and improving

1. THE POST

Title of Post: Consultant Radiologist with a special interest in cardiac radiology

Main site of activity: Hammersmith Hospital and St Mary's Hospital

Head of Specialty, Cardiothoracic Radiology: Dr Deepa Gopalan

Responsible to: Dr Deepa Gopalan

Accountable to: Dr Amrish Mehta

1.1 Background to the Post

This is a substantive consultant radiologist post with a sub-speciality interest in non-invasive cardiac and vascular imaging. The post has been created in response to a sharp increase in demand for cardiac CT and CMR imaging internally and externally. The post holder will have specific training or experience in cardiac CT and CMR, ideally having level 3 accreditation in both, and will work with the 2 existing cardiac radiologists, Dr Ben Ariff and Dr Deepa Gopalan, to develop the service. The successful candidate will be expected to contribute to the general work of the department, including

the general CT, MRI, US and plain film reporting. This post is split equally between Hammersmith Hospital and St Mary's Hospital.

Imperial has been an early adopter of these cardiac CT and CMR, and the success of the service to date has led to on-going growth in demand for both modalities. Cardiac CT services have seen growth of approximately 22% and cardiac MRI by 47% approximately in 2016/17 compared to 2015/2016. The department currently offers a service to a number of outside organisations, and this is seen as a growth area.

The successful candidate will be expected to make a significant contribution to training and research, as well as working with the Divisional team to help manage the service effectively. It is anticipated that the post holder will contribute to this important activity via participation in the training scheme, development of courses, working with Divisional management and local GPs to develop an appropriate open access service for cardiac imaging, and involvement in research.

The applicant must hold their CCST in Radiology or be on the GMC Speciality Register, or be within 6 months of being granted a CCST. Candidates with accreditation in radiology who wish to work only part-time or on a sessional basis are encouraged to apply, as are applicants interested in job-sharing.

2. Division of Women's and Children's and Clinical Support (WCCS)

2.1 Key personnel:

Clinical Services in the Academic Health Sciences Centre are provided through Divisions. The WCCS consists of Imaging, Paediatrics, Gynaecology and Maternity Pharmacy and Outpatients.

Key personnel:

Professor TG Teoh	Divisional Director, Women's, Children's & Clinical support
Patricia Reyes	Director of Operations
Dr Amrish Mehta	Clinical Director, Imaging
Bernard Johnson	General Manager, Imaging (Interim)

2.2 The Work of the Department

The Radiology department offers a comprehensive range of diagnostic and interventional procedures to support all aspects of clinical management. This includes CT, MRI, ultrasound, nuclear medicine (including PET/CT and SPECT/CT), angiography and interventional procedures, fluoroscopy, DEXA and plain films. A new cross-Trust RIS/PACS system has recently been installed. The in-patient and out-patient work of the Trust is supported, and we offer direct access to GPs for plain radiographs, CT, MRI and US, as well as having specific service level agreements with various external organisations for some of our specialist work.

The department has historically been an early adopter of new techniques and minimally invasive therapies, many of which are not widely available. Many of these have been or are being developed through translational research links via the AHSC. For example, there is significant local expertise in

cardiac CT and MRI, CT colography, including use of CTC in screening, thermal ablation of tumours, focused ultrasound and embolization treatments for uterine fibroids, advanced interventional techniques in neuroradiology and non-neuroradiology including intracerebral coiling and thrombectomy, thoracoabdominal aortic stenting, AVM coiling, SIRT, use of novel PET agents for cancer diagnosis and in dementia, and advanced MR and US imaging.

There is a strong focus on training, and our Radiology training scheme is highly regarded, with approximately 45 trainees currently in post. The NW London radiology training scheme is run via the Imperial department

2.3 Service Activity

The department performs and reports approximately 450,000 examinations per annum, with a high proportion of complex imaging and procedural radiology. We have experienced particular growth over the past three years in demand for CT, MRI and hybrid imaging (PET/CT and SPECT/CT). Cardiac MRI and CT have seen significant growth in demand.

The department is well equipped with the following specialist equipment across the three sites:

MRI	10 scanners (4 at SMH; 3 at CX; 3 at HH. Two scanners are 3T)
CT	7 scanners (3 at SMH; 2 at CX; 2 at HH – all 128- or 256 slice)
US	33 scanners
Nuclear Medicine	1 PET/CT (CX); 4 SPECT/CT ; 4 gamma cameras; 2 DEXA
IR rooms	9 rooms (3 at SMH; 3 at CX; 3 at HH)

We have an active programme of capital replacement/development.

2.4 Clinical Staffing

The department has 58 WTE consultant radiologists covering all sub-specialties, and around 45 specialist registrars on rotation. Dr Amrish Mehta is the clinical director, and there are 9 service based Heads of Specialty and 3 site based Heads of Specialty. Dr Declan O'Reagan is head of imaging research, and Drs Olga Kirimi, Nishat Bharwani and Alison Graham are joint training program directors.

The following consultant radiologists are in post:

Name	FT/sessions	Subspecialty
Dr Abhinav Singh	FT	Interventional neuroradiology
Prof Adil Al-Nahas	FT	Nuclear medicine, thyroid/endocrine imaging
Dr Adrian Lim	FT	US/ breast imaging/MSK
Dr Afshin Alavi	FT	Paediatric radiology/MRI
Dr Alison Graham	9	Interventional radiology
Dr Amrish Mehta	FT	Neuroradiology, Director of Imaging

Dr Anastasia Gontsarova	FT	Neuroradiology
Dr Andrew Wright	FT	Chest, oncology imaging, CT
Dr Anne Hemingway	4	Gynaecological imaging
Dr Barbara Faissola	9	Breast imaging
Dr Ben Ariff	FT	Cardiac imaging
Dr Brynmor Jones	FT	Neuroradiology
Dr Carolina Kachramanoglou	FT	Neuroradiology
Dr Chris Harvey	FT	US, thyroid/endocrine imaging
Dr Chris Schelvan	7	US, CT, GI/oncology imaging
Dr Deborah Cunningham	FT	Breast imaging
Dr Declan O'Regan	5	Cardiac imaging/Imaging research lead
Dr Deepa Gopalan	FT	Cardiac imaging
Dr Diana Bosanac	FT	Interventional Radiology
Dr Dimitri Amiras	FT	MSK imaging
Dr Dominic Blunt	FT	GI/oncology imaging
Prof Edward Leen	5	Thermal ablation, oncology imaging
Dr Erika Kashef	FT	Interventional radiology
Dr Elizabeth Dick	8	MSK, Emergency/Trauma, Body MRI
Dr Farah Alobeidi	FT	Neuroradiology
Dr Gemma Dawe	FT	Neuroradiology
Dr Gita Ralleigh	6	Breast imaging
Dr Gitta Madani	FT	ENT imaging
Dr Hema Purushothaman	7	Breast imaging
Dr Henry Tam	FT	Nuclear medicine/oncology
Dr Iain Colquhoun	3	Neuroradiology
Dr James Jackson	FT	Interventional radiology
Dr Jo Danin	4	Paediatric radiology
Dr Katherine van Ree	FT	GI, Gynae, oncology imaging
Dr Kunwar Bhatia	FT	Head and Neck radiology
Dr Kyriakos Lobotesis	FT	Interventional neuroradiology
Dr Maneesh Patel	FT	Interventional neuroradiology
Dr Marc Pelling	FT	General, GI and interventional radiology
Dr Mark Paley	FT	CT, MRI, US, oncology imaging
Dr Martin Clark	FT	Urological and interventional radiology
Dr Mary Crofton	2	US, gynaecological imaging

Dr Mary Roddie	FT	Chest, oncology imaging, CT/US
Dr May-ai Seah	8	Paediatric radiology
Dr Miny Walker	6	MSK imaging
Dr Mohamad Hamady	FT	Interventional radiology
Dr Monica Khanna	6	MSK imaging
Dr Nadeem Qazi	FT	Interventional radiology
Dr Neelofer Zaman	7	Breast imaging
Dr Neil Rane	FT	Interventional Neuroradiology
Dr Neil Upadhyay	FT	Breast imaging/MSK
Dr Nick Burfitt	FT	Interventional radiology
Dr Nicola Strickland	FT	Chest, oncology imaging
Dr Nigel Barrett	FT	Breast imaging, interventional radiology
Dr Nishat Bharwani	FT	Gynaecological imaging, oncology
Dr Olga Kirmi	FT	Neuroradiology
Dr Ondina Bernstein	9	Interventional radiology
Dr Paul Tait	8	HPB/ Interventional radiology
Prof Philip Gishen	FT	Skeletal radiology
Dr Prashant Sankaye	FT	MSK Imaging
Dr Robert Thomas	FT	Interventional radiology
Dr Sameer Khan	FT	Nuclear medicine/oncology
Dr Sarah George	7	Breast imaging
Dr Stella Comitis	6	Breast imaging
Dr Sue Copley	8	Chest, oncology imaging
Dr Syed Babar	6	MSK imaging
Dr Tara Barwick	9	Nuclear medicine/oncology
Dr Tran Seaton	7	Breast imaging
Dr Victoria Stewart	6	Breast/oncology imaging
Prof Wady Gedroyc	FT	MRI, interventional radiology
Dr William Svensson	5	Nuclear medicine
Dr Zarni Win	7	Nuclear medicine

2.5 Radiographic and Nursing Staffing

There are 188 WTE of radiographers, 27 WTE radiology nurses and 4.4 WTE nursing assistants within the department, who support the full range of diagnostic and interventional activities.

Ultrasound sonographers are a key component of the ultrasound service. Ms Rona Buxton, Ms Catriona Todd and Mr Bruno Tonello are the Clinical Service Managers for the HH, CXH and SMH sites respectively, whilst Ms Jan Jackson is the Lead Nurse. Collaboration between the radiographic

and nursing staff and the radiology team is excellent in the delivery of high quality care and in the development of new services, with regular meetings and attendance of the senior radiology staff at the monthly staff meetings. There are opportunities for radiographers to undertake reporting and a program of training in advanced nursing skills is being implemented.

2.6 Research Activities and Audit

An Imaging Research Committee and management team has been developed to promote and support imaging-related research, led by the Research Director, Dr D O'Reagan. This promotes academic development and recognition in radiology, as well as supporting broader AHSC objectives by collaborating with research and clinical trial activity across all clinical departments. There is also collaboration with Imperial Biomedical Research Centre. There has been a significant year-on-year increase in the number of new research studies reviewed and approved by the IRC. Our research-specific tariff template has enabled us to appropriately cost and invoice research activity within the Radiology Department. Revenue has increased in parallel with the increase in research studies.

The Directorate undertakes regular clinical audit and has established Trust-wide Quality, Clinical Audit and Risk Management meetings. Dr Martin Clarke is the lead for Clinical Audit and Dr Nigel Barrett is the chair of the Risk Committee. The Directorate participates in 'in-house' audits, Health Authority priority projects and National Audits including CEPOD (Interventional Radiology). It is also a member of CIRIS, a system for coordinating clinical governance activities within Imaging.

2.7 Teaching Activities

There is a large and highly regarded training scheme for Radiology Specialist Registrars at Imperial, and the NW London LP is based at Imperial. The training programme is managed by the joint TPDs (Drs Kirmi, Bharwani and Graham) and a training committee comprising the clinical tutors and educational supervisors from all sites involved in the training rotation. There is also representation from all registrars, including post-fellowship registrars, subspecialty trainees and flexible trainees.

2.8 Relationship with other Directorates/Staff

The department enjoys a close clinical and academic relationship with most clinical disciplines and the successful candidate will be expected to interact closely with the subspecialty teams within Imaging and with the various clinical users of the Imaging service.

3. Key Result Areas, Main Duties and Responsibilities

3.1 Provide High Quality Care to Patients in Radiology

- The post holder must be medically qualified and maintain GMC specialist registration.
- To develop and maintain the competencies required to carry out the duties required of the post.
- To ensure prompt attendance at agreed direct clinical care Programmed Activities.
- To ensure patients are involved in decisions about their care and to respond to their views.

3.2 Research, Teaching and Training

- Where possible to collaborate with academic and clinical colleagues to enhance the Trust's translational research portfolio, at all times meeting the full requirements of Research Governance.
- Where possible to provide high quality teaching to medical undergraduates and members of other health care professions as required by the Clinical Director.

3.3 Performance Management

To work with medical, nursing and managerial colleagues to ensure high performance in the following areas:

- Clinical efficiency e.g. LOS reductions, reducing cancelled operations and DNA rates.
- Quality of outcomes e.g. infection control targets, reducing re-admission rates
- Financial management e.g. identification, implementation and achievement of cost improvement programmes and participating in efforts to ensure services are provided cost effectively e.g. managing locum agency spend, monitoring and managing the drug budget to target, ensuring accuracy of clinical data for the team
- Operational efficiency e.g. day-case rates, waiting list activity and demand management.

3.4 Medical Staff Management

- To work with colleagues to ensure junior doctors' hours are compliant in line with EWTD and New Deal.
- To ensure that adequate systems and procedures are in place to control and monitor leave for junior medical staff and to ensure that there is appropriate cover within the clinical areas, including on-call commitments
- To participate in the recruitment of junior medical staff as delegated by the Divisional Director/Clinical Director.
- To participate in team objective setting as part of the annual job planning cycle.
- To be responsible for the annual appraisal of all doctors in training, Trust doctors and non-consultant grades as delegated by the Divisional Director/Clinical Director/General Manager.

3.5 Governance

- To review clinical outcomes in designated area using external benchmarking data where appropriate, to identify and advise variances to the Divisional Director/Clinical Director.
- Participate in clinical audit, incident reporting and analysis and to ensure resulting actions are implemented.
- To work closely with the Directorate, Patient and Public Involvement panels in relation to clinical and services developments as delegated by the Divisional Director/Clinical Director.
- Participate in ensuring NICE requirements are reviewed and implemented and monitored in the speciality areas.

- To ensure clinical guidelines and protocols are adhered to by junior medical staff and updated on a regular basis.
- To keep fully informed about best practice in the speciality areas and ensure implications for practice changes are discussed with the Divisional Director/ Clinical Director.
- To role model good practice for infection control to all members of the multidisciplinary team.

3.6 Strategy and Business Planning

- To participate in the business planning and objective setting process for the directorate and Trust where appropriate.
- To represent the Trust at appropriate clinical networks/other external clinical meetings, as delegated by the Divisional Director/Clinical Director.

3.7 Leadership and Team Working

- To demonstrate excellent leadership skills with regard to individual performance, clinical teams, the Trust and when participating in national initiatives.
- To work collaboratively with all members of the multi-disciplinary team and Imperial College as required.
- To chair regular meetings for the specialties.
- To resolve conflict and difficult situations through negotiation and discussion, involving appropriate parties.
- Adhere to Trust/departmental guidelines on leave including reporting absence.

4. Research Opportunities

There is a well-developed research infrastructure within the Radiology Department, and the successful candidate will be encouraged to participate in research and develop research initiatives, appropriate to previous experience and the clinical requirements of the post.

5. Teaching Opportunities

There is a very prestigious training program in radiology. The post holder will be expected to participate and enhance the teaching undertaken in the Department. The directorate encourages consultants to develop their training skills and to take on more formal educational supervisor roles. It also actively supports the introduction of novel techniques and teaching methods.

6. Administrative duties

Administrative and managerial duties will develop with the post, and form a component of job planning and appraisal discussions.

7. Job Plan

A formal job plan will be agreed between the appointee and Clinical and Divisional Directors, on behalf of the Medical Director. The job plan below is indicative and subject to final ratification.

The post holder and Divisional Director/Clinical Director will review the Job Plan in line with the provisions in Schedule 3 of the Terms and Conditions. Either may propose amendment of the job plan.

This is a 1.0 WTE post (10 PAs)

The job plan has 8.0 clinical PAs (including clinical activity, clinically related activity, predictable and unpredictable emergency work), and 2.0 SPA for audit, teaching, research, clinical governance, appraisal, CPD and revalidation. Such activity will be agreed in the job planning process and will have agreed and measurable outcomes.

Provisional Outline Timetable (this is indicative and subject to negotiation with the appointee)

Individual Job Plan

Day	Time	Location	Work	DCC/SPA /AR	No. of PAs
Monday	AM	SMH	Cardiac CT	DCC 1.0	1.0
	PM	SMH	SPA	SPA 1.0	1.0
Tuesday	AM	HH	EP MDT/ Cardiac CT	DCC 1.0	1.0
	PM	HH	CMR	DCC 1.0	1.0
Wednesday	AM	HH	JCC/TAVI MDT / General Reporting	DCC 1.0	1.0
	PM	HH	CMR	DCC 1.0	1.0
Thursday	AM	SMH	Cardiac CT	DCC 1.0	1.0
	PM	SMH	SPA	DCC 1.0	1.0
Friday	AM	HH	General Reporting	SPA 1.0	1.0
	PM	HH	CMR	DCC 1.0	1.0
TOTAL					10

The above job plan is provisional, and subject to confirmation by the Clinical Director and Head of Specialty. It is anticipated that the post holder will be working on the sites shown, but this is subjective to change as Trust clinical strategy evolves.

Regular meetings: There are various MDT and departmental/divisional meetings which the post-holder will attend as required.

On call and weekend working: The post carries no formal on-call commitments currently, however departmental objectives include the provision of 7 day and extended day, consultant lead reporting and this will form the subject of formal ongoing team job planning.

8. Administrative/secretarial support:

The Post holder will be supported by existing administrative staff in the department.

9. Office Facilities

The post holder will have office facilities and computer access at the Trust sites, as appropriate. The Trust provides comprehensive Internet access and IT support.

PERSON SPECIFICATION

Post: **Consultant Radiologist with a special interest in cardiac radiology**

Divisional Director: Professor TG Teoh

Clinical Director of Imaging: Dr Amrish Mehta

Attributes/skills	Essential	Desirable	Measurement
<p>Qualifications</p> <p>Higher qualifications</p>	<p>On GMC registered Medical Practitioner</p> <p>GMC specialist registration or within 6 months of being admitted to the GMC's specialist register</p> <p>Appropriate Royal College Membership (FRCR or equivalent)</p>	<p>MRCP/MRCS MD, PhD</p>	<p>Application form</p>
<p>Knowledge/Skills</p> <p>Clinical expertise in Specialty/sub specialty</p>	<p>Minimum of 12 months' sub-specialty training in cardiac radiology.</p> <p>Ability to perform wide range of cardiac MR and CT radiological examinations</p> <p>IT Skills and computer literacy</p>	<p>Previous fellowship or experience in cardiac radiology</p> <p>Level 3 accreditation in CMR</p> <p>Level 3 accreditation in Cardiac CT</p> <p>Thoracic biopsy skills</p>	<p>Application/ interview</p>
<p>Leadership/ Management skills</p>	<p>Able to take responsibility, show leadership, make decisions, exert appropriate authority</p> <p>Have proven skills in leading, motivating, developing and managing the performance of colleagues.</p> <p>Knowledge of finance/budgets</p> <p>Management of staff</p>	<p>Previous organisational role</p>	<p>Application/ interview</p>

Teaching & Training	Experience of teaching and training undergraduates/ post-graduates and junior medical staff	Previous specific training role	Application/ interview
Audit	Understanding of principles of clinical audit	Track record in performing audit	Application/ interview
Academic achievements including research/ publications	Evidence of achievement appropriate to appointment at consultant level at ICHT	Evidence of research activity and output, including publications/ grants	Application/ interview
Language	Are able to speak and write English to the appropriate standard necessary to fulfil the job requirements		Application/ interview
Interpersonal Skills	<p>Excellent written and spoken communications, ability to build rapport, work with others.</p> <p>Persuade, negotiate Empathy, understanding, listening skills, patience, social skills appropriate to different types of client</p> <p>Able to change and adapt, respond to changing circumstances and to cope with setbacks or pressure</p> <p>Able to work as part of a team</p>		Interview
Probity	<p>Honesty, integrity, appreciation of ethical dilemmas.</p> <p>Must be able to demonstrate and model the key Trust values of respect, care, innovation, pride and achievement</p>		
Physical requirements	Occupational health clearance for the role specified		Occupational health Interview

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THE ORGANISATION

1. IMPERIAL COLLEGE HEALTHCARE NHS TRUST

Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St. Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine of Imperial College London. One of the largest NHS trust in the country, we have come together to establish the UK's first academic health science centre (AHSC). The Trust has an annual turnover of over £950 million, approximately 10,000 staff, and sees over 500,000 patients a year.

The creation of the AHSC, a partnership between the NHS and Imperial College London, is a major advance for patient care, clinical teaching and scientific invention and innovation. The fusion of the different strands of our work and the achievements that can now be realised will lead to significant benefits for patients and greater advances in healthcare than could be delivered apart.

Imperial College Healthcare NHS Trust already has a world-leading reputation. Hammersmith and St Mary's hospitals have two of the highest clinical ratings in the country, rated second and third best Trusts for clinical performance, quality of care and safety.

The Trust was awarded the status of a generic Biomedical Research Centre by the National Institute of Health Research (NIHR) in 2006 for its excellence in translational and clinical research – one of only 5 in the UK.

Imperial College London has a campus on all main sites and is increasingly integrated with all the clinical specialties. The Clinical Sciences Centre of the Medical Research Council (MRC) is also based at Hammersmith Hospital providing a strong foundation for clinical and scientific research.

2. THE AHSC VISION AND MISSION

The vision for our academic health science centre (AHSC) is that the **quality of life** of our patients and local populations will be **vastly improved** by taking the discoveries that we make and translating them into **medical advances** - new therapies and techniques - and by promoting their application in the NHS and around the world, in as fast a timeframe as is possible.

Our mission is to make our AHSC one of the **top five AHSCs in the world** within the next ten years, channeling excellence in research to provide world-class healthcare for patients.

Achieving this challenging mission will significantly improve the quality of healthcare for the local community, London and the UK as a whole, and enhance the UK's position as a global leader in biomedical research and healthcare.

Chairman	Sir Richard Sykes
CEO	Mr Ian Dalton
AHSC Director	Professor Jonathan Weber
Medical Director	Dr Julian Redhead
Chief Financial Officer	Richard Alexander

Director of Nursing
Director of Education

Professor Janice Sigsworth
Dr Jeremy Levy

We need all our staff to work together to fulfil the promise of the AHSC, and all staff need to be inspired to share in making discoveries and finding new ways of treating patients. We are tearing down institutional barriers to enable this to happen, and devising new ways of working between doctors, scientists, nurses, administrators and managers. We have already made a start with our innovative Divisional Structure.

The clinical services of the Trust are organised into 3 Divisions which are clinician led and have the autonomy to organise themselves into optimum vehicles for the delivery of world class, integrated research and healthcare.

Divisions

Director

Medicine and Integrated Care
Surgery, Cancer and Cardiovascular
Women's, Children's and Clinical Support

Professor Tim Orchard
Dr Catherine Urch
Prof TG Teoh

Each Division has a Director of Research (usually a Head of Division) and a Director of Education, who will work with the Divisional Director to ensure that opportunities for translational research and postgraduate education for all staff are maximised.

3. IMPERIAL COLLEGE LONDON

Imperial College London consistently achieves one of the highest rankings nationally and internationally, as listed in the Times Higher QS World University Rankings.

The rector, Prof Alice Gast is the College's academic head and leads college strategy. The Chairman of the Court and Council is Sir Phillip Dilley.

3.1 The Mission

Imperial College embodies and delivers world class scholarship, education and research in science, engineering and medicine, with particular regard to their application in industry, commerce and healthcare. We foster interdisciplinary working internally and collaborate widely externally.

3.2 Strategic Intent

The College's vision and intent is to:

Continue to be a world-leading institution for scientific research and education,

To harness the quality, breadth and depth of our research capabilities to address the difficult challenges of today and the future,

To develop the next generation of researchers, scientists and academics,

To provide an education for students from around the world that equips them with the knowledge and skills they require to pursue their ambitions,

To make a demonstrable economic and social impact through the translation of our work into practice worldwide,

To engage with the world and communicate the importance and benefits of science to society.

3.3 Formation and History

Imperial College was established in 1907 in London's scientific and cultural heartland in South Kensington, as a merger of the Royal College of Science, the City and Guilds College and the Royal School of Mines. St Mary's Hospital Medical School and the National Heart and Lung Institute merged with the College in 1988 and 1995 respectively and Charing Cross and Westminster Medical School and the Royal Postgraduate Medical School merged on 1 August 1997, thereby creating the Faculty of Medicine. The Kennedy Institute of Rheumatology became a Division of the Faculty of Medicine in 2000. In addition to the Faculty of Medicine there are the Faculties of Engineering, Natural Sciences, and Medicine and the Tanaka Business School.

In July 2007 the Queen granted a new royal charter which declared Imperial College an independent university in its own right, awarding its own degrees. Until then Imperial was an independent constituent part of the University of London, awarding University of London degrees.

3.4 Staff and Students

The academic and research staff of 3,397 includes 72 Fellows of the Royal Society, 77 Fellows of the Royal Academy of Engineering, 81 Fellows of the Academy of Medical Sciences, one Fellow of the British Academy, four Crafoord Prize winners and two Fields Medalists. Fourteen Nobel Laureates have been members of the College either as staff or students.

The College has 14,342 students, of whom 37 percent are postgraduate. Thirty per cent of students come from outside the European Union. External assessment of the College's teaching quality in many different subject areas has been judged to be of high standard. The proportion of women students is 36 percent of the total.

3.5 Research

The quality of the College's research has been judged consistently to be of the highest international standard and the proportion of income from research grants and contracts is one of the highest of any UK university.

The concentration of research in science, engineering and medicine gives the College a unique and internationally distinctive research presence. Interdisciplinary working is fostered at the College through its institutes and centres, which include the Institute of Biomedical Engineering, the Grantham Institute for Climate Change and the Energy Futures lab. Their strength lies in the expertise drawn together from across Imperial to tackle some of the world's greatest problems.

Imperial's enterprise culture ensures that discoveries in the lab are quickly translated to the market place. The technology transfer company Imperial Innovations draws upon a pipeline of technology emanating from Imperial's research. In 2006-07 the company had equity holdings in 74 companies. The College made 366 invention disclosures to the company during the same period.

3.6 Teaching and Learning

The College's overall educational aim is to ensure a stretching and exhilarating learning experience. While maintaining its traditional emphasis on single honours degree courses, Imperial also aims to give students the opportunity to broaden their experience through courses relevant to student and employer needs.

In its MSc. course provision, the College seeks to provide a wide range of specialist courses in areas in which it has particular expertise. Many of those offered by non-medical departments emphasise the valuable interaction between scientific/technological training and industrial experience, whilst those offered by the medical departments focus on subjects at the interface between basic science and medicine and on specialist education for doctors and other health professionals in training. In addition, the College's wide range of PhD programmes reflect its aim of pursuing research at the frontiers of scientific, engineering, management and medical knowledge and the increasingly interdisciplinary nature of this research.

The Centre for Educational Development raises and consolidates the profile of learning, teaching and educational development throughout the College. Newly-appointed non-clinical lecturers will be expected to develop and expand their teaching skills, and there are many learning and teaching activities for more experienced staff.

On 1 October 2011, the Graduate School of Life Sciences and Medicine merged with the Graduate School of Engineering and Physical Sciences, to form a single entity. The merged Graduate School is the focus of postgraduate education and research. Recent external audit found teaching quality to be of a high standard.

3.7 Location

The College now has one of the largest operational estates of any UK University. It includes seven central London campuses: the main South Kensington Campus, Charing Cross Campus, Chelsea and Westminster Campus, the Hammersmith Campus, the Northwick Park Campus, the Royal Brompton Campus and St Mary's campus; there are also two campuses outside London: the Silwood Park and Wye Campuses.

3.8 THE FACULTY OF MEDICINE

The Faculty of Medicine is one of Europe's largest medical institutions – in terms of its staff and student population and its research income. It was established in 1997, bringing together all the major West London medical schools into one world-class institution. It maintains close links with a number of NHS Trusts with whom it collaborates in teaching and research activities.

Although on several sites, its academic Schools, Institutes and Departments function as one Faculty, fully integrated within the College. The current Dean, Professor Dermot Kelleher, took up his appointment in October 2012.

There are five academic Schools, Institutes and Departments:

Schools, Institutes and Departments	Head of School/Institute/Department
• Department of Medicine	Professor Gavin Screaton
• Department of Surgery and Cancer	Professor Jeremy Nicholson
• Institute for Clinical Sciences	Professor Amanda Fisher
• National Heart and Lung Institute	Professor Kim Fox
• School of Public Health	Professor Elio Riboli

Faculty Centre

Dean	Professor Dermot Kelleher
Vice Dean and Director of Education	Professor Jenny Higham
Vice Dean (Research)	Professor Jonathan Weber
Director of the Graduate School	Professor Susan Gibson

SECTION 4

MAIN CONDITIONS OF EMPLOYMENT

Terms and Conditions of – Consultant (England) 2003 and amendments are applicable to this appointment. Copy of which is available from the NHS Employers website

Salary scale:

London Weighting:

Consultant staff are accountable to the Chief of Service or Divisional Director for their day to day activities, including the quality of their clinical work.

Hours of Work

The hours of work for this post are 40 per week (10 Programmed Activities). Trust arrangements for adherence to the EU Working Time Directive are in place. Consultants are required to participate in monitoring working hours. Those working in excess of 48 hours per week have the option to opt out of the total hours monitoring aspect of the working time directive.

Additional Programmed Activities

The Trust may offer you additional programmed activities over and over the standard 10. The remuneration for this is covered by clause 21 of your main contract of employment, and Schedules 13 and 14 of the Terms and Conditions – Consultants (England) 2003, as amended from time to time. The additional Programmed Activity is not pensionable. Additional Programmed Activities are not subject to pay protection arrangements.

Additional Increments

Increments over and above the minimum of the salary scale will only be given for previous consultant level experience or where training has been lengthened by virtue of being in a flexible training scheme or because of undergoing dual qualification. Time spent doing a higher qualification or additional years spent doing clinical work, research or sub-specialty training does not count towards additional credit (see Schedule 12 of the Terms and Conditions).

Relocation Expenses

The successful applicant would be required to live less than ten miles or half an hour from the main hospital. Where a move is necessary to take up a post within the Trust, relocation expenses may be paid. Contact the Medical Personnel Department for further details.

Clinical Excellence Award

Consultants with at least one-year service will have the opportunity to apply for the new Clinical Excellence Award which is administered in line with the ACCEA guidelines.

On-Call Availability Supplement

If you are required to participate in an on-call rota, you will be paid a supplement in addition to your basic salary in respect of your availability to work during on-call periods. The supplement will be paid in accordance with, and at the appropriate rate shown in, Schedule 16 of the Terms and Conditions.

Pension

Membership of the NHS Pension Scheme is available to all employees over the age of 16. Membership is subject to the regulations of the NHS Pension Scheme, which is administered by the NHS Pensions Agency. Employees who subsequently wish to terminate their membership must complete an opting out form - details of which will be supplied upon you making a request to the Trust's Pensions Manager, based in payroll. A contracting-out certificate under the Pension Schemes Act 1993 is in force for this employment and, subject to the rules of the Scheme, if you

join the Scheme your employment will be contracted-out of the State Earnings Related Pension Scheme (SERPS).

Annual Leave

Schedule 18 of the Terms and Conditions sets out the entitlement for annual leave (Inclusive of Statutory two days) as follows:

Number of years of completed service as a consultant	
Up to seven years	Seven or more years
32 days	34 days

Fee Paying Services and Private Professional Services

In carrying out any Fee Paying Services or Private Professional Services, consultants will observe the provisions in Schedule 9 of the Terms and Conditions in order to help minimise the risk of any perceived conflicts of interest to arise with their work for the NHS.

Fee Paying Services should not be carried out during your Programmed Activities except where the consultant and his/her Clinical Manager have agreed otherwise. Where this agreement exists, you will remit to us the fees for such services except where you and your clinical manager have agreed that providing these services involves minimal disruption to your NHS duties. Schedule 11 of the Terms and Conditions refers.

Subject to the provisions in Schedule 9 of the Terms and Conditions, consultants may not carry out Private Professional Services during your Programmed Activities.

Appraisal and Clinical Governance

The National Appraisal Scheme for Consultant Medical Staff (Department of Health Circulars AL (MD) 5/01 and AL (MD) 6/00) applies to your post. You must co-operate fully in the operation of the appraisal scheme. You must also comply with our clinical governance procedures.

Equal Opportunities

The Trust aims to promote equal opportunities. A copy of our Equality Scheme is available from the Human Resources department. Members of staff must ensure that they treat other members of staff, patients and visitors with dignity and respect at all times and report any breaches of this to the appropriate manager.

Medical Examinations

All appointments are conditional upon prior health clearance by the Trust's Occupational Health Service. Failure to provide continuing satisfactory evidence will be regarded as a breach of contract

Disclosure and Barring Service

Applicants for posts in the NHS are exempt from the Rehabilitation of Offenders Act 1974. All applicants who are offered employment will be subject to a Disclosure and Barring Service check before the appointment is confirmed. This includes details of cautions, reprimands, final warnings, as well as convictions. Further information is available from the Disclosure and Barring Service website at <https://www.gov.uk/government/organisations/disclosure-and-barring-service>

Fitness to Practice

Prior to making an appointment to a post, the Trust needs to establish if applicants for such positions have ever been disqualified from the practice of a profession or required to practise subject to specified limitations following fitness to practise proceedings by a regulatory body in the UK or in another country, and whether they are currently the subject of any investigation or proceedings by anybody having regulatory functions in relation to health/social care professionals, including such a regulatory body in another country.

Professional Registration/Licence to Practice

Staff undertaking work which requires professional/state registration/licence are responsible for ensuring that they are so registered/licensed and that they comply with any Codes of Conduct applicable to that profession. Proof of registration/licence to practice must be produced on appointment and, if renewable, proof of renewal must also be produced.

Work Visa/ Permits/Leave to Remain

If you are a non-resident of the United Kingdom or European Economic Union, any appointment offered will be subject to the Resident Labour Market test (RLMT). The Trust is unable to employ or continue to employ you if you do not obtain or maintain a valid Right to Work (leave to remain).

Safeguarding children and vulnerable adults

Post holders have a general responsibility for safeguarding children and vulnerable adults in the course of their daily duties and for ensuring that they are aware of the specific duties relating to their role.

Confidentiality

The post-holder must maintain confidentiality of information about staff, patients and health service business and be aware of the Data Protection Act (1984) and Access to Health Records Act (1990).

Health and safety

The post holder must co-operate with management in discharging its responsibilities under the Health and Safety at Work Act 1974 and take reasonable health and safety of themselves and others and to ensure the agreed safety procedures are carried out to maintain a safe environment for patients, employees and visitors.

Conflict of Interests

You may not without the consent of the Trust engage in any outside employment and in accordance with the Trust's Conflict of Interest Policy you must declare to your manager all private interests which could potentially result in personal gain as a consequence of your employment position in the Trust.

In addition the NHS Code of Conduct and Standards of Business Conduct for NHS Staff require you to declare all situations where you or a close relative or associate has a controlling interest in a business (such as a private company, public organisation, other NHS or voluntary organisation) or in any activity which may compete for any NHS contracts to supply goods or services to the Trust. You must therefore register such interests with the Trust, either on appointment or subsequently, whenever such interests are gained. You should not engage in such interests without the written consent of the Trust, which will not be unreasonably withheld. It is your responsibility to ensure that you are not placed in a position which may give rise to a conflict of interests between any work that you undertake in relation to private patients and your NHS duties.

Code of Conduct

All staff are required to work in accordance with the code of conduct for their professional group (e.g. Nursing and Midwifery Council, Health Professions Council, General Medical Council, NHS Code of Conduct for Senior Managers).

NHS Constitution

The NHS Constitution establishes the principles and values of the NHS in England. You should aim to maintain the highest standards of care and service, treat every individual with compassion and respect, take responsibility for the care you provide and your wider contribution, take up training and development opportunities provided, raise any genuine concern you may have about a risk, malpractice or wrongdoing at work, involve patients, their families and carers fully in decisions, be open if anything goes wrong and contribute to a climate where the reporting of, and learning from, errors is encouraged. You should view the services you provide from a patient's standpoint and contribute to providing fair and equitable services for all.

The above is a brief summary; you are encouraged to access the full document at: www.nhs.uk/constitution

Infection control

It is the responsibility of all staff, whether clinical or non-clinical, to familiarise themselves with and adhere to current policy in relation to the prevention of the spread of infection and the wearing of uniforms.

Clinical staff – on entering and leaving clinical areas and between contacts with patients all staff should ensure that they apply alcohol gel to their hands and also wash their hands frequently with soap and water. In addition, staff should ensure the appropriate use of personal protective clothing and the appropriate administration of antibiotic therapy. Staff are required to communicate any infection risks to the infection control team and, upon receipt of their advice, report hospital-acquired infections in line with the Trust's Incident Reporting Policy.

Non clinical staff and sub-contracted staff – on entering and leaving clinical areas and between contacts with patients all staff should ensure they apply alcohol gel to their hands and be guided by clinical staff as to further preventative measures required. It is also essential for staff to wash their hands frequently with soap and water.

Staff have a responsibility to encourage adherence with policy amongst colleagues, visitors and patients and should challenge those who do not comply. You are also required to keep up to date with the latest infection control guidance via the documents library section on the intranet.

Clinical Governance and Risk management

The Trust believes everyone has a role to play in improving and contributing to the quality of care provided to our patients. As an employee of the Trust you are expected to take a proactive role in supporting the Trust's clinical governance agenda by:

- Talking part in activities for improving quality such as clinical audit
- Identifying and managing risks through incident and near miss reporting and undertaking risk assessments
- Following Trust policies, guidelines and procedures
- Maintaining your continue professional development

All Clinical staff making entries into patient health records are required to follow the Trust standards of record keeping

All staff have a responsibility to report all clinical and non-clinical accidents or incidents promptly and when requested to co-operate with any investigation undertaken.

Information Quality Assurance

As an employee of the Trust it is expected that you will take due diligence and care in regard to any information collected, recorded, processed or handled by you during the course of your work and that such information is collected, recorded, processed and handled in compliance with Trust requirements and instructions.

Freedom of Information

The post holder should be aware of the responsibility placed on employees under the Freedom of Information Act 2000 and is responsible for helping to ensure that the Trust complies with the Act when handling or dealing with any information relating to Trust activity.

Management of a Violent Crime

The Trust has adopted a security policy in order

- to help protect patients, visitors and staff
- to safeguard their property

All employees have a responsibility to ensure that those persons using the Trust and its services are as secure as possible.

No Smoking

The Trust operates a non-smoking policy.

Professional Association/Trade Union Membership

It is the policy of the Trust to support the system of collective bargaining and as an employee in the Health Service you are therefore encouraged to join a professional organisation or trade union. You have the right to belong to a trade union and to take part in its activities at any appropriate time and to seek and hold office in it. Appropriate time means a time outside working hours.