Job Description

Consultant in Palliative Medicine

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<tr>
<th>Reports to:</th>
<th>Lead Consultant in Palliative Medicine</th>
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<td>Accountable to:</td>
<td>Lead Consultant in Palliative Medicine</td>
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<tr>
<td>Responsible for:</td>
<td>Provision of specialist care to hospice patients</td>
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<td>Contract held by:</td>
<td>St Josephs Hospice</td>
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<tr>
<td>Hours of work:</td>
<td>10 Programmed Activities per week</td>
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<td></td>
<td>1 in 8 on call rota (2% on call supplement)</td>
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BACKGROUND INFORMATION
St. Joseph’s Hospice is a charity established in 1905 by the Religious Sisters of Charity to offer patients diagnosed with a life limiting illness a range of care and professional advisory services. It currently provides high quality palliative and end of life care to a significant and growing number of people living in East London and beyond. It employs a large team of clinical staff, including medical practitioners who work across community, in-patient and out-patient services delivering individualised, responsive and holistic support to patients and their families/carers.

St Josephs Hospice provides care for patients with a variety of advanced progressive conditions. National awards have been won for our service developments in renal, neurological & respiratory conditions. The proportion of referrals for patients with non-malignant disease is currently 20%.

City & Hackney, Tower Hamlets and Newham – the boroughs visited by the Hospice’s Community Palliative Care Team - remain three of the most deprived in socio-economic terms in the country. The inner city population is ethnically diverse. Language and potential cultural barriers add to the challenge and satisfaction of working in this vibrant part of East London.

KEY WORKING RELATIONSHIPS: ST JOSEPH’S HOSPICE MEDICAL TEAM

Permanent staff:
Consultants: Dr Anjali Mullick (Medical lead) 10PA’s
Dr Abigail Wright 8 PA’s
OVERVIEW OF POST:
The job description below details the post as presently envisaged. Dependent on the interests of the post holder, there is flexibility to change & develop aspects, following discussion within the consultant team.

Clinical responsibilities:
The post that has been developed is new; the post holder will predominantly have an externally facing role aimed at improving the provision of specialist palliative care to those patients who traditionally have had less access to our services. Therefore it is envisaged that the work would predominantly have a focus on patients with non-malignant conditions, working alongside non specialist palliative care professionals who are already providing care to these patient groups. The post holder will also contribute to upskilling other professionals to deliver palliative care in the generalist setting. The post holder would be part of the St Joseph’s Hospice consultant team, taking part in joint activities occurring regularly such as handover, educational activities and clinical supervision.

This consultant would undertake a variety of activities in different settings, outlined in more detail below under ‘clinical duties’.

Managerial responsibilities: The consultants each have individual managerial responsibilities overseen by the lead consultant, Dr Mullick, relating to specific areas such as clinical and information governance. Management responsibilities for the new post holder would be open to negotiation depending on areas of interest or areas of need on appointment, in liaison with the consultant team.

THE HOSPICE:
St Joseph’s Hospice is a large 41 bedded hospice situated in Hackney, East London. The Community Palliative Care Team manages approximately 250 palliative care patients in Newham, Tower Hamlets and City & Hackney. St Joseph’s also has new Day Hospice facilities, an information hub called Finding space, a library, a busy education centre and is developing a nurse led outpatient clinic.

Inpatients are admitted to St Joseph’s Hospice for symptom control, terminal care, psychological support and respite. The average length of stay is 15 days, with 50% of admissions being successfully discharged.

Recent service developments include

(i) Providing services for young adults in transition between children’s hospice and adult NHS care.
(ii) The opening of a nurse led respite ward at the hospice
(iii) Changing the St Josephs Hospice referral system from a paper to a telephone based process to a single point of access. This aims to ease access to hospice services for all appropriate patients.
(iv) Developing a 24/7 support & advice telephone line for palliative care patients.
(v) Development of a ‘breathing space’ clinic for patients with progressive lung disease in Hackney
(vi) Volunteer led services as part of our ‘compassionate communities work’

CLINICAL DUTIES:

MAIN ROLE

1. Developing joint working alongside external stakeholders in our local boroughs
2. Providing specialist advice and support to the integrated care teams of GPs and district nurses to deliver palliative care to the most ‘high risk’ patients in terms of frailty and complexity, in the community setting which includes nursing homes
3. Working in partnership with community geriatricians in the clinic setting
4. Setting up a complex case review and assessment outpatient clinic for local GPs to access assessment from a consultant in palliative medicine
5. In reach into hospital clinics e.g. end stage heart or renal failure
6. Possible expansion of the palliative care respiratory clinic at St Joseph’s Hospice
7. Covering consultant colleagues both in the community palliative care setting and inpatient unit during periods of leave in collaboration with other consultants
8. To take part in the consultant on call rota covering the hospice and local hospitals

1. INPATIENT HOSPICE RESPONSIBILITIES WHEN COVERING FOR CONSULTANT COLLEAGUES

Duties include:

1.1 Delivery of consultant level medical care to specialist palliative care inpatients (using a holistic approach, addressing the individual patients’ physical, psychological, social and spiritual needs).

1.2 Work as part of the multi-disciplinary, specialist palliative care team to optimise patient care.

1.3 Provision of a weekly Consultant Ward Round and consultant input and advice to the borough based Multi-Disciplinary Team meeting.

1.4 Provision of clinical support to junior medical staff as required and the formal educational supervision of trainees.

1.5 Provision of support to patients’ families including participation in family meetings as required.

1.6 Use of the multi-lingual advocacy service to aid assessment of and communication with patients & families who do not speak English fluently.

1.7 Provision of medical advice & support to the First Contact referrals team as required.

1.8 Participation in bereavement follow-up as required.
1.9 Provision of telephone advice to St Joseph’s Hospice junior doctors out of hours (as part of on-call duties) and to St Josephs community team CNS’s as necessary at weekends. Review of Hospice inpatients may on occasion also be necessary out of hours.

1.10 Provision of telephone advice out of hours to local hospital clinicians in Barts Health (at St Bartholomew’s, the Royal London, Whipps Cross, Newham & Homerton University Hospitals) when on call.

1.11 Appropriate communication with health professionals outside of palliative medicine, to ensure good continuity of patient care.

1.12 Timely review of medical letters and discharge summaries.

1.13 Cross cover for consultant colleagues who are on annual or study leave.

2. COMMUNITY PALLIATIVE CARE RESPONSIBILITIES WHEN COVERING FOR CONSULTANT COLLEAGUES

Duties include:

2.1 Reviewing complex cases and providing verbal advice & support to community team Clinical Nurse Specialists, plus undertaking joint home visits as necessary

2.2 Undertaking home visits and providing telephone contact & advice to more complex patients & their families.

2.3 Undertaking clinical reviews of the case load of community Clinical Nurse Specialists.

2.4 Working closely alongside the primary healthcare team, to ensure both the good co-ordination of care and effective communication with different community healthcare professionals.

2.5 Provision of clinical advice to external healthcare professionals by telephone or by undertaking joint visits.

2.6 Use of the multi-lingual advocacy service to undertake joint visits, or telephone contacts, for patients & families who do not speak English fluently.

2.7 Bereavement follow up of families/carers of patients as appropriate.

2.8 Review of day hospice patients & St Anne’s respite ward patients who require medical consultant level intervention

3. ON CALL DUTIES:

3.1 1-in-8 second on-call cover with 2% pay banding.

The consultants at St. Joseph’s Hospice, Barts, The Royal London and Whipps Cross Hospitals undertake this rota.

3.2 The first on call is the specialist trainees in palliative medicine or the SHO level doctors working at St Joseph’s Hospice. They provide telephone advice to community patients as well as clinical reviews of hospice inpatients as necessary.
3.3 The consultant provides senior advice to the first on call doctor and should be available to attend to inpatients at St Josephs Hospice within 1 hour if required. This is an unusual occurrence but should be available for complex scenarios.

3.4 Telephone advice only is also provided by the on call consultant to hospital clinicians regarding inpatients at Barts & The Royal London, Newham University, Whipps Cross & Homerton University Hospitals.

4. **GENERAL REQUIREMENTS FOR MEDICAL STAFF**

4.1 To highlight to the other consultants, other senior colleagues or managers, as appropriate, if there are clinical concerns.

4.2 To make accurate, legible and contemporaneous entries in the patients' records (including when using Virtual care computerised notes) and to ensure continuity of patient care by handover to colleagues.

4.3 To participate in audit, research or any on-going developments within the hospice.

4.4 To participate in teaching junior doctors, medical students, hospice staff and volunteers where appropriate.

4.5 To participate in journal club and educational activities at St Joseph’s Hospice.

4.6 To comply with Continuing Professional Development (CPD) requirements as stipulated by the Royal Colleges.

4.7 To maintain own professional indemnity insurance to cover work in the hospice.

4.8 To maintain confidentiality at all times and comply with all other aspects of the General Medical Council’s Code of Professional Conduct.

4.9 To keep a portfolio of evidence, to have an annual appraisal and write a personal development plan (PDP) in line with GMC revalidation policies and procedures.

4.10 The responsible officer for revalidation of consultants at St Josephs Hospice is the medical director of the Homerton University Hospital NHS Trust.

4.11 Annual appraisal of the post holder, will be undertaken by a consultant employed by the Homerton University Hospital NHS Trust. This includes the consultants working at St Joseph’s Hospice (who are all employees of the Homerton University NHS Trust).

4.12 The appraisal documentation used is the system recommended by the Homerton University Hospital NHS Trust. This allows the responsible officer to review the appraisals for revalidation purposes.

5. **GENERAL REQUIREMENT FOR ALL STAFF**

5.1 To attend the induction programme.

5.2 To comply with Occupational Health procedures.

5.3 To attend any staff meetings, where appropriate, in discussion with the Medical Director.
5.4 To attend statutory training, e.g. fire training, lifting and handling and other health and safety issues.

5.5 To perform his / her duties according to the philosophy of the Hospice, acting at all times to safeguard the interests of patients and their families.

5.6 To monitor, record and assist in investigations of any complaints from patients, visitors and staff, reporting these to the Medical Director.

5.7 To recognise the importance of, and to actively participate in, Clinical Governance activities at St Joseph’s Hospice.

6. **NON CLINICAL EXPERIENCE**

**EDUCATION, TRAINING & SUPPORT**

**Education:**
6.1 Weekly Wednesday afternoon education sessions.

6.2 Weekly doctors’ journal club.

**Delivery of teaching:**
6.3 Ward teaching & supervision of small groups of medical students on placement

6.4 Teaching on induction programme for St Joseph’s hospice junior doctors

6.5 Large group teaching to year 3 and 5 Barts, The Royal London and Queen Mary’s Hospitals Medical School students, GP’s, DN’s and multi-disciplinary groups.

6.6 Role as educational or clinical supervisor to St Joseph’s junior doctors in training

**Research & Audit:**
6.7 Undertaking of clinical audit projects.

6.8 Supervision of audit projects undertaken by other St Joseph’s Hospice staff.

6.9 The post holder would be encouraged to participate in research projects with the assistance & support of the research lead, Dr Abi Wright.

7. **MAIN CONDITIONS OF SERVICE**

7.1 Clinical support on complex cases will be provided jointly by the consultants.

7.2 The lead consultant is the post holder’s educational supervisor.

7.3 Salary, annual leave and study leave entitlements will be at the appropriate level in line with current NHS salary scales.

7.4 St Josephs Hospice supports the requirements for continuous professional development as laid down by the Royal College of Physicians & is committed to providing time & financial support for these activities.

7.5 There is a study leave budget for medical staff. Study leave will need to be approved by the line manager.

7.6 A NHS contract is offered, with full NHS consultant terms & conditions. This is held by
The consultants at St Josephs have access to their own office space, computers, and share the whole time equivalent of 2.8 secretarial staff.

Three months’ notice of termination of contract must be given by the post holder and employer.

8. **PERSONAL DEVELOPMENT**

8.1 St Joseph’s Hospice ensures annual consultant appraisals with a trained appraiser occurs & consultants undergoing revalidation are supported in line with Royal College of Physicians guidance.

8.2 For new consultants, assistance to identify potential mentors can be given.

In turn, the postholder should

8.3 Identify their own learning and development needs in order to meet the key requirements of the post and to work best within the medical & wider multi-disciplinary team.

8.4 Take responsibility for own continuing development by undertaking specific areas of work/projects to develop new skills

8.5 Take responsibility for own professional development, including keeping up to date with relevant best practice in palliative medicine

8.6 Engage in supervision to support personal and professional development

**EQUAL OPPORTUNITIES**

Comply with and promote St Joseph’s Hospice Equal Opportunity Policy and avoid any behaviour which discriminates against colleagues, potential employees, patients/clients or their families on the grounds of sex, marital status, race, age, belief, colour, nationality, ethnic or national origins, religion, disability, creed, class, gender or sexual orientation.

**MISSION & CORE VALUES**

All Hospice staff are expected to work in line with St Joseph’s Mission & Core Values as these precepts act as a value base which directly influences how all work activities are undertaken. The ethos of the Hospice should be apparent in the behaviours and attitudes of all employees as the work they undertake, whether it is direct or indirect care is ultimately for the benefit of patients. The Mission and Core Values are an integral part of all job descriptions, the probationary period and performance and development reviews. (Full details are attached)

**HEALTH & SAFETY**

Ensure a safe working environment and be aware of responsibilities under the Health & Safety at Work Act, taking appropriate action in the event of an accident to patients, staff, self or any other person in the work area.

St Joseph’s Hospice operates a no smoking policy.

**THIS JOB DESCRIPTION WILL BE REVIEWED IN THE LIGHT OF CHANGING CIRCUMSTANCES AND MAY INCLUDE OTHER DUTIES AND RESPONSIBILITIES, FOLLOWING DISCUSSION WITH JOB HOLDER AND THEIR MANAGER**
MISSION STATEMENT OF ST. JOSEPH’S HOSPICE

Our Mission is:

1) To treat each individual as unique
   - Valuing them without distinction or judgement
   - Respecting their culture
   - Respecting their beliefs – be they religious or otherwise

2) To enable all to reach their full potential until death
   - Valuing what they have to offer
   - Respecting the autonomy of the individual
   - Encouraging them to participate in their own care, together with their family and friends

3) To confront the patient’s pain and distress whether physical, mental, social or spiritual
   - Through close co-operation between all of the disciplines involved in the care of the patient and family members

4) To encourage openness and honesty when communicating with the patient and family members
   - By respecting the patient’s wish to question or remain silent
   - By respecting the patient’s confidentiality at all times

5) To create an atmosphere where healing can occur
   - Through meeting the patient’s needs as a person
   - Through accepting the terminal dimensions of the illness
   - Through a holistic approach of care

6) To show particular concern for staff at all levels
   - Through consultation and participation in decision making
   - Through staff support

7) To be committed to education, research and an ethical approach to care
   - Through the work of the Study Centre and Ethics Committee
   - Ensuring that research projects are carried out when deemed appropriate

8) To be committed to the development of palliative care
   - Throughout the United Kingdom
   - And further afield

9) To participate actively in National Associations
   - Of the various palliative care disciplines – medical, nursing, social work and chaplaincy
CORE VALUES OF THE RELIGIOUS SISTERS OF CHARITY

RESPECT FOR HUMAN DIGNITY

We respect human dignity when we:
  • Respect the sacredness of life
  • Care for the whole person
  • Demonstrate unity of purpose, while recognising individual differences
  • Value each person’s contribution
  • Act in a culturally appropriate manner

SERVICE / QUALITY

We provide service when we:
  • Create an environment of welcome and hospitality
  • Promote quality care and excellence
  • Encourage and demonstrate team spirit
  • Recognise the value of individual initiatives and ideas
  • Show an openness to constructive criticism and feedback

CARE OF THE POOR AND VULNERABLE / ADVOCACY

We care for the poor and vulnerable when we:
  • Listen attentively to identify unmet needs
  • Respond in a practical way to those in need
  • Collaborate with others to share resources
  • Create access to needed services
  • Provide basic resources for daily living to those in need

COMPASSION

We show compassion when we:
  • Act with understanding and sensitivity
  • Work cooperatively with others
  • Are available to those we serve and to each other
  • Respect and nurture the environment

JUSTICE

We promote justice when we:
  • Act with integrity
  • Respect the rights of others
  • Take responsibility for our actions
  • Preserve resources
  • Provide quality without extravagance
  • Demonstrate fairness in decision making
  • Affirm, celebrate and develop the gifts and talents of each person
  • Model justice in all aspects of business practice
### Sample Timetable

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<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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<tbody>
<tr>
<td>Morning handover</td>
<td>Hospital clinic</td>
<td>SPA</td>
<td>Complex assessment clinic or visits for GPs</td>
<td>SPA: CPD</td>
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<td>08.45-9.00</td>
<td></td>
<td>Educational supervisor meetings</td>
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<td>Preparation of presentations / teaching</td>
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<td>First contact meeting</td>
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<td>with trainees Audit</td>
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<td>materials</td>
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<td>09.00-10.00</td>
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<td>SPA: 0.5 Educational meetings</td>
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<td></td>
<td>Journal club</td>
<td>Biweekly drs business meeting</td>
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<td>1-2pm</td>
<td>12.30-1.30pm</td>
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**Integrated care work/support to NH**

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<td>2-3pm</td>
<td>1.30-2.30pm</td>
<td>2-4pm</td>
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<td>Wednesday seminar</td>
<td>Consultants meeting</td>
<td>Clinical paperwork such as</td>
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<td></td>
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<td>SPA: (0.5) service development</td>
<td>Breathing Space</td>
<td>dictation/signing letters</td>
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<td>MDT COPD clinic</td>
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<td></td>
<td>(monthly)</td>
<td>4-5pm</td>
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<td>3.30pm every 6 weeks Consultants clinical</td>
<td>Weekend handover</td>
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<td>supervision</td>
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**Direct Clinical care: 6.5 PA’s**

- Morning and Friday evening handovers: 0.5 PA
- Hospital Clinic: 1.0 PA
- Integrated care work with GPs including complex assessment and nursing home support: 2.0PA
- Joint work with community geriatricians: 1.0 PA
- Clinical paperwork/ First contact new referrals meeting: 1.0 PA
- COPD clinic: 1.0 PA

**Supporting Professional Activities: 3.5 SPA’s**

- Educational supervisor meetings/Audit: 0.5PA
- Service development: 0.5 PA
- Weekly journal club & Educational meetings: 1.0 PA
- CPD & preparation of presentations: 1.0 PA
- Consultants meeting/ doctors business meetings/ clinical supervision: 0.5 PA