Appointment of a Locum
Full time Consultant
In
Clinical Genetics

Post Reference No. 2006/32

Cambridge University Hospitals NHS Foundation Trust
Addenbrooke’s Hospital
Hills Road, Cambridge
CB2 0QQ

Medical Staffing: ☏ 01223 256 264
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SECTION 1 Job Description – General Details

Title: Consultant in Clinical Genetics

Location: To work with consultant colleagues to cover the above clinical duties and whatever other pro-rata duties are required for the provision of the regional clinical genetics service.

New or Replacement Post: Locum post for 12 months

Prime responsibility: To work with consultant and departmental colleagues to cover the above clinical duties and whatever other pro-rata duties are required for the provision of the regional genetics service.

Accountable to: Medical Director (Dr Jag Ahluwalia)

Reports to: Divisional Director for Division D and Clinical Director for Cardiovascular Metabolic

Works with: Consultants in Clinical Genetics, Clinical Specialty Manager (currently Dr Richard Sandford) and other members of the Department

Other consultant colleagues and the senior management of the hospital

Key tasks:
- Maintenance of the highest clinical standards in the management of patients and their families under the care of the regional genetics service and in the provision of advice to other health care professionals
- To share with colleagues responsibility for the day-to-day management of patients and their families under the care of the regional genetics service
- To participate in BRC funded Medical Genetics research, particularly with clinical collections
- Teaching and training of junior staff, counsellors and medical students
- To actively participate in both departmental and Trust
<table>
<thead>
<tr>
<th>Matters concerning Clinical Governance and audit.</th>
<th>To have responsibility for ensuring active participation in continuing medical education (CME).</th>
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<tr>
<td>― Develop a specialist area(s) of expertise for innovative clinical genetics care.</td>
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<td>― To take part in formal mentoring for new consultants as provided by Cambridge University Hospitals NHS Foundation Trust if appropriate</td>
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## SECTION 2  Person Specification

<table>
<thead>
<tr>
<th>Entry Criteria</th>
<th>Essential</th>
<th>Desirable</th>
<th>Assess by</th>
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</table>
| **Qualifications** | • Entry on GMC Specialist Register; eligible for entry on Register or within six months of receipt of Certificate of Completion of training (CCT) at time of interview  
• Success in Intercollegiate Specialty Examination or equivalent  
• MB BS or equivalent  
• MRCP, MRCPCH or equivalent | • BSc in genetics or biological science  
• PhD, MD or MSc relevant to clinical genetics | A |
| **Standards** | Thorough knowledge and understanding of GMC standards in Good Medical Practice including:  
• good clinical care  
• maintaining good medical practice  
• good relationships and communication with patients  
• good working relationships with colleagues  
• good teaching and training  
• professional behaviour and probity  
• delivery of good acute clinical care | | A, I, R |
| **Professionalism** | • Professional integrity and respect for others: capacity to take responsibility for own actions and adopts a supportive approach towards others; capacity to adopt a corporate approach even if this is against personal views or preferences. Displays honesty, integrity, awareness of confidentiality and ethical issues. | | A, I, R |
| **Clinical skills** | • Clinical training and experience equivalent to that required for gaining UK CCT in Clinical Genetics  
• Ability to offer expert clinical opinion on a range of clinical genetic conditions including developing a subspecialty interest  
• Ability to take full and independent responsibility for clinical care of patients | • Speciality expertise and interest, e.g. Endocrine Genetics, Cardiac Genetics, Prenatal Diagnosis | A, C, I, R |
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<tr>
<th>Entry Criteria</th>
<th>Essential</th>
<th>Desirable</th>
<th>Assess by</th>
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</table>
| Specialty specific skills related to the post | • Experience of supervising junior clinical genetics staff and genetic counsellors  
• Ability to apply genetics research outcomes to clinical situations | | A, C, I, R |
| Commitment to clinical governance / improving quality of patient care | Clinical governance: demonstrates awareness of good decision making. Awareness of own limitations. Track record of engaging in clinical governance: reporting errors, learning from errors.  
Audit: experience of audit.  
Teaching: experience of supervising undergraduates, junior doctors and other staff; ability to teach clinical skills  
Research: ability to apply research outcomes to clinical problems; ability to critically appraise published evidence | | A, I |
| Communication skills | Effective communication skills: ability to communicate effectively (written and oral) with colleagues, patients, relatives, GPs, nurses and other agencies  
Empathy and sensitivity: ability to listen and take in others’ perspectives; caring approach to patients | | A, I |
| Personal skills | Supports CUH values: evidence of work behaviour that demonstrate CUH values of kind, safe and excellent  
Team working: ability to develop effective working relationships on an individual and multi-disciplinary basis with all levels of staff; an awareness of own limitations and when to ask for help; receptive to appropriate challenge  
Corporate responsibility  
Ability and willingness to work within the Trust and NHS performance framework and targets.; a corporate player who can work effectively with those who may express strong opposing views  
Leadership: ability to take responsibility and demonstrate leadership when appropriate. An understanding of and ability to demonstrate your ability to:  
• empower others  
• lead through change  
• influence strategically  
• demonstrate innovation and problem solving abilities | | A, I, R |
<table>
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<tr>
<th>Entry Criteria</th>
<th>Essential</th>
<th>Desirable</th>
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<tr>
<td>Organisation &amp; planning:</td>
<td><strong>ability to cope with and effectively organise the workload of a Consultant</strong></td>
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<tr>
<td>Coping with pressure:</td>
<td><strong>ability to work effectively under pressure and cope with setbacks; ability to maintain composure and set high standards of behaviour when under pressure</strong></td>
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<tr>
<td>Problem solving:</td>
<td><strong>evidence of an enquiring and critical approach to solving work problems</strong></td>
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<tr>
<td>Service improvement:</td>
<td><strong>ability and drive to use information and experience to improve the clinical service; ability to adapt and respond to changing circumstances to improve patient care</strong></td>
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<td>Equality and diversity:</td>
<td><strong>promotes equality and values diversity</strong></td>
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<tr>
<td>Understanding of the NHS</td>
<td><strong>Good knowledge of the structures and culture of the NHS. Roles, responsibilities and relationships across the MDT and the multi-professional team</strong></td>
<td>A, I</td>
</tr>
<tr>
<td>Commitment to ongoing professional development</td>
<td><strong>Learning and personal development:</strong> demonstrates interest in the specialty required for the job. Demonstrates a commitment to maintaining professional skills and knowledge relevant to the job (see notes). Demonstrates engagement in appraisal. Self-awareness and ability to accept and learn from feedback.</td>
<td>A, I</td>
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**Key:**
- A=application form/CV; I=interview; C=other documented evidence e.g. certificate/exam; R=references

All candidates must have demonstrable skills in written and spoken English that are adequate to enable effective communication about medical topics with patients and colleagues, which could be demonstrated by one of the following:

- applicants have undertaken undergraduate medical training in English
- applicants have scores in the academic International English Language Testing System (IELTS) or equivalent equal to those required for recruitment to MMC specialty training programmes.

If applicants believe that they have adequate communication skills but are unable to demonstrate this by one of the examples listed in the bullet points above, alternative evidence must be provided.
SECTION 3: Responsibilities and Expectations of the Role

3.1 Clinical
(a) Provision with Consultant colleagues of a service to Cambridge University Hospitals (CUH), with responsibility for the prevention, diagnosis and treatment of illness, and the proper functioning of the department;
(b) Out-of-hours responsibilities, including participation in Consultant on-call rota where applicable;
(c) Cover for colleagues' annual leave and other authorised absences;
(d) Participating in medical audit, the Trust's Clinical Governance processes and in CPD;
(e) Where it is agreed between the parties, work on behalf of CUH such as domiciliary consultations, or services provided by the Trust for other agencies, e.g. the prison service. (This excludes work done under direct arrangements between an individual Consultant and a third party, e.g. Category 2;).

3.2 Education and Training
(a) Professional supervision and management of junior medical staff;
(b) Responsibilities for carrying out teaching, examination and accreditation duties as required and for contributing to undergraduate, postgraduate and continuing medical education activity, locally and nationally;
(c) If appropriate the post-holder will be named in the contract of junior staff as the person responsible for overseeing their training and as an initial source of advice to such doctors regarding their careers;
(d) All Consultant staffs are encouraged to undertake a formal “Training the Trainers” course.

3.3 Research
(a) Involvement in research, please refer to Section 5.5 for further information about research within the Department.

3.4 Leadership/Management
(a) To act in a professional manner and as a role model to other staff members;
(b) To perform your duties to the highest standard with particular regard to efficient and effective use of resources, maintaining quality and commitment to drive improvements;

3.5 Professional
(a) To accept personal accountability for own clinical practice and to work at all times within the GMC’s Good Medical Practice and Leadership and Management for all doctors;
(b) To promote and adhere, at all times, to CUH policies and procedures;
(c) To work within the Trust’s policies and procedures, accepting that the resources available to the Trust are finite and that all changes in clinical practice, workload or developments requiring additional resources must have prior agreement with the Trust;
(d) To accept corporate responsibility to work effectively and positively within the Trust performance framework to meet Trust targets;

(e) To participate in professional continuing medical education; study leave is provided for this purpose, and the appointee will be entitled to apply to the Trust Study Leave Committee for a contribution to funding of this activity;

(e) A willingness to undertake additional professional responsibilities at local, regional or national levels.

3.6 General Compliance

(a) To comply with all Trust Policies and Procedures, with particular regard to

- Risk Management
- Health & Safety
- Information Governance
- Confidentiality
- Data Quality
- Freedom of Information
- Equal Opportunities

(b) All staff have a responsibility to comply with the current infection prevention and control policies, procedures and standards and ensure they have received an annual update on infection prevention and control issues including hand hygiene. All staff should practice and encourage appropriate hand hygiene and act professionally to ensure the hospital environment is clean, safe and tidy;

(c) To perform your duties to the highest standard with particular regard to effective and efficient use of resources, maintaining quality and contributing to improvements;

(d) To follow all the Trust Security policies and procedures and be vigilant to ensure the safety and secure environment for care;

(e) All staff that have access to or transfers any data are responsible for those data, it must be kept secure and they must comply with the requirements of the Data Protection Act 1998 and the common law on confidentiality. All data must be kept in line with the Trust’s policies and procedures. Data includes all types of data i.e. patient, employee, financial, electronic, hard copies of printed data or handwritten data etc;

(f) The post holder is responsible for data quality and complying with the policies, procedures and accountability arrangements throughout the Trust for maintaining accuracy and probity in the recording of the Trust’s activities;

(g) The Trust is committed to carefully screening all staff who work with children and vulnerable adults. This appointment is therefore subject to a satisfactory Disclosure and Barring Service Disclosure of the appropriate Level if required;

(h) All staff will receive training on Child Protection - Safeguarding Children Policies and Procedures as part of Induction and annual updates, this will equip the post holder with the knowledge of what you will need to do if you have concerns about the welfare of a child/young person under aged 18;

(i) Participate in an annual Job Planning and Appraisal for Consultant and medical staff;

(j) To uphold the Trust Values and Behaviour standards;

(k) Perform any other duties that may be required from time to time.

Every post holder can make a difference to a patient’s experience. You will come across patients as you walk around the hospital; we rely on all our staff to be helpful, kind and courteous to patients, visitors and each other.
SECTION 4: Job Plan and Timetable

4.1 Job Plan

A formal job plan will be agreed between the appointee and their Divisional Director or agreed delegate, on behalf of the Medical Director, three months after the commencement date of the appointee and will be effective from the commencement date of the appointment.

The job plan for the first three months will be based on the provisional timetable shown below.

The Job Plan will then be reviewed annually. The Job Plan will be a prospective agreement that sets out a consultant’s duties, responsibilities and objectives for the coming year. It should cover all aspects of a consultant’s professional practice including clinical work, teaching, research, education and managerial responsibilities. It should provide a clear schedule of commitments, both internal and external. In addition, it should include personal objectives, including details of their link to wider service objectives, and details of the support required by the consultant to fulfil the job plan and the objectives.

4.2 Provisional Timetable

The following provides scheduling details of the clinical activity and clinically related activity components of the job plan which occur at regular times in the week. Agreement should be reached between the appointee and their Divisional Director or agreed delegate with regard to the scheduling of all other activities, including the Supporting Professional Activities.

<table>
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<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td><strong>AM</strong></td>
<td>All day peripheral clinic twice monthly (Norwich)</td>
<td>All day peripheral clinic monthly (Norwich)</td>
<td>Cancer genetics meeting Specialist clinic monthly</td>
<td>Specialist prenatal clinic monthly</td>
<td>General genetics clinic monthly</td>
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<tr>
<td><strong>PM</strong></td>
<td>Supporting clinical work, teaching and supervision</td>
<td>Supporting clinical work</td>
<td>Supporting clinical work and supervision</td>
<td>Departmental seminar and MDT meeting. Laboratory liaison</td>
<td>Supporting clinical work, CPD, audit and training</td>
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<tr>
<td><strong>EVE</strong></td>
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4.3 On Call Availability

The post-holder will participate in the on-call rota for dealing with urgent clinical referrals and advice during working hours. There is no out of hours on-call commitment.
SECTION 5: The Department of Clinical Genetics

5.1 Introduction

The department provides a comprehensive genetics service for the East Anglian region and adjacent areas with a population of approximately 2.5 million. The clinical component of the service concerned with diagnosis and counselling is provided by out-patient clinics, telephone consultations and ward referrals. Clinics are provided at Addenbrooke’s Hospital, Cambridge; Hinchingbrooke Hospital, Huntingdon; Peterborough General Hospital; Queen Elizabeth Hospital, King’s Lynn; West Suffolk Hospital, Bury St Edmonds; Ipswich Hospital; Norfolk and Norwich Hospital; Saffron Walden Community Hospital and Lowestoft Hospital. Additional use of health centres is also being developed. For each peripheral centre the service is provided by a designated consultant, specialist registrar and genetic counsellor. Cases are discussed at a weekly clinical review meeting attended by all consultants, StRs and counsellors. Specialist genetics clinics include those for breast and ovarian cancer, colorectal cancer, paediatric oncology, eye disorders, cardiac disorders, Huntington’s disease, neurofibromatosis types 1 and 2, von Hippel-Lindau disease, tuberous sclerosis, endocrine disorders, neurogenetics, paediatric neurogenetics, renal genetics and learning disabilities. Referrals to the clinical service are currently at the rate of ~7,500 per annum from the East of England. The departmental library has reference books, selected genetics journals and on-line access to other relevant journals, literature searching tools, OMIM and the various genome and protein databases. The London Dysmorphology and Neurogenetics Database is available in the department. The service has an integrated clinical and laboratory computer system for patient information and laboratory results.

The Regional Genetics Laboratories provide diagnostic tests, prenatal diagnosis and carrier detection for a wide range of chromosomal and single gene disorders. The Cytogenetics Laboratory provides a regional array CGH service and with the Molecular Genetics Laboratory carries out over 12,000 tests annually. The laboratory service also provides a ‘clinical exome’ test supporting numerous phenotype driven gene panels. A maternal serum screening programme is provided for the prenatal detection of Down’s syndrome, neural tube defects and other disorders which is used by 80% of mothers in the region.

The Regional Medical Genetics Service is housed in purpose designed premises within the Addenbrooke’s Treatment Centre. The clinical department and genetics laboratories are co-located ensuring the delivery of an integrated service in line with the recommendations of the Royal College of Physicians. In the same floor print is the academic Department of Medical Genetics offices and laboratory space. In the same building is a new out-patient clinic, clinic 33.

5.2 Staffing: NHS and Academic

The present medical staff establishment comprises:

<table>
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<tr>
<th>NHS Consultants</th>
<th>University (Honorary Consultants)</th>
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<tr>
<td>Dr Helen Firth</td>
<td>Prof Eamonn Maher</td>
</tr>
<tr>
<td>Dr Joan Paterson</td>
<td>Prof Geoff Woods</td>
</tr>
<tr>
<td>Dr Sarju Mehta</td>
<td>Prof Lucy Raymond</td>
</tr>
<tr>
<td>Dr Soo-Mi Park</td>
<td>Dr Richard Sandford</td>
</tr>
<tr>
<td>Dr Ruth Armstrong</td>
<td>Dr Marc Tischowitz</td>
</tr>
<tr>
<td>Dr Simon Holden</td>
<td>Professor David Rubinsztein</td>
</tr>
<tr>
<td></td>
<td>Dr Serena Nik-Zainal</td>
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<td></td>
<td>Dr Evan Reid</td>
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### Genetic Counselling Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
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<tbody>
<tr>
<td>Vicki Wiles</td>
<td>Consultant</td>
</tr>
<tr>
<td>Dr Sue Kenwrick</td>
<td>Principal</td>
</tr>
<tr>
<td>Dr Amy Taylor</td>
<td>Principal</td>
</tr>
<tr>
<td>Lisa Hughes</td>
<td></td>
</tr>
<tr>
<td>Felicity Wadrup</td>
<td></td>
</tr>
<tr>
<td>Mabellla Farrar</td>
<td></td>
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<tr>
<td>Sarah Wilcox</td>
<td></td>
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<tr>
<td>Bev Speight</td>
<td></td>
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<tr>
<td>Heather Pierce</td>
<td></td>
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<tr>
<td>Aoife O'Shaughnessy-Kirwan</td>
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### Trainee Medical Staff

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<tr>
<th>Category</th>
<th>Names</th>
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<tbody>
<tr>
<td>Specialist Registrars/ Specialty Registrars</td>
<td>Dr Jennifer Hague, Dr Ana-Lisa Taylor-Tavares (ACF), Dr Katherine Schon (ACF), Dr Ramsay Bowden, Dr Pete Constantinou, Dr Stamatia Prapa</td>
</tr>
<tr>
<td>Clinical Lecturers</td>
<td>Dr Kate Baker</td>
</tr>
<tr>
<td>ST1’s/ST2’s</td>
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<tr>
<td>Foundation House Officer 1’s and 2’s</td>
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#### 5.3 Relationships with other Departments:

The department has close working relationships with many other departments within Addenbrooke’s including Paediatrics (especially the Special Care Baby Unit, neonatal intensive care unit, Child Development Centre), Obstetrics, Oncology, Paediatric Oncology, Cardiology, Neurology, Paediatric Neurology and Ophthalmology. There is close liaison with the Regional Biochemical Genetics Screening Service.

#### 5.4 Accommodation

State what accommodation, IT and secretarial support will be made available for the Post-holder.

#### 5.5 Research

The Regional Genetics Service and the University Department of Medical Genetics work in close collaboration. The academic department has an extensive programme of research on neurodegenerative disease, cancer, renal disease, eye disease, X-linked and autosomal learning disability, neurodevelopment and autoimmunity. The Regional Genetics Laboratories carry out translational research, for example on the use of exome and NGS technology. Cambridge is a major international centre for biomedical research. It follows that there are extensive research opportunities and participation in research is central to the ethos of the department. Access to academic and clinical facilities is available by negotiation with the Clinical School and the relevant University Department, in consultation with the Trust’s Director of Research and Development. The Department gives a clinician the real chance to translate their clinical research into clinical practice for the direct benefit of their patients.
SECTION 6  General Information

Cambridge University Hospitals NHS Foundation Trust in profile

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

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

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

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

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

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

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

CUH provides:

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

**Cambridge University Hospitals NHS Foundation Trust in detail**

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

Last year 73,069 men, women and children were treated as inpatients, 102,709 people attended accident and emergency, and there were 574,998 visits to outpatient clinics (2013/14 figures). CUH medical staff hold clinics in 14 different regional hospitals so that patients do not have to travel to Cambridge. Nearly 100 of our Consultants hold some form of joint appointment with a dozen neighbouring hospitals.

CUH is a teaching hospital for medical undergraduates and postgraduates, nurses and students in other clinical professions and has a variety of initiatives to encourage life-long learning. Many training schemes are in place in our National Vocational Qualification Centre, Postgraduate Medical Education Centre and Learning Centre. Training schemes include cadet schemes in nursing, office technology, science, modern apprenticeships in clinical engineering and supporting training placements for biomedical scientists.

CUH has:
- Around 7500 staff
- An income of around £700 million per annum
- Around 1,000 beds
- Five intensive care units

**Addenbrooke's history**

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

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

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

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

1766  Addenbrooke's Hospital was opened in Trumpington Street
1847  The first general anaesthetic using ether at Addenbrooke's was carried out two weeks after it was first used in the USA
1918  Addenbrooke's welcomed its first female medical student
1962  New site on Hills Road was officially opened by the Queen
1966  The first kidney transplant in the NHS was carried out at Douglas House Renal Unit
1968  Professor Sir Roy Calne carried out the first liver transplant in the NHS
1975  The first open heart surgery was carried out at Addenbrooke's
1981  Addenbrooke's first whole body scanner opened by Prince of Wales
1984  Last patient left the 'old' Addenbrooke's Hospital site in Trumpington Street
1992  Addenbrooke's NHS Trust formed
1995  MRC Cambridge Centre for Brain repair opened by Duke of Edinburgh
2004  Addenbrooke's Hospital becomes a Foundation Hospital as is known as- Addenbrooke’s Hospital Cambridge University Hospitals NHS Foundation Trust
2005  National Centre for pancreatic surgery was opened
2006  Addenbrooke's Hospital was named one of five National Institute for Health Research comprehensive biomedical research centres
2007  New European headquarters for Cancer Research UK based on the campus were opened by the Queen
2009  CUH and local partners in clinical care, education and research became one of the government’s new academic health science centres, forming an alliance called Cambridge University Health Partners
2009  CUH was named by Dr Foster as one of the country’s best performing trusts for patient safety
2012  CUH is now the designated level 1 Major Trauma Centre for the East of England region
2014  Our new electronic patient record system (EPIC) was implemented at CUH making us the first hospital in the UK to go paperless

Positioning for the future

Cambridgeshire is one of the fastest growing counties in the UK and it is estimated that the number of people over 45 years of age will rise by 55% over the next 20 years, and the county will see the continued expansion of research, business and high-tech industries.

Planning is already well advanced for additional capacity to meet this growing local demand. But it is not just a matter of providing extra beds and recruiting extra staff. The hospital needs to ensure high standards of patient care by supporting training and education for staff, and work closely with NHS partners and others to ensure that care is tailored to the needs and expectations of users. This is likely to involve developing some alternatives to hospital-based care.

Another challenge will be to ensure that improvements in clinical facilities keep up with the rapid pace of research investment, and that processes and governance support this growing research activity, some of which involves sensitive ethical, legal and social issues.

CUH contributes to the economic strength of the greater Cambridge area as a major employer and, with our research partners, to the biotechnology sector. As a public benefit corporation, the new NHS Foundation Trust will work in partnership with other local bodies, primarily local authorities and education providers, to support sustainable economic development in the locality.
Research and development - working for tomorrow's medicine

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

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

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

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

University of Cambridge School of Medicine

The University Of Cambridge School of Clinical Medicine is a major centre for biomedical research and education of world leading quality. In the most recent University Funding Council Research Selectivity Exercise Cambridge shared the highest score for any Medical School in the country. Whilst the University of Cambridge has granted medical degrees since at least 1363, the university could not offer undergraduate clinical education until the Clinical School was formally established in 1975 with purpose built accommodation at Addenbrooke’s. In addition to these facilities comprising lecture theatres, seminar rooms and first class medical library, a postgraduate education centre was opened in the Clinical School building in 1980. The most recent HEFC teaching quality assessment of the undergraduate clinical education judged the learning facilities and the teaching in the clinical school to be of the highest quality.

The Clinical School admits 145 students annually for the clinical component of their medical education. Student teaching is organised in each department by an Attachment Director, often an NHS consultant, who is responsible to the Clinical Dean for the educational effort of that unit. The majority of students follow a 3 year clinical course with a strong emphasis on bedside clinical skills as well as clinical science. In September 1989 the first MB PhD programme in any UK medical school was established in Cambridge, in which selected students complete both their medical degree and a PhD in a 5 - 6 year course. A further 20 students per year undertake an accelerated four-year medical course for graduates.

Members of the consultant staff at CUH are expected to participate in teaching of clinical students under the guidance of the Director of Medical Education and Clinical Dean and with the appropriate Attachment Director. Consultants will be encouraged to demonstrate that they have received adequate training in teaching.

NHS Consultants who make a significant contribution to teaching will be considered for appointments as Associate Lecturers in the Faculty of Clinical Medicine. Associate Lecturers who are not graduates of the University may supplicate for the degree of Master of Arts after holding the office of Associate Lecturer for three years.
General Information

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

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

Cambridge is served by the national motorway network and regular train services to London King's Cross or London Liverpool Street have a journey time of less than one hour.

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

In addition the Frank Lee Leisure and Fitness club provides comprehensive facilities for swimming, racquet sports, a multi-sports hall, a floodlit outdoor multi-sports facility, gym and bar facilities.

The Cambridge University Postgraduate Medical Centre has catering facilities as well as the library, lecture theatres and seminar rooms.

Within the University of Cambridge, there is an unrivalled range of educational facilities, diverse cultural, sporting and other leisure activities.
## Our Trust values and behaviours

<table>
<thead>
<tr>
<th>Values</th>
<th>Behaviours</th>
<th>Love to see</th>
<th>Expect to see</th>
<th>Don’t want to see</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safe</strong></td>
<td>Safety</td>
<td>Shares lessons learned to help others to improve safety.</td>
<td>Always follows agreed safety and wellbeing procedures. Learns from mistakes and asks for help if they need it.</td>
<td>Shows a lack of focus on safety and wellbeing in their day-to-day work.</td>
</tr>
<tr>
<td>Raing concerns</td>
<td>Encourages others to raise concerns about safety or attitude</td>
<td>Speaks up every time standards on safety, care or dignity are not met. Welcomes feedback.</td>
<td>Keeps concerns to themselves, and rejects feedback about their own behaviour.</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>Seeks ways to enhance understanding of information being communicated to meet people’s needs.</td>
<td>Keeps people informed and gives clear explanations in ways people can understand.</td>
<td>Doesn’t give people the information they need. Uses jargon appropriately.</td>
<td></td>
</tr>
<tr>
<td>Teamwork</td>
<td>Encourage others to contribute and demonstrates better ways of working within and across teams.</td>
<td>Works as part of a team. Co-operates and communicates with colleagues. Values other people’s views.</td>
<td>Excludes others and works in isolation.</td>
<td></td>
</tr>
<tr>
<td>Reassuringly professional</td>
<td>Is constantly aware that what they say and do affects how safe other people feel.</td>
<td>Is calm, patient and puts people at ease. Takes pride in their own appearance and our environment.</td>
<td>Passes on their negativity/stress. Is critical of other teams or colleagues in front of others. Displays unprofessional appearance.</td>
<td></td>
</tr>
<tr>
<td><strong>Kind</strong></td>
<td>Welcoming</td>
<td>Goes out of their way to make people feel welcome.</td>
<td>Is polite, friendly, makes eye contact, smiles where appropriate and introduces themselves. ‘Hello my name is…’</td>
<td>Ignores or avoids people. Is rude or abrupt, appears unapproachable/moody.</td>
</tr>
<tr>
<td></td>
<td>Respectful</td>
<td>Applies a broader understanding of the diverse needs of patients/colleagues. Supports others to be themselves.</td>
<td>Treats everyone as an equal and valued individual. Acts to protect people’s dignity.</td>
<td>Ignores people’s feelings or pain. Makes people feel bullied, belittled or judged.</td>
</tr>
<tr>
<td></td>
<td>Listen</td>
<td>Makes time to listen to people even when busy.</td>
<td>Listens to people in an attentive and responsive manner.</td>
<td>Disinterested, dismissive or talks over people.</td>
</tr>
<tr>
<td></td>
<td>Appreciate</td>
<td>Goes out of their way to make people feel valued for their efforts and achievements.</td>
<td>Encourages people’s efforts. Notices when people live up to our values, says thank you.</td>
<td>Doesn’t notice or appreciate people’s efforts.</td>
</tr>
<tr>
<td><strong>Excellent</strong></td>
<td>Aiming high</td>
<td>Their positive attitude inspires others to achieve the highest level of quality.</td>
<td>Always aims to achieve the best results.</td>
<td>Accepts mediocrity or means without looking for solutions.</td>
</tr>
<tr>
<td></td>
<td>Improving</td>
<td>Helps others to find creative solutions to problems and shares good practice.</td>
<td>Suggests ideas for better ways of doing things and looks for opportunities to learn.</td>
<td>Resists change: ‘we’ve always done it this way’.</td>
</tr>
<tr>
<td></td>
<td>Responsible</td>
<td>Shows enthusiasm and energy to achieve excellent results.</td>
<td>Takes responsibility and has a positive attitude.</td>
<td>Avoids responsibility. Blames or criticises others.</td>
</tr>
<tr>
<td></td>
<td>Timely</td>
<td>Always respects the value of other people’s time.</td>
<td>Is on time, efficient, organised and tidy. Apologises and explains if people are kept waiting.</td>
<td>Misses deadlines or keeps people waiting, without explanation/apology.</td>
</tr>
<tr>
<td></td>
<td>Makes connections</td>
<td>Helps others to understand how services connect.</td>
<td>Thinks beyond their own job and team to make things easier for people.</td>
<td>Focuses on their own department needs to the detriment of the people they serve.</td>
</tr>
</tbody>
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**Together-Safe | Kind | Excellent**

Addenbrooke’s Hospital | Rosie Hospital
### Leadership behaviours

<table>
<thead>
<tr>
<th>Safe</th>
<th>For example</th>
</tr>
</thead>
</table>
| Involve, don’t micromanage | • Being clear with your team members, by setting clear performance goals and quality indicators.  
• Focusing on explaining the outcome and its relevance to CUH. Avoiding deciding how things have to be done.  
• Involving and trusting individuals and demonstrating that their contributions and ideas are valued and important for delivering patient care. |
| Hold to account, don’t turn a blind eye | • Ensuring everyone knows what is expected of them and helping them to resolve and learn from their mistakes.  
• Constructively challenging others (including your peers) when their behaviour does not meet the standards that CUH expects.  
• Taking time to ensure that your team members have all the knowledge, skills & support required to do their job so that they understand what they are accountable for. |
| Support others to speak up | • Creating an environment where individuals feel able to speak up knowing that they will take their concerns seriously and take appropriate action.  
• Providing a caring and safe environment to enable everyone to do their jobs effectively.  
• Having transparent processes and systems to reach agreement about priorities, allocation of resources or approaches to service delivery. |

<table>
<thead>
<tr>
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<th>For example</th>
</tr>
</thead>
</table>
| Seek to understand, don’t jump to conclusions | • Using questioning techniques to make sure you have all the relevant information and facts before making decisions.  
• Being fair and consistent in your management style.  
• Understanding people come from varied backgrounds; challenging bias, prejudice & intolerance. |
| Encourage, don’t criticise | • Seeking opportunities for your team members to broaden their skills, experience and knowledge – seeking opportunities where possible for them to be involved in internal and external initiatives.  
• Looking for opportunities to thank and praise good performance. Making sure your team members know that you value the contribution that they make.  
• Giving people permission to put their ideas in to practice. |
| Appreciate, don’t blame | • Making time to listen to people even when busy.  
• Listening to people in an attentive and responsive manner.  
• Ensuring that you do not appear disinterested or dismissive or talk over people. |

<table>
<thead>
<tr>
<th>Excellent</th>
<th>For example</th>
</tr>
</thead>
</table>
| Inspire, don’t disengage | • Communicating a compelling and credible vision of the future in a way that makes it feel achievable and exciting.  
• Seeking to be the best, learn from others and share ideas through participation, networking and collaboration.  
• Identifying how to have a positive impact on other people. Creating a positive environment where people want to stay and develop their careers and do the best that they can for patients. |
| Be visible | • Building your ‘presence’, not just by being present but by actively listening and then following through on actions.  
• Managing your time to ensure you are regularly available to your teams and individuals.  
• Ensuring you are accessible to your team, avoiding giving them signs you are too busy to listen. |
| Develop others, don’t hold people back | • Ensuring CUH has the best, most capable people.  
• Acting as a role model and being a steward for your staff’s careers.  
• Helping individuals understand how they can improve and develop using a range of experiences. |

Look at the new Leaders and Managers link on the Home page of Connect for a range of resources to support you.
7.1 General Conditions of Appointment

The appointee will enjoy terms based on the nationally agreed Terms and Conditions of Service for Consultants (England) 2003.

(a) The successful candidate will be required to live within 15 miles of Addenbrooke’s Hospital, or 30 minutes travelling time when on call;

(b) The appointee will be expected to cover for colleagues’ absence from duty on the basis of mutually agreed arrangements with the Department and with the Employing Trust. This is arranged by mutual agreement of consultant colleagues and approval of the Divisional Director, in accordance with standard Trust and NHS regulations. It is essential that six weeks notice is given to allow for proper planning and prevent cancellations of patients’ appointments/surgery. This includes all forms of leave;

(c) The Trust requires the successful candidate to have and maintain full registration and a Licence to Practise with the General Medical Council; to be on the GMC Specialist Register at commencement and to fulfil the duties and responsibilities of a doctor as set down by the General Medical Council;

(d) All appointments are subject to satisfactory Occupational Health Clearance being obtained;

(e) The appointment is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Act 1974 (Exemptions) Order 1975. Applicants are not entitled therefore to withhold information about convictions which for other purposes are "spent" under the provision of the Act, and in the event of employing any failure to disclose such convictions could result in dismissal or disciplinary action by the Trust. Any information given will be completely confidential and will be considered in relation to an application for positions to which the Order applies;

(f) With the Terms of DHSS Circular (HC)(88) – Protection of Children – applicants are required when applying for this post to disclose any record of convictions, bind-over orders or cautions. The Trust is committed to carefully screening all applicants who will work with children and you will be expected to undertake a ‘disclosure’ check;
Applicants who are unable, for personal reasons, to work full time will be eligible to be considered for the post. Job share applicants are also welcomed. If appointed, modification of the job content will be discussed on a personal basis in consultation with consultant colleagues.

Visits

Visiting the Department should be arranged through the secretary to Dr Richard Sandford, 01223 348845

Please note: Expenses of short-listed candidates will be reimbursed at rates equivalent to those listed in the Terms and Conditions of Service for Hospital Medical and Dental Staff.