

PERSON SPECIFICATION – PHYSICIAN ASSOCIATE

REQUIREMENTS	ESSENTIAL OR DESIRABLE	Application	Interview	Reference
Qualifications				
Postgraduate Diploma/Master in Physician Associate (formally Physician Assistant) from an accredited UK University	E	√		
Bachelor Degree in Life Science/Biomedical/Nursing or Allied Health Science	E	√		
Member of Faculty of Physician Associate Managed Voluntary Register (PAMVR)	E	√		
Valid national certification and recertification every six years as stipulated by PAMVR	E	√		
For USA trained candidates; Current and valid certification with the National Commission on Certification for Physician Assistants (NCCPA)	E			
Basic or Advanced Life Support	D			
Experience and Achievements				
Experience working as a Physician Associate in hospital or in a community setting	D	√	√	√
Any desirable/ additional specialty specific requirements	D	√	√	√
Understanding current issues within the specialty and the future direction of the specialty	D		√	
Understanding current issues within the wider NHS	D		√	
Shows ability to work with and lead others across professions	D	√	√	√
Teaching and training				
Experience of and enthusiasm for clinical teaching of multi-disciplinary students and qualified staff when appropriate	D	√	√	√
Experience in mentoring students	D	√	√	√
Attendance at a teaching course	D	√	√	√
Audit and Research				
Critical Appraisal Skills	D	√	√	√
Knowledge of Audit principles and evidence of participation in and completion of audit projects	D	√	√	√
Evidence of knowledge of research methodology	D	√	√	√
Disposition-Adjustment/Attitude/Commitment				
Good communication and empathy skills with patients	E	√	√	√
Evidence of willingness to participate in a multi-disciplinary team environment to provide an integrated service	E	√	√	√
Ability to work as a member of a team, both through communication and sharing	E	√	√	√

workload				
Ability to manage high pressure situations e.g. clinical crisis	E	√	√	√
Ability to prioritise and organise workload and co-ordinate staff	E	√	√	√
Ability to integrate the care of a patient by many and various other clinical staff	E	√	√	√
Willingness to work flexibly to deliver clinically effective and cost effective healthcare	E	√	√	√
Practical/Intellectual Skills/Personal Qualities				
Evidence of continual learning and development	D	√	√	√
Understands self (strengths and weaknesses) and impact of behaviour on others	D	√	√	√
Evidence of innovation	D	√	√	√
Ability to use a word processor, spreadsheet, presentation software and internet browser	D	√	√	√

TRUST PROFILE

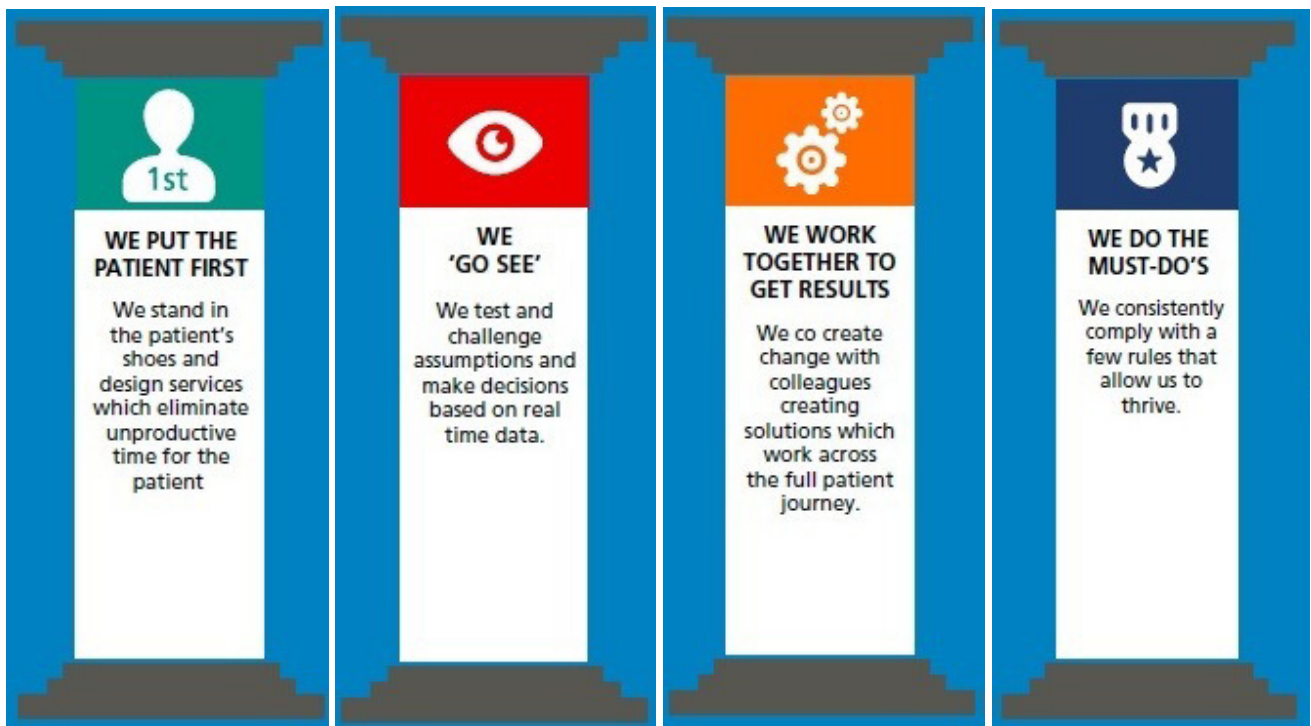
Calderdale and Huddersfield NHS Foundation Trust is an exceptional place to work with many amazing teams of hard working and dedicated staff, delivering high standards of patient care. We have made significant changes in the way we work to meet the challenges of the changing NHS.

This is an exciting time for our continuing development and we are ensuring that the organisation is fit for purpose by introducing and embedding new skills and behaviours

Colleague Engagement Strategy

This describes the Trust's ethos for engaging with staff. The organisation is working with its staff to refine its approach and integrate this into everything that we do. It underpins our management development programme

It consists of four Pillars



Calderdale and Huddersfield NHS Foundation Trust became a Foundation Trust on 1 August 2006. The Trust provides 24-hour acute healthcare services to around 435,000 people who live in the two areas served by the Calderdale and Kirklees councils. The Trust also has patients who travel from further afield to access our services.

The Trust employs over 6000 people and has an operating income of £354m (2014/15).

In April 2011 the provider services from NHS Calderdale (the Primary Care Trust) transferred to the Foundation Trust forming part of the Trust's strategy to become an Integrated Care Organisation.

The Trust's principal commissioners are Greater Huddersfield Clinical Commissioning Group and Calderdale Clinical Commissioning Group and provides services to 435, 000 people

A2.1 The Trust

Since its formation, the Trust has clearly demonstrated its ability to deliver high quality health services during a time of significant organisational change. This ability is based on a strong and committed workforce and partnership working across the local health community and private sector.

Each year the Trust has approximately:

- 110,000 in-patient and day-case admissions
- 380,000 out-patient appointments at its hospitals
- 130,000 attendances at its Accident and Emergency departments in Halifax and Huddersfield

The Trust provides services across two hospital sites, Calderdale Royal Hospital, Halifax and Huddersfield Royal Infirmary with a total of 870 beds.

In October, 2016, proposals for the next, and very exciting phase in the Trust's history, are being developed. They will create – over the next five years - more centralised care at our Trust in two specialist centres. An emergency care centre with a dedicated paediatric unit will be created at Calderdale Royal Hospital and a specialist centre for planned care will open in a brand new hospital alongside our new Acre Mills Outpatients centre across from the existing Huddersfield Royal Infirmary. The Right Care, Time Place, proposals also include proposals to extend care provided by our teams in our communities together with our partners in social and primary care.

Electronic Patient Records (EPR)

The Trust, in conjunction with Bradford Teaching Hospital NHS FT, is implementing an electronic patient record system. This is more than a computer system; EPR will transform the way everyone at both Trusts works, making sense of busy, complex health services, analysing information in clever ways and helping to manage many every-day tasks.

This system will not only help to treat patients more effectively by giving healthcare staff easier access to up-to-date information, it will also use this information to improve care, and give healthcare staff the tools needed to be safer and more efficient.

It would be easy to think of EPR as simply a computer system that takes paper-based health records and stores them digitally. In reality, EPR will bring about a step-change in how healthcare staff work.

Health services care for many thousands of patients every day, with different and complex health conditions. Having up to date, accurate information, available to everyone, whenever they need it helps us to offer the best care we can and ensure that patients get the treatment they need.

EPR goes beyond being a system for storing information. When patient records are stored on paper, the information can only be understood and analysed by staff reading through all of it every time they see a patient. EPR is capable of taking this information and applying the knowledge, intelligence and experience of a much wider network. This means the system is capable of suggesting plans of care, supporting clinical decision-making and acting as a double-check.

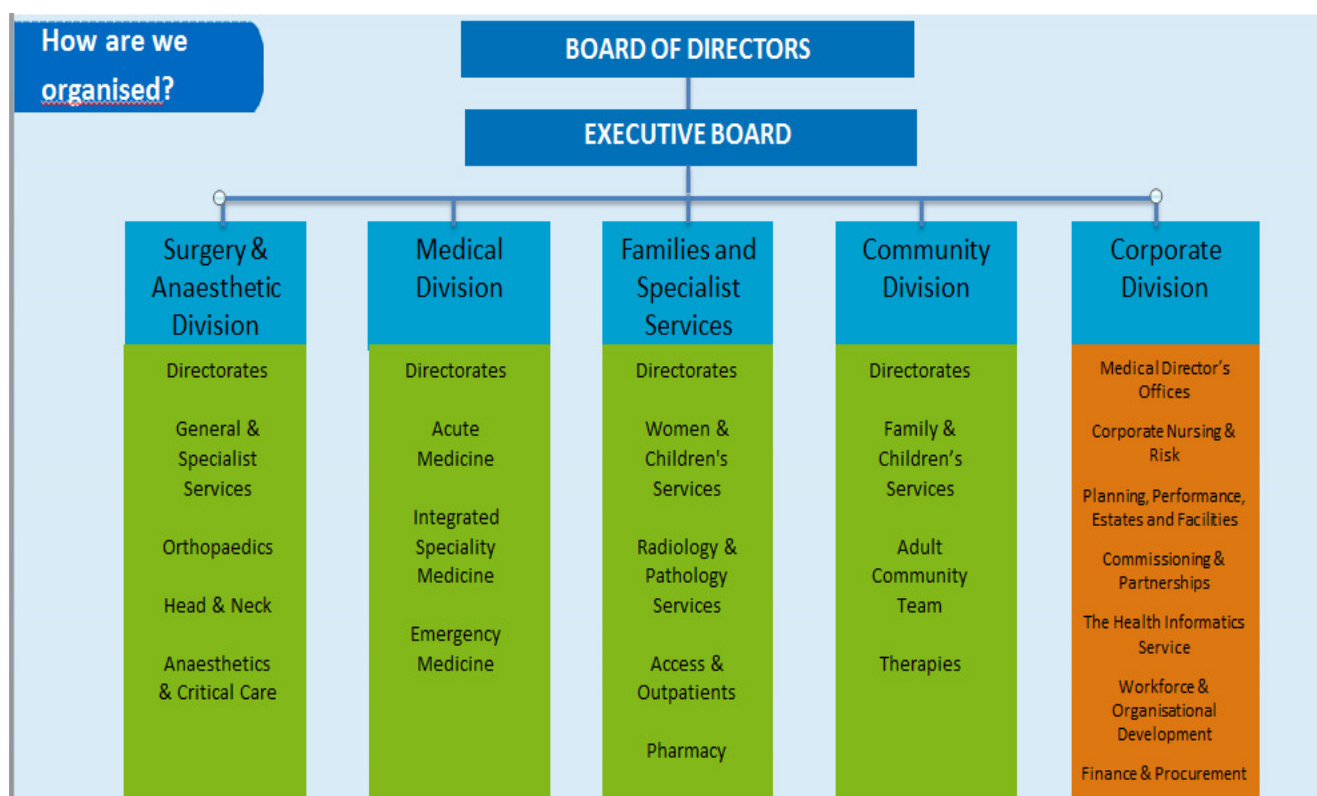
In addition to this, it can be a valuable tool in managing the wider healthcare system. EPR can help to manage the flow of patients through our hospitals, helping them respond to increases in demand by identifying where beds are available (or where they might be available tomorrow) and offering insights into how services are used and where they could be more efficient. By drawing on best practice from across the NHS and beyond, EPR could give everyone working in local health services the tools they need to deliver safer, more efficient care.

The EPR system chosen by both trusts is called 'Millennium' and is supplied by US software supplier Cerner. This system is already used by thousands of healthcare organisations around the world, Homerton University Hospital NHS Foundation Trust, Barts Healthcare NHS Trust and St George's NHS Foundation Trust.

ORGANISATIONAL STRUCTURE

The Trust is committed to clinicians leading and managing service delivery. All specialties work within a structure of Divisions and Directorates led by Divisional and Clinical Directors who have responsibility and accountability for the operation of clinical services. Leadership development is encouraged and supported at all levels and there are excellent relationships between clinicians and managers throughout the Trust.

The Executive Board is the main board where clinical strategy is developed and discussed and where operational activities are agreed. The EB board reports to the Board of Directors via Executive Directors who form part of the Executive Board alongside the Clinical Divisional Directors.



DIVISIONAL SERVICES

The Clinical Divisions are detailed below along with some of the services that they offer:

Families and Specialist Services	
• Ante-natal Services	• Midwifery Services
• Community Midwifery Services	• Paediatric Assessment and Observation
• Children's Assessment Unit	• Specialist Paediatric Team
• Neo-natal Unit	• ACON
• Gynaecology Services	• Sexual Health & HIV Services
• Obstetric Services	• Family Nurse Partnership
• Health Visiting	• Health Records and Appointments
• Continence	• Infection Control

Diagnostic and Therapeutic Services	
• Radiology (including Medical Illustration)	• Health Records and Appointments
• Pathology	• Pharmacy
• Infection Control	• Pharmacy Manufacturing Unit

Medical	
• Cancer Services	• Neurology
• Respiratory Services	• Neurophysiology
• Gastroenterology	• Rheumatology
• Diabetes	• Dermatology
• Cardiology	• Rehabilitation Services
• Palliative Care	• Services for Older People
• Acute/Emergency Medicine	

Surgery and Anaesthetics	
• Orthopaedics	• Ophthalmology
• Vascular Surgery	• Ear, Nose & Throat
• Upper GI Surgery	• Colorectal
• Breast Surgery	• Intensive & High Dependency Care
• Urology	• Endoscopy
• Maxillofacial Surgery	• Anaesthetic Services
• Chronic & Acute Pain Services	• Day Surgery and Operating Theatres
• Plastic surgery	

Community	
• District Nursing	• Community Matrons
• Therapies	• Specialist Nurses
• Podiatry	• Health Visiting
• Diabetes	• Virtual Ward
• Quest for Quality Initiative	• Family Nurse Partnership and Children's Therapy

There is also a separate Corporate Division which provides support services including Workforce and Organisational Development, Finance, Procurement & Supplies, the Health Informatics Service, Planning, Performance Estates & Facilities, Commissioning & Partnerships, the Medical Director's Office and Corporate Nursing & Risk.

Board of Directors

The Board of Directors, led by the Chair, has a responsibility to make sure there is a clear strategic direction for the Trust and that it fulfils its statutory responsibilities in relation to patient care and experience, finance, governance, clinical quality and partnership working. The Board of Directors, in addition to the Chair, comprises six Non-Executive Directors and the following Executive Directors:

- Chief Executive – Owen Williams
- Director of Nursing– Brendan Brown
- Director of Planning, Performance, Estates & Facilities – Lesley Hill
- Director of Finance – Keith Griffiths
- Medical Director – David Birkenhead
- Director of Workforce and Organisational Development – Ian Warren

Membership Council

We have a well-established and proactive Membership Council and membership. Both are a vital link with the local community. The Membership Council has several statutory responsibilities including the appointment and termination of Non-Executive Director roles via the Nominations Sub Committee; setting the remuneration for Non-Executive Directors via the Remuneration Sub Committee; the appointment of the External Auditors and approval of the Trust's Annual Plan.

The Board of Directors and the Membership Council work closely together to shape future plans for improved patient care and experience and to deliver governance processes of the highest order.

HEALTH AND SAFETY

All staff employed by the Trust are expected to comply with Trust Policy and management instruction with regard to Health and Safety and to Fire Prevention and, in particular to anything that endangers themselves or others.

A5.1 Healthcare Associated Infection

Healthcare workers have an overriding duty of care to patients and are expected to comply fully with best practice standards. You have a responsibility to comply with Trust policies for personal and patient safety and for prevention of healthcare-associated infection (HCAI); this includes a requirement for rigorous and consistent compliance with Trust policies for hand hygiene including the 'naked below the elbow' approach, use of personal protective equipment and safe disposal of sharps. Knowledge, skills and behaviour in the workplace should reflect this; at annual appraisal you will be asked about the application of practical measures known to be effective in reducing HCAI. The Trust has the responsibility of ensuring that adequate resources are available for you to discharge your responsibilities.

A5.2 Safeguarding

The Trust has in place both a Safeguarding Children Policy and a Safeguarding Adults Policy in line with national legislation.

The Safeguarding Policies place a duty upon every employee who has contact with children, families and adults in their everyday work to safeguard and promote their welfare. In the event that you have concerns about possible harm to any child or adult you should contact your line manager immediately or in their absence your Assistant Divisional Director. Out of hours contact should be made with the on-call manager through switchboard.

The Trust has nominated Safeguarding Leads who act as contact points for support and advice if concerns are raised about a child or adult's welfare. These individuals can be reached through switchboard during office hours by asking for the Named Professionals for Safeguarding Children or Adults respectively.

The policies and procedures described below are located on the intranet and internet site and you should ensure you are aware of, understand and comply with these. In addition the Trust will publicise and raise awareness of its arrangements and provide appropriate resources and training.

- CHFT Safeguarding Children Policy
- Safeguarding Board Procedures for West Yorkshire (www.calderdale-scb.org.uk or www.kirklees.gov.uk/safeguarding)
- CHFT Safeguarding Adults Policy
- CHFT Procedure for Managing Allegations Against Staff

EQUALITY IMPACT STATEMENT

Calderdale and Huddersfield NHS Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. We therefore aim to ensure that in both employment and services no individual is discriminated against by reason of their gender, gender reassignment, race, disability, age, sexual orientation, religion or religious/philosophical belief, marital status or civil partnership.