Betsi Cadwaladr University Health Board

OFFICIAL JOB DESCRIPTION (COMBINED) August 2019

Title: Clinical Fellow in Rural Emergency Medicine and either Pre-hospital Emergency Medicine (PHEM), or Medical Education/Simulation or Mountain Medicine or Global EM

Location: Emergency Department, Ysbyty Gwynedd (Gwynedd Hospital), Bangor

Contents

<table>
<thead>
<tr>
<th>Introduction</th>
<th>Basic information about the posts</th>
<th>Pages 2-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who are these posts designed for?</td>
<td>An overview of the post requirements and options for flexible dates, post duration &amp; job planning</td>
<td>Page 5-7</td>
</tr>
<tr>
<td>Our ED</td>
<td>What to expect from our ED and the Clinical Fellow posts</td>
<td>Pages 8-12</td>
</tr>
<tr>
<td>Rota, duration &amp; pay</td>
<td>12 months? 6 months? Shifts or on-call? Annualised hours, sessions? What's the pay?</td>
<td>Page 13-16</td>
</tr>
<tr>
<td>PHEM, MedEd, Mountain Medicine and Global EM</td>
<td>More detailed information about the “activity” options available (we can mix ‘n’ match!)</td>
<td>Pages 17-20</td>
</tr>
<tr>
<td>The hospital</td>
<td>Basic information about Ysbyty Gwynedd</td>
<td>Page 20</td>
</tr>
<tr>
<td>The city</td>
<td>A few facts about Bangor</td>
<td>Page 21</td>
</tr>
<tr>
<td>Lifestyle &amp; Leisure</td>
<td>A taster of life in North Wales – see website for more!</td>
<td>Page 21</td>
</tr>
<tr>
<td>Conditions of Service</td>
<td>Mostly, exactly what you would expect, with a little extra for the PHEM posts</td>
<td>Page 22</td>
</tr>
<tr>
<td>Application procedure</td>
<td>Check the Person Specification, contact us for a chat and apply via NHS Jobs.</td>
<td>Page 23</td>
</tr>
<tr>
<td>General requirements</td>
<td>Applies to all BCUHB staff</td>
<td>Page 23</td>
</tr>
</tbody>
</table>

Visit our website

The unofficial Emergency Department website – containing comprehensive FAQs about these posts and a wealth of other information about our ED and living in North West Wales – is at www.mountainmedicine.co.uk. Do have a look!
Introduction

Our original Clinical Fellow posts (EM with PHEM) were created in 2011 and quickly became a roaring success. They were originally intended to provide a fun yet productive “year out” after ACCS, with the added attraction of pre-hospital activities. However, pre-hospital Emergency Medicine doesn’t appeal to everyone who might enjoy a year as part of our team, so we now offer three different varieties in our Clinical Fellow programme (which can be combined):

- Medical Education (including Simulation)
- Pre-Hospital Emergency Medicine
- NEW Mountain Medicine – with 2nd year option
- NEW Global EM (with MedEd) – with 2nd year option

All our Clinical Fellow posts are designed to enable the post-holder to start/consolidate EM middle-grade responsibilities in the well-supported environment of a friendly rural DGH, with the added bonus of living in a glorious part of North Wales, sandwiched between Snowdonia National Park and the Isle of Anglesey. Almost 25% of the job plan (23.1% to be precise) is spent doing your choice of activity (+ SPA), with the majority of the job being a middle-grade in our thriving little ED. Our tertiary units are around 100 miles away, so it is rare for our ED to be bypassed, and - unlike most urban DGHs - we have kept most of our major trauma.

For Fellows opting for the full 13-session job plan, 44 days per 12 months is spent undertaking one of our special activity packages (i.e. PHEM, MedEd or Mgt/QI) and there’s a weekly SPA session too. We expect every Fellow to get involved with some projects (e.g. protocol development, teaching, and audit) but we’re aware that CV enhancement is more of a priority for some Fellows than others... if you just want to do the minimum necessary for appraisal, that's OK. We are highly skilled at helping Fellows get their first publications and many of our Fellows gain their first conference posters whilst in Bangor. When it comes to the "Activity Time", there are four packages available (see page 16-20 & our website for more detailed info):

1. **PHEM:** primarily consists of shifts with Welsh Ambulance (on ambulances and rapid response vehicles) and – if you want to go flying – with EMRTS onboard the Welsh Air Ambulance. We can provide unique insights into the work of our local SAR colleagues (Mountain Rescue/SAR helicopters) via the Bangor Mountain Medicine Project, although sadly we are no longer able to access flying experience on the SAR aircraft. There is also the option of becoming involved in pre-registration paramedic training.

12-month posts include your choice of funded pre-hospital course (usually PHTLS or ATACC) in PHEM time, in addition to the standard 10 days of study leave per year. Unlike most PHEM opportunities, we do take pre-hospital beginners and our PHEM Fellows are encouraged to sit the DipIMC as soon as they have gained sufficient PHEM experience to become eligible. The posts are designed as “prep school for PHEM”, and are designed to equip post-holders with as many of the “essential” and “desirable” attributes required by the PHEM sub-specialty Person Specification as possible, as well as gaining a wide appreciation of the world of the ambulance service. Most importantly, we ask our paramedic colleagues to train our Fellows to become the kind of doctors they welcome at scene.
2. Medical Education (+/- Simulation): love teaching, but want more practice?

The majority of "MedEd" days are used to teach Cardiff and Swansea medical students (3rd and final years) on rotation to Bangor ED, but you'll also support our junior doctors and MSc-student paramedics and nurses training to be ACPs. Our MedEd Fellows refine their teaching skills on the shop floor and in the classroom (lectures, small groups and one-on-one tutorials), plus gaining experience of mentoring juniors. We can also access opportunities to teach pre-registration paramedic students. Ysbyty Gwynedd has a well-equipped Simulation Suite, so an interest in medical simulation can be indulged. There is a well-established simulation programme for undergraduates & training in running simulation scenarios is available. 

12-month MedEd posts commencing in time for the start of the academic year include funded enrolment onto a Post-Graduate Certificate in Medical Education course. For posts commencing mid-year, we will endeavour to find suitable short course(s) to attend.

5. Mountain Medicine (with optional 2nd year)

This option is designed for the serious mountain bunnies. We'll pay the course fees for the FPHC Diploma in Mountain Medicine (50% if you stay one year, 100% if you extend for a second year) and give you the time off for attending modules. You'll have two weeks (spread over the year) dedicated to mountain medicine research, maintaining and accessing the famous Bangor Mountain Medicine database (the biggest of its type in the world to include ED diagnosis, with over 1500 cases entered) and we'll expect you to use some of your SPA time for this too. The balance of your personal development time in Year One (about 2 weeks) will be MedEd in our own ED. 

For those accepting the invitation to “extend by mutual agreement stay a second year” (which basically means we want to spend a couple of months making sure you fit in the team well enough for us to want you round an additional year!), Year Two is much less prescribed. In addition to the final modules of the course, and the research/database time, the balance of your development time can be used for your choice of PHEM, or MedEd.

4. Global EM (with optional 2nd year)

We are hugely excited to be adding Global EM to the range of posts we offer and are looking for motivated, self-directed learners as Post Pioneers for our brand-new Global EM posts.

The headline attraction of Year One is that we'll fund the distance-learning Diploma in Tropical Health & Hygiene course (Glasgow University), including the time to attend the two weeks contact time in Glasgow. You can use 2 weeks of your personal development time to support the many hours of study this course requires. You can have two weeks of paid leave for what will probably be your first working trip to a low/middle income (LMI) country - and for most of our MRCEM +ve Global EM Fellows, we anticipate this will be a teaching trip to India (and even
better, this trip is expenses paid by the scheme we have been invited to participate in). The balance of activity time in year one (about 2 weeks) will be MedEd in our own ED.

For those accepting the invitation to "extend by mutual agreement stay a second year" (which basically means we want to work with you for a few months to make sure you fit in the team well enough for us to want you round the place for an additional year, and vice versa!), Year Two is much less prescribed. You can use up to 4 weeks of your personal development time for another trip(s) to a LMI country (easily extendable using study leave, unpaid leave, or by juggling your annualised sessions around) and we are lining up options from India to Lesotho to South Africa (for the trauma junkies...) or you may prefer to organise your own. You will, however, need to pay your own expenses for your trip – but at least you’ll be being paid as normal whilst you are away.

Of utmost importance is understanding that Year One of Global EM is a serious undertaking. We’ll give you all the help and support we can, and show you how to use the annualised rota to your advantage, but please do not entertain embarking on the Global EM programme unless you know you are highly motivated, resilient, tough, and resourceful. The Global EM post is not the right choice for someone suitable for someone who is struggling and burned-out after ACCS ST3 – do one of our other posts for a year first!

It is also vital to appreciate that our August 2018 entry will be “Post Pioneers”. This is a brand new programme to Bangor, and we will want your help to develop it and make it into something really special – but there will be times we are all playing things by ear.

Finally, be aware that the Diploma course runs from Sept to April and packs in what is a full-time 3-month course elsewhere. We strongly recommend that doctors undertaking this option work fewer than 13 sessions (ideally 10 or 11) to give plenty of time off for study, and for moving shifts away from particularly tough parts of the course (see the section on "rota, duration and pay" for more information on how to exploit the annualised rota features).

We are arranging external Global EM mentors for Fellows undertaking this programme, as none of the current Bangor ED consultants have an interest in Global EM at present. This is exciting too – for example we have Dr Shweta Gidwani at Chelsea and Westminster and Dr Saleyha Ahsan (a currently Clinical fellow, journalist and humanitarian doctor) standing by to assist our Fellows.
Opportunities unique to Bangor

Since we created the concept of Clinical fellow posts incorporating personal development time, other hospitals have copied the concept. We don’t mind – we know we have fantastic posts on offer, and we have some elements that nowhere else in the UK can offer.

Totally unique to Ysbyty Gwynedd ED, Clinical Fellows are allowed to access the Bangor Mountain Medicine Database, which is the biggest of its kind in the world (over 1400 cases since 2004) and proving its worth as a goldmine for extracting material for conference abstracts! See [www.scribd.com/BangorED](http://www.scribd.com/BangorED) for a taster. Those who help to maintain the Mountain Medicine Database may get a chance to add a national speaking engagement to their CV: we share them out!
Visit [www.mountainmedicine.co.uk](http://www.mountainmedicine.co.uk) to find out more.

For Clinical Fellows with a PHEM interest, our relationship with local SAR colleagues mean that we have incredible access to SAR, Mountain Rescue teams, and HART team training facilities.
And for everyone, we have the experience of Rural Emergency Medicine: a unique and rewarding aspect of UK EM that city training alone cannot prepare you for.

Who are these posts designed for?

We initially created these posts primarily for post-ACCS trainees wanting a “year out” prior to Higher Specialist Training: we typically have mostly post-ACCS EM Fellows on OOPE, one or two ACCS-anaesthetics/AM after CT3, occasional EM trainees after ST4 or ST5, and a few who are only able to squeeze in a six-month post (NB - a minimum 10 months EM experience is required posts less than 12 months’ duration). We have also started to attract post-residency European EM specialists who want to experience EM in the UK (where the specialty is more established), before returning home to consultant posts. ACEM have previously approved our post for individual Australasian EM trainees.

The posts were originally designed with a 13-session job plan featuring 2 sessions a week PHEM, Medical Education, Mountain Medicine or Global EM (averaged over year, so 44 days per 12 months after AL/SL were taken into account) plus a weekly SPA session, but we strongly encourage Fellows to pick a total number of sessions that best balances the work-life balance and income you wish to have: more than half of our current post-holders have opted to work fewer than 13 sessions. We recommend 11 sessions as the best balance between maintaining income whilst making best use of the annualised rota and maintaining sufficient personal development days (there is a pro-rata reduction in activity time and SPA in job plans of 12 sessions or fewer).

Our Clinical Fellow posts are not recognised UK training posts. This is deliberate: we know many EM trainees want a year free from endless WPBAs (although the mandatory annual appraisal for those not being ARCP’d entails some eportfolio-like activity) and want to delay their CCT. However, we treat our Clinical Fellows very much like our HSTs: post-holders have a named, enthusiastic educational supervisor (whose job plan provides sufficient time to look after supervisees) and are supported in undertaking a wide range of CV-enhancing activities.
Can I come on OOPT?

We no longer allow our Clinical Fellows to apply for part of their time with us to count as OOPT (it seriously impedes the customised nature of the posts) so please don’t ask us to accommodate this. However, if you want to come to us, but really don’t want to delay your CCT, we can sometimes accept an ST4-6 from elsewhere on 100% OOPT. We are a recognised training unit for EM trainees from ST1/2, ST3 and ST4-6, and - depending on the number of trainees that the Wales Deanery has placed with us - we might be able to take you as an ST4-6 on OOPT.

There’s no extra personal development time for our OOPT trainees but you do get a guaranteed day (two sessions)/week of SPA as per the Welsh contract to attend regional speciality teaching and to ensure you achieve all your assessments. Most of the other key features of the package apply, including the flexible annualised rota but with standard trainee study leave budget. We use a Clinical Fellow slot to pay for ST4-6 trainees on OOPT, so if you are interested in coming to us on 100% OOPT, you need to apply for one of these posts alongside those who’ll be coming on OOPE. Also, remember that the new English junior doctors’ contract does not apply in Wales: on OOPT with us you will be on a previous, banded pay scale and contract. Plus, our trainees are covered by the Health Education In Wales (HEIW) Educational Contract, which our middle grade posts easily comply with. Interested? Please contact us to discuss.

In addition to this Job Description, there is very comprehensive information section on our website: www.mountainmedicine.co.uk which potential applicants are strongly advised to visit. Our website also includes lots of information about our ED & living in North West Wales.

Eligibility, previous experience required & duration of posts

- Applicants must have completed UK ACCS (3 years) or be able to demonstrate equivalent competencies in EM, AM, ICM and anaesthetics.
- About 2/3rds of our Clinical Fellows are EM trainees, but Anaesthetic or Acute Medicine trainees with at least 6 months prior EM experience are very welcome to apply.
- If you need a 6-month SHO-tier EM post to become eligible, talk to us – we are sometimes able to offer a “Gateway Post” (usually 6/12 on our junior tier followed by 12 months as a Clinical Fellow).
- Non-EM trainees are restricted to 12-month posts, whereas those who have completed ACCS EM and hold MRCEM/FRCEM Intermediate (or who have at least 10-12 months EM experience by another route) may apply for posts anywhere from 6 to 12 months in duration.
  - We can offer 6-month options (PHEM and MedEd only) for those with sufficient prior EM training, but it is difficult to get the full experience in only 6 months.
  - All Fellows to date who came intending to stay for 6 months have either stayed longer, or wanted to stay longer, but had to go back to their NTN.
- Posts are initially for a maximum of 12 months. Each year, several Fellows ask to extend longer than 12 months, which we can do subject to satisfactory performance and having space available. Two of our programmes (Mountain medicine and Global EM) specifically have a second year extension option.
OOPE considerations

- Some of our Clinical Fellows are taking a year out after CT/ST3 (or are returning from time abroad post-ACCS) but an increasing proportion are on OOPE from run-through EM training, after ST3 or ST4+.
- If you are considering coming to us on OOPE, please talk to your Training Programme Director before applying: many deaneries insist on 6-months notice for OOPE applications, and some do not allow OOPE before completion of ST4 (which is fine by us – just come after ST4 or ST5).

Start dates & extended leave options

- This recruitment round and Job Description is specifically for posts with starting dates between & including August 2019 and February 2020.
- We strongly prefer (and recommended) August and February starts, but for candidates who score highly at interview, some flexibility of starting/finishing date is possible.
- Global EM and Mountain Medicine require an August (ish) start to fit in with the relevant diploma course dates.
- If you already hold the Diploma in Tropical Medicine and Hygiene, you can enter directly into Year Two and starting dates are more flexible.
- It is usually possible to take time off mid-year in 12-month posts, for whatever reason (e.g. undertaking an expedition). Obviously, not everyone can go away at the same time, and we ask those planning prolonged time out mid-year to work at least two of Christmas, Easter and New Year and to be around the second half of July. We can either annualise sessions or offer unpaid leave to achieve the long break. Contact Richard.Griffiths5@wales.nhs.uk if interested in this option so we can discuss further.
Bangor Emergency Department, Ysbyty Gwynedd

The service

Our Emergency Department at Ysbyty Gwynedd (= Bangor) provides a comprehensive 24-hour service for all emergencies. Led by a dynamic team of consultants, all of whom have completed a modern UK training programme in Emergency Medicine including the FRCEM by examination, Bangor ED has an international reputation for nurturing the talent of ED doctors in training.

We see around 53,000 new attendances per year, including emergencies from all specialties. New Fellows usually comment that are surprised by the breadth and quality of the ED case-mix – we see very few patients who truly should not have attended an ED. Our proximity to Snowdonia and the popularity of outdoor pursuits and hazardous sports in the area mean that we see a disproportionately large number of major and minor trauma cases: we are famous for our mountain trauma (almost 40 trauma calls each year from mountain fallers) and we also see sporting, motorbike, farm, water-sport and equestrian-related trauma, as well as the usual RTC-related trauma and occasional drowning victims. However, penetrating trauma is extremely rare and assault-related trauma uncommon.

We are a Major Trauma Unit within the West Midlands Trauma Network (except paediatric trauma: our Paediatric MTC is Alder Hey in Liverpool) and work very hard to constantly refine our trauma response. Some daytime major trauma bypasses Bangor and goes directly from scene to our MTC in Stoke via EMRTS aircraft, but we still handle all major trauma in bad weather/poor visibility/low cloud (which is much of the time: there is a mountain range between Bangor and Stoke!), after 7pm, and if EMRTS is busy elsewhere.

The ED is supported by a full range of inpatient services, including paediatrics and O&G, although some specialties are networked across North Wales e.g. vascular, maxillofacial surgery, and out-of-hours ophthalmology. There are resident middle-grades overnight in paediatrics, ICM, anaesthetics, medicine, surgery and O&G, as well as EM.

Our Helicopter Landing Site is just behind the building and a high proportion of our sick patients arrive by either Wales’ EMRTS helicopter or the SAR helicopter (now provided by the MCA in the Bristow S92). We only recently switched to 24/7 PPCI for STEMI – prior to that our paramedics still lysed STEMIs! Stroke thrombolysis runs 24/7, but is undertaken by the medics/stroke physicians.

The GP Out Of Hours service is co-located with the ED, and we have a close relationship with them: our triage nurses can direct ED attenders straight to GP OOH when appropriate. Our long-term goal is to further integrate the services to provide a “one stop emergency care shop” in the future. We have our own ED Observation Unit (our middle grades contribute to the running of this facility).

By August 2019 our long awaited ED new build should be finally complete. We are currently in phase 3 of the building project which means that have moved into the new department but the current configuration is a temporary arrangement until the refitting of the old ED is finished. We are already enjoying the benefits of the new department including some fantastic office and seminar room space for the ED.
ED staffing

As of August 2019, the Emergency Department medical staffing comprises:

- 6 x consultants
- 2 x Associate Specialists, who take part on the consultant/senior on-call rota
- 9 x Clinical Fellows (some LTFT)
- 1 x Wales Deanery EM CT/ST3
- 12 x SHO-tier posts (a mixture of F2 doctors, ACCS, GP trainees and stand alone and rotational F3s) plus one Academic F2

In addition, our well-established Emergency Nurse Practitioner service handles most of our Minor Injuries workload 7/7; we have our own specialist physiotherapist; and we are training Advanced Nurse Practitioners to work in the Majors area. We hope to expand the number of middle grades and junior tier posts further and will know by time of interview for these Clinical Fellow posts whether we have an increased number of posts to offer.

The Clinical Fellow posts are on the middle-grade tier and work under the direction of the senior tier (Consultants and Associate Specialists) and are involved in the immediate care of acutely ill and injured patients of all ages, acuities, and presenting conditions.

All current middle grades and seniors either have, or are working towards, CEM Level 1 accreditation in ED ultrasound and the appointee must be willing to train in ED point-of-care ultrasound (POCUS) if not already undertaking this activity.

The culture of our ED

Bangor ED is a small and friendly department. We all live and work in the same community. Our ability to function professionally depends on excellent relationships with specialty colleagues – and if we are ill or injured, we may have to treat each other. We strive to maintain good relations with specialty colleagues, whilst empowering the ED team to expect to be treated with respect by the rest of the hospital.

Our middle grade team plays an important part in nurturing personal professional standards and providing role models of behaviour for the junior doctors.

Although obviously not compulsory, we have yet to have a cohort of Clinical Fellows who do not socialise together, and we work hard to give everyone a great start to their Bangor social life with a welcome party on the first Wednesday in August to enable all our new starters to meet and relax together.
What to expect: how we help our Clinical Fellows to build their CVs

Our Clinical Fellows are generally dynamic individuals, and although many want to take a break from the conveyor belt of standardised deanery training posts, most are very keen to develop professionally during their time in Bangor. We expect a lot of our Clinical Fellows, but we also provide paid SPA time in which to undertake various activities, and we endeavour to put a lot back in return. Feedback from previous post-holders has been exceptional: well over 90% would recommend the posts. So far, two former Fellows have returned to us as consultants and one returned for ST5 as a specific request. All of our Clinical Fellows who have so far applied to re-enter HST following their time in Bangor have done so uneventfully (and in their first choice of deanery and speciality), and all bar one who have so far applied for PHEM training have been offered a place, with those who passed the DipIMC after their time with us maintaining a 100% success rate.

All Clinical Fellows must be willing (with appropriate senior support) to participate in teaching and supervision of the junior-tier doctors, ENPs, trainee ANPs and medical students. There is an active audit programme, weekly junior doctors’ teaching, and monthly protected-time middle-grade teaching (including journal club) which is organised by the middle-grades. A DipIMC Exam Prep Group starts once entries to the exam are confirmed. We produce nationally-acclaimed conference reports of CPD events (Fellows are expected to participate) and occasional ED newsletter highlighting patient safety and governance issues. You can see some of our material at www.scribd.com/BangorED

The Clinical Fellow team are also responsible for co-ordinating the monthly ED M&M meetings (together with two juniors and a consultant to help you!) and developing our fledgling ED Simulation programme.

The Clinical Fellows run CPD days for local EMS colleagues, which is an excellent way to build your skills and confidence presenting to large groups (as well as gaining a “regional presentation” for your CV) and for 1-2 Fellows each time acting as local organisers, gaining event organisation experience.

Participation in research projects is encouraged. This need only be low-key (it doesn’t need to be scary) but Clinical Fellows are usually at a career stage where CV development is essential, and it’s much easier to do these things during a “year out” rather than in ST5/6 whilst wrestling with exams. We have an fantastic record of our Clinical Fellows having at least one new entry in the "Publications" section of their CV from their time in Bangor: we are the leading unit in Wales for presentations at College of Emergency Medicine academic conferences, with multiple free papers, moderated posters and poster presentations at every RCEM conference since 2006.

All EM doctors are expected to participate in CPD activities relevant to their role and their customised Personal Development Plan. The funded study leave allocation is 10 days per year, but some of the 44 days of activity time can also be used to attend self-funded CPD activities.

Clinical Fellows are required to engage in regular Educational Supervision meetings with their nominated supervisor. Our Learning Contracts include our commitment to provide constructive feedback to support personal and professional development, set goals and support projects, and we expect our Clinical Fellows to demonstrate their commitment in return. Plus, like all doctors
outside the training grades, Clinical Fellows must participate in either annual appraisal or an ARCP, in order to maintain progress towards GMC revalidation.

For PHEM Fellows wishing to undertake EMRTS (HEMS) shifts, there are some additional expectations: attending and participating in EMRTS Clinical Governance days, training and EMRTS QI projects. *These are non-negotiable and EMRTS will withdraw an individual’s access to shifts if Fellows do not participate.* However, flying shifts are optional – you can stick to ground-based PHEM if you prefer.

Bangor ED is home to the Bangor Mountain Medicine Project, a partnership between the ED and local Search & Rescue providers (HMCG SAR helicopter crews and Mountain Rescue). As well as maintaining a database of every mountain casualty brought to Ysbyty Gwynedd by SAR providers since 2004, the Mountain Medicine project hosts popular medical student placements, and runs occasional conferences with a SAR flavour for MRT volunteers and SAR colleagues.

As part of daily life in the ED, all our Clinical Fellows are expected (with appropriate guidance and support) to co-supervise medical students on attachment to the ED, as well as visiting pre-hospital personnel such as WAST paramedics and SAR winchmen. Our MedEd Fellows take this process one step further and the majority of their MedEd days will be used to perfect the art of shop-floor teaching with Cardiff medical school’s 3rd and final-year students.

If this all sounds like a lot of work, you’re right... but it is shared out between a team of middle-grades, supported by enthusiastic consultants who have dedicated time to look after the Clinical Fellow scheme. Plus, every Clinical Fellow has paid Supporting Professional Activity (SPA) time each week (totaling the equivalent of 22 days each year for those on a 13-session job plan, adjusted pro-rate for those on fewer sessions) that can be undertaken flexibly.

**Rural EM, becoming a middle grade & the potential for culture shock for city-based trainees**

Bangor ED sees only just over 50k patients each year, is nearly 100 miles from tertiary specialities and our Clinical Fellows are the most senior doctor present in the ED at night. The EM consultant on-call from home is an absolute maximum of 30 minutes away and usually much less.

The promotion from junior to middle-grade in EM is very significant one. It's a much bigger step than going from ST2 to ST3, and confidence in the middle-grade role is never achieved overnight. The majority of our Clinical Fellows each year are new to being a middle-grade: both the consultant team and senior nurses are aware of this and are very experienced at supporting doctors through this significant career transition. Performance as an EM middle-grade is *not* defined by the "base speciality" of our Clinical Fellows: trainees from AM, anaesthetics and EM all have different strengths (and relative weaknesses) in their clinical experience. We do, however, strive to ensure that incoming Fellows whose prior EM experience was some time ago have settled back into EM before they commence middle-grade night shifts.

We also wish to give a gentle reminder that city-based trainees will need to adapt: DGHs (especially rural ones like Bangor) have no on-site access to tertiary specialities or specialised investigations out-of-hours (CT is about the limit) and applicants from large city departments do need to be mindful that their previous posts probably had privileged access to toys and super-specialists which is simply not possible in any small DGH. We have to be true generalists,
which is - hopefully - one of the key reasons why you are reading this job description about our posts in Rural EM. It is what it says on the tin: we will help you learn to love it, but inevitably it is significantly different from city EM practice. Not better, not worse, just different.

Pre-start support package

The vast majority of our Clinical Fellows move here from elsewhere in the UK, and we are very aware of the logistical challenges of relocating your life when not everyone can take two weeks off before starting a new job! Once new Fellows are appointed and have accepted posts, the Clinical Fellow Educational Supervisors set up a private Facebook group where we can advise you in which areas to concentrate your house-hunt, alert you of suitable houses to rent, social events, potential housemates etc, as well as uploading our comprehensive ED induction pack, Clinical Fellow Scheme handbook and other resources.

We also help you with employer references for house rentals, order your PHEM PPE, and help you navigate the process by which PHEM Fellows sort out Honorary Contracts for both EMRTS (HEMS shifts) and Welsh Ambulance (ground shifts).

Educational Supervision and “the grid”

We put significant effort into pairing individual Fellows with a compatible Educational Supervisor: we ask incoming Fellows to rank their preferences for Educational Supervisors based on descriptions of each of our Educational Supervisors’ preferred meeting style, areas of clinical/research interest, and several other parameters.

Getting the best from your Educational Supervision meetings is also a priority for us. Initial meetings with your ES typically take at least 90 minutes (more usually 2 hours) with subsequent meetings anywhere from 60-120 minutes. Obviously, these need to be booked in advance. They come from your SPA time and may take place on or off site.

We have devised a “grid” to help us – and you – benchmark where you are in different areas of non-clinical professional development, which enables us to tackle any significant gaps in your CV whilst encouraging you to take further steps in those areas you have already tackled. We also provide specific and actionable feedback on your clinical performance; your progress through the transition to fully-fledged EM middle-grade; and your integration into the team & professional attitudes demonstrated at work. We aim to hold 4 ES meetings each year, although this sometimes becomes 3 if you are having an appraisal as well (Fellows on OOP E having an ARCP in their home deanery should still aim for 4).

Whilst all Fellows have a named Educational Supervisor, we do work as a team, and for specific queries/projects/opportunities we will pass Fellows between each other, and the other EM consultants +/- colleagues elsewhere in the hospital.
The Posts: duration, rota & pay

- The advertised posts are fixed-term appointments of 6-12 months (there is a stricter eligibility for 6-month posts, see Person Specification) with starting dates from August 2019 up to and including February 2020.
- We can’t offer Global EM or Mountain Medicine posts less than 12-months in duration, except for those who already hold the relevant diploma.
- We prefer (and strongly advise) August and February starts. Global EM and Mountain Medicine posts are only feasible for August (ish) starts due to Diploma course dates.
- Many post-holders opt to extend their posts and stay with us longer, which is an option available subject to both satisfactory performance and space being available.
- The key feature of our Clinical Fellow posts is that the post-holders are released from ED day shifts for their chosen activity time:
  - Those on a 13-session job plans are released for 44 day shifts (88 sessions) per 12-month period (if you are wondering whether the figure of 44 comes from, it’s one shift per week, less 6 weeks annual leave and 2 weeks study leave). In addition - and again based on a 13-session job plan - 22 days of SPA time are paid but not timetabled.
  - Fellows on job plans of fewer than 13 sessions have their activity time and SPA allocation adjusted pro-rata.

Applicants for the PHEM posts should note that pre-hospital shifts are longer than ED shifts: post-holders are entitled to count each WAST shift (12 hours) as 1.5 ED day-shifts. However, rather than reducing the number of PHEM shifts worked, most Fellows opt to maximise their PHEM experience and accept that hours in excess of 8 per (PHEM) shift are either unremunerated or come from the SPA allocation. Some Fellows use a few of their activity days (or SPA) to spend time in ITU or the Operating Department to ensure that their skills do not decay: basically, the “activity time” may be used to undertake any activity that facilitates the individual’s professional development, although we do require Fellows to discuss their plans with their Educational Supervisor.

The Clinical Fellows are responsible to the Clinical Lead for the ED (Dr Rob Perry) and their Educational Supervisor (either Dr Linda Dykes, Dr Pete Williams, Dr Helen Salter, Dr Rio Talbot and Dr Rich Griffiths) plus the other Emergency Medicine Consultants.

Precise duties will be determined by a weekly rota, but the post holder may be offered or asked to do extra shifts occasionally according to the needs of the department.

Pay

This section is complicated, because with the introduction of the new Junior Doctors’ contract in England, appointees to our Clinical Fellow posts may be coming to us from England’s new trainee pay structure; the “old” (still current in Wales and Scotland) banded trainee pay structure; or – for our international appointees - from non-NHS organisations. Applying NHS T&Cs to all these variables will result in 2019/20 Fellows on many different points of the pay-scale (and of course the pay for individual appointees also depends on the number of sessions they wish to work).
We utilise the Speciality Doctor pay scale for our Clinical Fellow posts, which provides us with the sessional structure necessary to allow an annualised rota. This is completely different from the pay structure of either the old or new (English) junior doctor contracts. Sessions are 4 hours duration 9am-7pm on weekdays, or 3 hours outside these times and all weekend.

1. Doctors coming from the new junior doctors’ contract and payscale in England

The new contract in England is the easiest to map across to the Specialist Doctor pay-scale (basic/10-session pay from £39,923 - £70,719) that we use for the Clinical Fellow posts.

- Basic pay for ST3+ on new English junior doctors’ contract = £46,208
- Next available pay-point on the Specialist Doctor pay-scale = £47,640 (for 10 sessions)

<table>
<thead>
<tr>
<th>No of sessions</th>
<th>“Feels like”</th>
<th>Weekend frequency</th>
<th>No of activity days per 12 months</th>
<th>No of SPA days per 12 months</th>
<th>Study leave days</th>
<th>Gross pay</th>
</tr>
</thead>
</table>
| 13             | - Like a 1A rota.  
- Maximises income 
- Limited scope to utilise annualised rota features 
- This is a full-time job plan, including for pension purposes | 3 in 8 | 44 | 22 | 10 | £61,932 |
| 12             | - Feels like a 1A rota but with about 3 extra weeks off per year 
- More scope to utilise annualised rota features 
- This is a full-time job plan, including for pension purposes | 3 in 8 | 41 | 20 | 10 | £57,168 |
| 11             | - Balances time off work with reasonable number of activity days 
- Very good scope to utilise annualised rota features 
- This is a full-time job plan, including for pension purposes 
- **This is the job plan we recommend for most Fellows** | 3 in 8 | 37 | 19 | 10 | £52,404 |
| 10             | - Significantly more time off work: equates to many LTFT training posts 
- Still counts as full time for pension & weekend rota purposes 
- 10 sessions is popular with Fellows who “Do Other Stuff”.  
- Significant reduction in gross pay and activity time 
- Ten is the lowest number of sessions counted as full time for pension purposes. | 3 in 8 | 34 | 17 | 10 | £47,640 |
| 9 or fewer     | - 9 sessions or fewer counts as Less Than Full Time - including for pension purposes 
- Weekend frequency is reduced pro-rata (so 9 sessions would do 9/10th of 3:8) 
- Only suitable for Fellows with previous EM middle-grade experience (though you can start full-time and move onto 9 sessions or fewer once you are fully settled in) 
- Fewer than 10 session job plans are also used for Clinical Fellows who are taking extended time off mid-year but annualising sessions in order to maintain a monthly income whilst they are away (as an alternative to taking unpaid leave). This means you’d work more sessions than you are paid when you are here, but you continue to be paid when you are away. | 3 in 8 | 34 | 17 | 10 | £47,640 |
2. Doctors coming from the previous junior doctors’ payscale (i.e. with Banding)

- This is significantly more complicated, as your pay will depend which point on the trainee pay-scale you are on prior to starting in Bangor.
- The pay scale for the Clinical Fellow post is based upon the Specialty Doctor scale of £39,923-£70,719 for a basic 10-session contract: obviously, a 13-session job plan will earn 30% (gross) more than the basic 10-session salary at any given point on the pay scale.
- Our HR department use various techniques to get gross pay for Clinical Fellows on a 13-session job plan (i.e. closely equivalent to a Band 1A work intensity and hours) as close as possible to that you would have expected had you progressed into your next year of training.
- Obviously, we can't pay-match to a Band 1A salary if you opt for 10, 11 or 12 sessions, because it isn't a comparable amount of work.
- If this would apply to you, please contact Lana.Durrant@wales.nhs.uk (our HR link for these posts) to discuss what is possible.

3. Doctors coming from abroad

- In recent years we have welcomed Clinical Fellows from Holland upon completion of specialist EM training there, and we do welcome applicants from abroad with prior experience comparable to UK ACCS training.
- The pay scale for the post is based upon the Specialty Doctor scale of £39,923-£70,719 for a basic 10-session contract. Obviously, a 13-session job plan will earn 30% (gross) more than the basic 10-session salary at any given point on the pay scale.
- There are specific NHS rules that our HR staff follow to allow experience outside the UK to be credited when working out an appropriate pay-scale point to use for international candidates coming to Clinical Fellow posts.
- If this would apply to you, please contact Lana.Durrant@wales.nhs.uk (our HR link for these posts) to discuss what is possible.

4. Doctors coming from posts already using the Specialist Doctor/SAS pay scale

- This should be a straightforward transition: Betsi Cadwaladr Health Board follows NHS T&Cs in assessing previous service.
- Please contact Lana.Durrant@wales.nhs.uk (our HR link for these posts) to discuss should you have any queries, which most commonly arise if your current or previous employer did not strictly follow NHS T&Cs in allocating you to your current point on the pay scale.

The usual jargon applies: the exact point of scale is determined upon verification of previous NHS service. The post is subject to the Wales NHS Hospital Medical and Dental Staff terms & conditions of service.
Rota

Our Clinical Fellows and ST4-6s share a full-shift middle grade rota, with our EM ST3 contributing to those shifts that are suitable for [ST3 or ST4+/Clinical Fellow] until they are ready to participate in the full Middle Grade rota (which is strictly as per guidance from the All-Wales School of Emergency Medicine).

Our Clinical Fellows and ST4-6s share a full-shift middle grade rota. In August 2016 we introduced an annualised rota, devised and run by Dr Rich Griffiths, a former Clinical Fellow himself who is now one of the EM consultants. Annualised rotas are recognised as best practice by RCEM, and for many of our Fellows, the annualised rota is a major attraction of our posts.

How does an annualised rota work?

Because we use the SAS doctor pay-scale (calculated in sessions, with a weekday daytime session being 4 hours and evening, weekend and night shifts sessions 3 hours) we can offer an annualised rota. Full time (equivalent to the old 1A banding that used to exist in England and still does in Wales) is 13 sessions. Most fellows choose to work 11 sessions as that gives them the right work life balance.

This reduction in sessions allows us to annualise their hours. This is in line with the RCEM recommendations for sustainable working. It means your shifts can start to fit around your life, instead of vice versa.

For those of you who have not work annualised rota before we only track the days you have worked for us not your days off. This means you can book as much leave as you want as long as you have done your required sessions by the end of the year!

Fellows have chosen to use this in different ways. Many just work 4 days per week, others have had three months off midyear to go on a long holiday (whilst still being paid), others have done expedition medicine on the side, and one has used this flexible working to pursue a portfolio career in film and TV 50% of the time.

It allows you the chance to do that thing you always wanted to do. Build that second career or just enjoy North Wales.

To fully enjoy the many benefits of an annualised rota system, a collegiate approach to rota planning is essential, with civilised & open communication, and give and take on all sides.

Active engagement (and good communication) by all rota participants is essential to maximise the benefits of annualised rostering. The rota for Christmas and New Year is written by the rota participants themselves, not imposed.

**Weekend frequency = 3:8 or mathematical equivalent.**

We constantly strive to reduce weekend frequency, but applicants should base their decisions on 3:8 maximum. This drops in frequency for those who choose to work less than 10 sessions.
Further details of the options available

Option 1 – Pre-hospital Emergency Medicine (PHEM)

Many applicants to our PHEM posts are at least considering a career incorporating PHEM, and make use of the post as preparation for a future application to undertake PHEM sub-speciality training by building up their PHEM-logbook prior to sitting the DipIMC. However, we also welcome applicants whose interest lies in gaining a deeper understanding of how unscheduled care services fit together, as well as doctors seeking a fun and productive “year out” (usually after ACCS CT/ST3, but can be later) with a “taster” of PHEM, plus experience of EM outside the city teaching-hospital setting. **We are happy to accept PHEM beginners.**

As well as work with Welsh Ambulance Service Trust (WAST) and EMRTS (see below) our excellent relations with local Search & Rescue providers (SAR, RNLI, MRT) enables us to access activities that provide a unique insight to these specialised areas of PHEM work.

The main PHEM activity undertaken will be practical, on-the-job training with:

a) experienced WAST paramedics for ground shifts, on ambulances and Rapid Response cars

b) The Welsh Air Ambulance, which is the platform for Wales' EMRTS service. **HEMS shifts are not compulsory if you do not wish to fly or find you don't like it.**

The Welsh Air Ambulance (H61) based at Caernarfon airport recently became the 3rd EMRTS aircraft. Shifts from Caernarfon are either a full, PHEM-consultant-crewed HEMS service, or a double-critical care paramedic crew. Do be aware, however, that helicopter shifts are both subject to weight limits, and can comprise an **absolute maximum of 50% of PHEM shifts.** Now we have so many Clinical Fellows, the 50% maximum is mathematically impossible to achieve unless you opt to do some Helimed shifts at weekends. **These will not count towards your 3:8 weekend frequency**, but of course you’d take your weekday rostered PHEM day off in lieu.

We also arrange PHEM and PHEM-related opportunities tailored to individual needs and interests, with previous examples including:

- Visits to ambulance control (at least one shift there is compulsory)
- Observing/assisting with the training of SAR helicopter technicians and paramedics
- Extrication and scene safety training
- Participation in (+/− involvement in the planning of) major incident exercises
- Training with relevant Primary Care (e.g. GP Out of Hours & District Nurses)
- Observing/participating in HART team training (confined space, rope access & water rescue).
- Training in forensic awareness at scene
- Monthly regional pre-hospital simulation training (**attendance is expected if not on shift in the ED or on AL**)
- Attendance at Helimed & EMRTS Clinical Governance days (**attendance is expected if not on shift in the ED or on AL**)
- Assisting with mountain rescue training by playing casualty for scenarios or assessing MRT first-aiders.
In addition, the ED consultants are constantly scanning for opportunities for Clinical Fellows to gain additional experience – both paid and unpaid – in their own time. For example, sporting event medical cover and event medicine cover. Some Clinical Fellows also join the local BASICS scheme, the North Wales Emergency Doctor Service (NWEDS).

The goal of the PHEM experience with the Bangor ED Clinical Fellow posts is to produce doctors who are comfortable utilising their existing skills in the pre-hospital setting; who understand how UK paramedics work and how the unscheduled care system fits together in a rural area; who are welcomed as valuable additional pre-hospital team members; who know how to work safely in and around helicopters; and who have been exposed to the wide range and acuity of rural and semi-rural UK PHEM cases.

The range of PHEM cases seen by our Clinical Fellows is much broader than in most UK physician-supported PHEM systems, but with the trade-off that the proportion of very high- acuity cases seen will be significantly less. However, the whole point of these posts is that they are much more than “just” a HEMS job. Post-holders are required to maintain a logbook of PHEM cases they have seen, and those contemplating a career incorporating PHEM are expected to sit the Diploma in Immediate Medical Care of the Faculty of Pre-Hospital Care of the RCSEd as soon as they are eligible. We encourage Fellows to start a DipIMC preparation group early each year in readiness for the summer diet of the exam.

Please note: applicants for the PHEM posts who still have a GMC’s “Approved Practice Setting” requirement must be in good standing with the GMC and the Trust, as the BCUHB Medical Director’s permission is required to allow work outside of the APS setting of the hospital.

Doctors who wish to continue in post for greater than twelve months will revert to ground shifts once their allocated EMRTS shifts are completed (normally within twelve months).

Courses/qualifications

- Our **12-month posts** include a fully-funded pre-hospital course such as PHTLS, or ATACC.
- **Holders of posts under 12 months in duration** can use study leave undertake any of these courses, but we do not guarantee funding it. (see section on study leave)
Option 2 – Medical Education

MedEd qualifications are the new “Must Have” for all hospital doctors, as Educational Supervisors are now required by the GMC & Deaneries to provide evidence of formal training as medical educators. Our “MedEd” Clinical Fellow posts provide the opportunity for you to gain a formal qualification in Medical Education and plenty of teaching practice, whilst also enjoying a year of rural EM & living so close to the outdoor playgrounds of Snowdonia and Anglesey.

We can offer a variety of learners for you to work with. The majority of your MedEd days will be spent teaching Cardiff medical students (3rd and final years) in the ED and in a tutorial setting; whilst teaching in the shop floor you are totally supernumerary to shop floor numbers. In the ED, there are also other medical students (e.g. elective and SSC students), trainee ACPs and student nurses as well as our junior doctors, all requiring both shop floor teaching and small-group tutorials. Inside the hospital (but outside the ED) our middle grades are always in demand to support the F1 and specialty teaching programmes.

Outside the hospital, we can offer the option of experience with ORMS (a civilian paramedic training provider, whose HCPC-recognised pre-registration paramedic course is optimised for SAR paramedics) to provide teaching practice for our Clinical Fellows, who can become involved with paramedic training under the watchful eye of qualified educationalists, with written feedback. We also host paramedics and SAR winchmen of all levels of experience in the ED, and there are usually a couple of nurses or paramedics undertaking their MSc in Advanced Clinical Practice, all of whom require a clinical mentor/teacher whilst on placement in the ED.

If you are an instructor for ALS/EPALS/ATLS, you will be welcomed with open arms by our Resuscitation Training Department. If you’re not – and want to be – we can brief you what the faculty are looking for in candidates of these courses when “instructor potential” candidates are identified.

We also seek out other guest teaching/lecturing opportunities for Clinical Fellows, in order to provide a facilitate development of a varied teaching portfolio.

Simulation

Ysbyty Gwynedd has a well equipped Clinical Skills Lab including a good simulation suite. Although the ED in situ simulation programme is still in its infancy, the undergraduate Simulation Programme is extremely well established. Training in running simulation is available, so our MedEd Fellows will continue the process of establishing simulation as integral to the EM teaching programme.

Courses/qualifications

- 12-month posts commencing in time for the start of the academic year include funded enrolment onto a Post-Graduate Certificate in Medical Education course, either at Bangor University (which includes some face-to-face taught sessions) or the Cardiff University distance-learning course. This is optional, but encouraged.
- For posts commencing mid-year, and 6-month posts, we will endeavour to find suitable short courses to attend to produce a solid portfolio of MedEd-related CPD.
Option 4 – Global Emergency Medicine (with MedEd)

- See page 3
- 12-month programme (with option to extend to 24 months by mutual agreement)
- For candidates who already hold the Diploma in Tropical Medicine & Hygiene, direct entry into Year 2 is possible with starting dates more flexible, although we strongly recommend August or February starts.

Option 5 – Mountain Medicine

- See page 4
- 12-month programme (with option to extend to 24 months by mutual agreement)
- For candidates who already hold the Diploma in Mountain Medicine, direct entry into Year 2 is possible with starting dates more flexible, although we strongly recommend August or February starts.
- If you like the idea of the Mountain Medicine research, but don’t fancy the DipMM, talk to the Course Director ASAP – we will happily consider constructing a bespoke package.
- 12-month posts bring with them funding to enable the post-holder to enrol on a suitable postgraduate course most relevant to their area of interest (e.g. PGCert in Health & Social Care Leadership, or Risk Management) or, to undertake a range of relevant one-day courses, or, travel/accommodation for several trips to Cardiff to observe national-level medical management & medical politics in action.

Ysbyty Gwynedd Hospital

Ysbyty Gwynedd was opened in 1984. The usual services of a District General Hospital are provided and include an Emergency Department, General Medicine, Care of the Elderly Medicine, Haematology & Oncology, Intensive & Coronary Care, General Surgery, Urology, Gynaecology & Obstetrics, Trauma & Orthopaedics, Radiology, Ophthalmology, ENT, Paediatric Medicine and Maxillofacial Surgery. There is a comprehensive Pathology Service, three CT scanners and MRI. Good facilities are available in the modern Postgraduate Medical Department with a relatively new and well-stocked Library.

The Health Board and Bangor/Llandudno District:

Ysbyty Gwynedd (Gwynedd Hospital), Bangor, serves the counties of Gwynedd and Anglesey, and is the main District General Hospital with 468 beds, situated in the university town of Bangor. It has a comprehensive range of diagnostic and treatment facilities and all the general and core acute specialties are represented serving a population of approximately 250,000.

Ysbyty Gwynedd delivers clinical teaching to medical students from Cardiff and Swansea university in their 3rd, 4th and 5th years, and currently takes upwards of 50 medical students per rotation, which provides plenty of opportunity for doctors of all grades to involve themselves in teaching. The North Wales Clinical School (NWCS) also provides a structure
within which teaching with other health professionals can take place, and NWCS has 3 dedicated teaching rooms, an assessment suite, common room, extended library and Clinical Skills Lab.

The Betsi Cadwaladr University Health Board (previously North West Wales NHS Trust) - which is responsible for Ysbyty Gwynedd - has worked in partnership on this project with Bangor University, Glyndwr University and the Cardiff University School of Medicine.

**Bangor - The city & university**

Bangor is located on the mainland side of the Menai Straits, in the far North West tip of Wales, UK, sandwiched between the mountains of Snowdonia and the Isle of Anglesey. It is a University and Cathedral City.

Bangor University is a thriving institution, and the hospital has close links with both the School of Medical Sciences and the School of Healthcare Sciences. There is a dedicated Trials Support Unit, and we are able to access their friendly statisticians when required!

The A55 dual carriageway links give easy access to the national motorway network and Manchester International Airport. It takes about an hour to drive to Chester or the M6, and excellent high-speed rail services ensure that all parts of the country are within easy reach: you can be in London in just over 3 hours.

Ireland is also very easy to reach by ferry: the port of Holyhead is 20 miles away, and you can visit Dublin as a day trip. It is also possible to fly between Anglesey to Cardiff, as an alternative to undertaking the journey by car or train (4-5 hours).

**Lifestyle & Leisure activities – see www.mountainmedicine.co.uk**

Gwynedd and Anglesey are perfectly situated for anyone enjoying outdoor pursuits: Bangor is sandwiched between the beautiful mountains of Snowdonia National Park, and the Menai Straits looking across to Anglesey.

World-class hill-walking, climbing, abseiling and scrambling venues are only a few minutes drive from the hospital in one direction, with watersports venues and beautiful beaches a few minutes drive in the other. Many hospital staff participate in the multitude of sporting activities available here: sailing, wind-surfing, canoeing, water-skiing, kite-surfing, and diving.

Back on land, keeping horses is relatively economical here compared to many parts of the UK and dry ski slopes at Llandudno and Capel Curig ensure that skiing is possible all year around. There’s even Britain's first artificial surfing lagoon at Surf Snowdonia! There is an abundance of golf courses, together with town & village clubs for football, rugby, cricket and tennis etc. all of which are very popular and receiving enthusiastic support.

Gwynedd and Anglesey's coastline, mountains, historic sites (there are a lot of castles here!) and settlements give it a truly unique character. The diversity of Welsh culture is an important feature of life in the area: many locals speak Welsh and the area is very much bilingual. However, the working language of the NHS in Wales is English and Welsh language skills are not essential (although learning a few words of Welsh is much appreciated).
Our Clinical Fellows have established a track record of building themselves into a very close-knit unit, and regularly participate in the pub quiz on Tuesday evenings in Felinheli, the marina village 5 minutes from the hospital where most of them choose to live. They aren't very good at the pub quiz, but it's a great pub! The Ysbyty Gwynedd doctors in general are a sociable bunch, whatever the grade, and it is quite normal for ED doctors to be included in invitations to group sailing trips, hill walks and cycle rides. Or, for the less outdoor-inclined, supper clubs, gin clubs, board-game nights and cinema expeditions.

We think it is a good sign that many of our Clinical Fellows don’t want to leave after their original posts comes to an end: about a third have stayed longer than originally planned in various guises, from becoming our Wales Deanery ST4 to switching from the PHEM programme to Medical Education, and two of our early Fellows (Rio Talbot and Rich Griffiths) have already returned as consultants to Bangor ED. We’re always happy to keep Fellows for longer, assuming performance has been satisfactory and a slot is available.

Our unofficial website contains www.mountainmedicine.co.uk contains comprehensive information on life in North West Wales, from life’s essentials to luxuries and, of course, the outdoor activities on offer.

If you’d like to suss out the rental property market, try looking at properties in Felinheli, Menai Bridge or Bangor (or Llanberis, especially if proximity to the mountains is a priority). Property prices are very reasonable, so rental rates are affordable – about £550-600 for a flat or £700-900 for a family-sized house that 2 or 3 could share. We know of some lovely rental houses that are usually handed from one set of Clinical Fellows to the next!

**Conditions of Service**

- These posts are subject to the Wales NHS Hospital Medical and Dental Staff terms and conditions of service. Unfortunately, these posts are not eligible for relocation expenses.
- The post-holders will be expected to be members of an appropriate medical indemnity organisation (e.g. MPS, MDU – usually cheaper if you hold an NTN but are on OOPE) and Clinical Fellows in PHEM posts must also hold their own personal accident insurance whilst working on ambulance vehicles and undertaking pre-hospital activities. This is most easily and economically arranged by joining the UK Intensive Care Society (£105/year).
- Single or married accommodation can sometimes be provided on a temporary basis or during the successful candidates’ search for more permanent accommodation.
- PHEM post-holders will require an Honorary Contract with Welsh Ambulance Service Trust (WAST) which is subject to their CV being approved by the WAST Medical Director, and, an Honorary Contract with ABMU (the health board who hosts the administration and governance structure for EMRTS) who stipulate their own requirements and set the compulsory fitness tests that all EMRTS crew must pass.
- Betsi Cadwaladr University Health Board is an Equal Opportunities Employer.
Application Procedure

- The applicant must be a fully registered medical practitioner with a licence to practise.
- UK applicants must hold (or expect to hold by time of starting) the MRCEM/FRCEM Intermediate (or equivalent, e.g. Primary FRCA, MRCP) with a minimum of four years regular hospital experience in training posts at SHO-grade or equivalent (i.e. minimum of five years post graduation), including at least 6 months experience in Emergency Medicine and the other ACCS specialties. International graduates with comparable experience are welcome to apply.
- Applicants for the PHEM posts must be able to meet the higher occupational health standards of the Welsh Ambulance Service +/- EMRTS (in particular, there are weight limits for doctors flying with Helimed, pregnancy immediately precludes frontline PHEM work, and passing the EMRTS fitness test is compulsory to undertake Helimed shifts).
- You will need access to a car to undertake the full range of PHEM activities on offer.
- EM trainees who have passed MRCEM/FRCEM Intermediate & completed ACCS ST/CT3 will meet the required experience levels, as will post-ACCS Anaesthetic or AM trainees after a “CT3” year.
- Please check the Person Specification carefully before applying.
- We strongly encourage all potential applicants to contact us for a chat and, if possible, to visit. Email Helen.Salter@wales.nhs.uk for general queries about the post and Pete.Williams@wales.nhs.uk for enquiries about PHEM; Linda Dykes the founder director of the Clinical Fellow programme is currently on secondment and can be contacted Linda.Dykes@wales.nhs.uk; contact Lana.Durrant@wales.nhs.uk to enquire about pay (if you aren’t already on the new English pay structure for trainees) or Richard.Griffiths5@wales.nhs.uk to discuss how the rota works if you have any particularly demanding requirements.
- We can also put you in touch with current and previous post-holders who are happy to discuss the job with you, warts and all: if you join our team for a year, we want you to be happy here.
- Application is by visiting NHS Jobs UK, website www.jobs.nhs.uk and following the instructions for on-line applications.
- If you are intending to take time out of your NTN on OOPE, please discuss your plans with your Training Programme Director as soon as possible.
- If you are interested in coming to us as an EM ST4-6 on OOPT (no activity time sadly, but all the other advantages!), please talk to us ASAP: in order to guarantee you a slot we would need to apply for, & be interviewed alongside, the potential Clinical Fellows.

General Requirements

This post is subject to the Terms and Conditions of employment of the Betsi Cadwaladr University Health Board.

Competence

You are responsible for limiting your actions to those that you feel competent to undertake. If you have any doubts about your competence during the course of your duties you should immediately speak to your Line Manager/Supervisor.

Registered Health Professional

All employees of the Health Board who are required to register with a professional body, to enable them to practice within their profession, are required to comply with their Code of Conduct and requirements of their professional registration.

Supervision
Where the appropriate professional organisation details a requirement in relation to supervision, it is the responsibility of the post holder to ensure compliance with this requirement. If you are in any doubt about the existence of such a requirement speak to your Manager.

**Risk Management**

It is a standard element of the role and responsibility of all staff of the Health Board that they fulfil a proactive role towards the management of risk in all of their actions. This entails the risk assessment of all situations, the taking of appropriate actions and reporting of all incidents, near misses and hazards.

**Health and Safety Requirements**

All employees of the Health Board have a statutory duty of care for their own personal safety and that of others who may be affected by their acts or omissions. Employees are required to co-operate with management to enable the Organisation to meet its own legal duties and to report any hazardous situations or defective equipment.

**Flexibility Statement**

The content of this Job Description represents an outline of the post only and is therefore not a final list of duties and responsibilities. The Job Description is therefore intended to be flexible and is subject to review and amendment in the light of changing circumstances, following consultation with the post holder.

**Confidentiality**

All employees of the Health Board are required to maintain the confidentiality of members of the public and members of staff in accordance with Health Board policies.

**Record Keeping**

All employees are responsible for ensuring Departmental and Health Board Records are created and maintained in accordance with the Health Board Policy.