**Divisional Lead - Role Description**

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| Role title | Divisional Lead |
| Qualification | A consultant practising in the specialty (or chosen to represent a group of specialties) with practising privileges at the Hospital. The consultant needs to have been on the GMC specialist register for a minimum of 5 years and needs to hold a full time NHS Consultant position. |
| Appointment process | Expressions of interest will be sought in response to a circulated advertisement which will set out the application process in more detail.  Suitably qualified applicants will be invited for interview and a further shortlisting procedure may apply.  The final decision on the appointment of a Specialty Lead is with the Medical Director, CEO and MAC Chair. |
| Reports to | Medical Director and MAC Chair |
| Key relationships | Consultants with practising privileges in the specialty or specialties represented; colleagues in nursing and professions allied to medicine; Medical Advisory Committee (MAC) colleagues; the Hospital Leadership team, particularly CEO, MD, Chief Nurse/Registered Manager (CN), Head of Consultant Business Development, Commercial Director; the Hospital Quality and Governance team |
| Term | 3 years, renewable |
| Principal responsibilities | * To provide overall medical representation for the specialty or group at the Hospital; * To provide specialist advice and challenge to the Hospital Leadership team; * To support the departmental managers with clinical advice for improvements and delivery of a safe service; * To take the lead in ensuring effective organisation of activities within the specialty, e.g. allocation of sessions (where appropriate), on call rotas, cover arrangements etc. When representing a group of specialties this may require liaison with a colleague from that specialty. * To represent his/her specialty colleagues on the MAC, and to participate in the overall management of the hospital as a member of that group; * To be the point of contact for his/her consultant colleagues in the specialty or specialty group for any issues or concerns that need to be raised with the MAC or the Hospital Leadership team; * To facilitate communication between consultants in the specialty or specialty group and the Hospital Leadership team; * To advise on the granting, renewal, modification or suspension of practising privileges for consultants in the specialty (if requested); * To provide advice on new clinical procedures and research proposals within the specialty or specialty group; * To provide medical Leadership to governance activities relating to the specialty or group, including reviewing and responding to incidents and complaints; * To work with the Consultant Liaison Team in developing and promoting the specialty as well as the wider the Hospital operations; * To take a lead in educational events and programmes in the specialty. |

**Division Leads**

Division Leads at the Hospital are a key element in clinician Leadership of the hospital. They are senior consultants within their specialty or specialty group, respected by their colleagues and committed to the development and success of the Hospital. They are selected by the MD, CEO and the MAC chair following a competitive interview process.

In larger specialties the Specialty Representative role may be held jointly by two consultants. The role is financially remunerated. It is recognised that the time available for the role is necessarily limited and that administrative support for some of its functions needs to be provided by the Hospital.

**Medical Advisory Committee (MAC)**

All Division Leads are members of the MAC. This meets between four and six times per year. Members are encouraged to attend every meeting unless unavoidably absent.

The Division Leads are expected to attend at least 75% of MAC meetings.

The role of the MAC is to provide medical advice to the Hospital Leadership team, medical oversight of clinical activity within the Hospital (particularly on issues of governance) and a forum for the exchange of information and opinion between consultants and management.

**Representation of the Specialty or Specialty Group**

The exact role and responsibilities of the Division Lead vary considerably depending on the nature and scale of the specialty or group. Some Specialty Representatives need to organise or ensure the provision of on-call rotas and cover arrangements. Some need to agree clinical protocols. Some need to agree procedures for imaging, theatre or catheter laboratory sessions. The principle is that the Specialty Representative accepts responsibility for whatever organisation is needed within the specialty or group, with the understanding that the Hospital provides any necessary administrative support. This involves close and effective working with nursing, theatre, imaging, laboratory, managerial and other staff as appropriate to the Specialty or Group.

**Governance**

The Division Lead accepts a considerable degree of responsibility for governance of the specialty or specialities within the division. This includes advising on practising privileges, new procedures and research proposals. It includes ensuring that the procedures and practices of the specialty or specialties are consistent with relevant national guidance, including from NICE (while allowing for safe and appropriate innovation). It involves advising on appropriate audit programmes for the clinical activity of the specialty or specialties, including collection of outcome data, with arrangements to review and learn from them. The role involves active participation in the investigation and review of incidents and complaints relating to the specialty or group, and individuals within the specialities, with dissemination of learning from these to his/her colleagues. It includes the development of action plans to deal with any identified shortcomings in the work of the specialty or group. It includes being part of the Hospital’s engagement with its regulators, particularly the Care Quality Commission (CQC). All of these activities are supported by the Hospital Leadership and Governance teams.

The Division Lead will actively support the Hospital on its ‘journey to outstanding’ CQC rating.

**Development and Marketing**

The Division Lead works closely with the Consultant Liaison team to develop and promote the specialty or specialties. He/she ensures even handedness amongst his/her colleagues in this, recognising that those most committed to the Hospital will receive the greatest degree of

promotion. The Division Lead may be identified as such in the Hospital marketing materials.

**Education and Research**

The role of the Division Lead includes encouraging education and audit/research activity within the specialty. He/she takes a leading role in planning educational programmes for GPs and others. Where appropriate he/she fosters links with clinical and academic partners. He/she ensures that research is conducted within the Hospital governance framework.

**Term of Office**

Division Leads are appointed for three years in the first instance. If they wish to do so, and if they retain the confidence of their colleagues, Division Leads may be reappointed for a second three year term.

A further renewal beyond a second term would always require a new competitive application and interview process.

**Remuneration**

Division Leads are being paid the sum of xxxxx pounds per annum. This sum shall cover the attendance at MAC meetings as well as the above list of responsibilities. It is estimated that the time requirement will be in the region of 1 hour each week but may vary in keeping with the nature of these positions.

**Divisions**

Initially, there will be a new divisional structure comprising the following divisions:

* Speciality Medicine (to include General Practice)
* Surgery
* Orthopaedics and MSK
* Women and Children
* Diagnostics and Pathology
* Anaesthetics