### JOB DESCRIPTION AND PERSON SPECIFICATION

**Job Description**

<table>
<thead>
<tr>
<th>Job title</th>
<th>Specialist Trainee (at ST3 entry level) in Medical Microbiology</th>
</tr>
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<tbody>
<tr>
<td>Reports to</td>
<td>Dr. John Paul</td>
</tr>
<tr>
<td>Centre/division</td>
<td>Microbiology Services Division</td>
</tr>
<tr>
<td>Location</td>
<td>HPA Microbiology Services Laboratory Southampton</td>
</tr>
<tr>
<td>Accountability</td>
<td>Dr. John Paul</td>
</tr>
<tr>
<td>Pay band</td>
<td>£30,992 - 46,708</td>
</tr>
<tr>
<td>Hours/Sessions per week</td>
<td>40</td>
</tr>
<tr>
<td>Job type (i.e. Fixed Term/Permanent)</td>
<td>Fixed Term</td>
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**Introduction**

The Health Protection Agency exists to help protect the health of everyone in the United Kingdom; our ambition is to lead the way by identifying, preparing for and responding to health threats and setting standards for health protection.

The Agency was established as a special health authority in 2003. On 1 April 2005, the Agency was established as a non-departmental public body with radiation protection as part of health protection incorporated in its remit.

The HPA comprises approximately 4,000 staff based in five main divisions – Microbiology Services; Health Protection Services; Biological Standards and Control (NIBSC); Centre for Radiation, Chemical and Environmental Hazards (CRCE) / HPA: Radiation, Chemical and Environment; and Corporate Services. Some staff in these divisions are based regionally throughout England and a few are located in Wales and Scotland working closely with the Devolved Administrations. There is a small central headquarters office based in Victoria, London. For more detailed information on each area please refer to **APPENDIX A**.

**HPA Microbiology Services Southampton**

The HPA Microbiology Services Southampton form part of the Wessex Deanery Medical Microbiology rotation and provides diagnostic laboratory support to the University Hospital Southampton Foundation Trust. It also provides diagnostic testing for public health microbiology purposes within the South Central SHA region and is
used by the local Health Protection Unit. As part of Microbiology Services the laboratory is used for public health microbiology testing when the need arises (e.g. swine flu diagnostic testing or Olympics 2012 public health microbiology testing).

JOB SUMMARY

Medical Microbiology Programme - Wessex Deanery

Outline of the programme

This is a 5 year training programme in Medical Microbiology at ST1-ST5 aimed at doctors who can demonstrate the essential competencies to enter this level of training. The programme is designed to support training for a CCT in Medical Microbiology. The programme is based in hospitals in the Wessex Deanery including:

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>LOCATION</th>
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<tbody>
<tr>
<td>Queen Alexandra Hospital</td>
<td>Portsmouth</td>
</tr>
<tr>
<td>University Hospital Southampton Foundation Trust</td>
<td>Southampton</td>
</tr>
<tr>
<td>Royal Hampshire County Hospital</td>
<td>Winchester</td>
</tr>
<tr>
<td>Basingstoke &amp; North Hampshire Foundation Trust</td>
<td>Basingstoke</td>
</tr>
</tbody>
</table>

Rotation Information

The Wessex Deanery training programme for Specialty Registrars in Microbiology is based on a rotation between the hospitals above. Winchester and Basingstoke hospitals are currently in the process of merging to become one trust. There is also a possibility of a Hampshire wide pathology consortium with two hubs for microbiology. It is important to allow some flexibility for those changes as it is difficult to fully anticipate what the effects on individual departments would be.

Trainees may start at any point within the rotation, dependent on availability of posts.

The expected date of CCT will be defined at appointment and progression to each year of the programme will be subject to passing appropriate Royal College of Pathologists examinations and satisfactory annual assessment. The date for annual assessment will be notified in advance and all trainees must attend.

The Specialty Registrar will be based at one of:

1. Health Protection Agency South East Regional Laboratory, Southampton General Hospital.
2. Department of Microbiology Queen Alexandra Hospital, Portsmouth
3. Department of Microbiology Royal Hampshire County Hospital, Winchester

Placements rotate annually between sites.

Study and Training
All posts within the training programme are recognised for postgraduate training by the Postgraduate Medical Education Training Board (PMETB) in accordance with their standards for training.

All posts have a service element and the following covers the majority of duties. There will be minor variations in different hospitals but the list is aimed at covering the majority of duties:

1. Liaise between nurses, F1 and F2 Doctors, patients, relatives and senior medical staff and document advice given.
2. Attend and participate in ward rounds as timetabled
3. Take part in rostered emergency work.
4. Study for higher examination and maintain continued professional development.
5. Attend weekly educational and multidisciplinary sessions.
6. Undertake audit at various times throughout the rotations.
7. Teach medical students as directed.
8. Attend relevant outpatient clinics when on special attachments.
9. Co-operate with members of the personnel department when monitoring hours of work and other personnel issues.
10. Attend induction in each hospital or new department
11. Comply with all local policies including dress code, annual and study leave

Trust Generic/Specialty Information

University Hospital Southampton Foundation Trust (UHSFT)

UHSFT has approximately 1400 beds mainly at SGH and Princess Anne Hospital. It functions as a District General Hospital and as a Regional / Supra-regional specialist hospital. Specialist units include Paediatric Oncology and Surgery, Neonatology, Cardiothoracic Surgery (including Paediatric), Neuro Surgery, and Eye Surgery. Other specialist work includes management of patients with Cystic Fibrosis, liver diseases, malignant disease (radiotherapy and bone marrow transplants) and complicated Orthopaedic Surgery. CHST has facilities for elderly care, psychiatric and psycho geriatric patients as well as acute facilities. The trust is designated as a Cancer Centre.

Southampton Health Protection Agency Laboratory

The regional HPA Microbiology Laboratory at Southampton is part of the Regional Microbiology Network of Health Protection Agency laboratories. The laboratory provides all clinical and diagnostic infection services to University Hospitals Southampton NHS Foundation Trust (UHSFT), Community Health Services Trust (CHST) and General Practices, via a contract. It also provides a wide range of diagnostic investigations to several hospitals in the region, including Winchester, Portsmouth, Basingstoke, Bournemouth, Jersey and the Isle of Wight. These investigations include qualitative and quantitative molecular tests such as HIV viral load (VL), HBV VL, HCV VL and genotyping, CMV VL and EBV VL as well as serological tests including those targeting blood borne viruses and syphilis. In addition, it has a wider remit to provide public health microbiology services across the South
East region. This supports Health Protection Units in their management of infection outbreaks in the community and supports individual Trusts in preventing healthcare-acquired infection. Regional HPA services based in Southampton include the Lyme Referral Unit, the HPA Regional Molecular Epidemiology Unit (Including the South East C. difficile ribotyping network typing Service and the Wessex Environmental Microbiology Service.

During 2009/10 510,000 specimens were received of which approximately 30% were from General Practice. The population covered by the laboratory’s catchment area is 480,000. A range of microbiological services is provided including bacteriology, virology, mycology and parasitology, and food and environmental microbiology. The molecular diagnostic service offers a wide range of diagnostic PCRs and surveillance assays to assist infection control.

The trainee will be exposed to a wide range of clinical and management problems and teaching of all staff groups is encouraged. Infection prevention is a key activity and the trainee will gain considerable exposure to this. There is an active Infection Control Team and the ST will contribute on a regular basis and contribute to the development and review of policies and infection control projects. There is access to research and microbiology training facilities in the University Microbiology Department. There are close links to Communicable Disease Control based at the Health Protection Unit and secondment is recommended.

In addition to General Medicine, Surgery, Obstetrics & Gynaecology and Paediatrics UHSFT offers the following specialist clinical areas that require microbiology liaison. Cardiothoracic surgery with intensive care, Cardiology, Haematology, Oncology, Bone Marrow Transplant Unit, Cystic Fibrosis Unit, Paediatric Intensive Care, Neonatal Intensive Care, General and Surgical Intensive Care, Neurosurgical Intensive Care and Wessex Neurosciences Centre, Trauma and Orthopaedics, Paediatric surgery, Hepato-biliary surgery, ENT, Maxillofacial surgery.

The training for STs consists of modular attachments lasting 2 months and cover available specialist microbiology areas. Each trainee should train in 2 specialty clinical areas as above in each module. The modular system also allows for flexibility and bespoke modules can be discussed with the local training lead. Modules such as laboratory skills and laboratory management are available and will be particularly useful for those trainees preparing for for part II FRCPath examination. Daily working within the module includes liaison of bacteraemias within the specialty (bedside and telephonic), telephonic advice for clinical enquiries, bed side consults where necessary, ward round attendance of at least 75% of consultant lead ward rounds and validation of laboratory results as well as prioritisation of relevant sample processing within the attached specialty modules. Flexibility to initiate additional liaison service exists and can be discussed with the local clinical or educational supervisor.

For each module learning goals and objectives will be formally recorded during an initial trainee and clinical supervisor meeting. At the end of the modular attachment a clinical supervisor report will be signed by trainees and clinical supervisors. This will summarise the achievements and where necessary outline concerns and additional training requirements with a plan to address any concerns. The clinical supervisor's
report in turn will inform the local educational supervisor (ES) lead consultant in completing the ES report for the trainees’ ARCP.

A bench skills programme is in place and offers regular bench practical training. Trainees within 9 months of part II FRCPath examination are eligible for this training. A mock practical is provided for local part II MRCPath candidates.

Tutorials cover relevant topics in microbiology and virology and are facilitated by microbiologists, virologist, biomedical and clinical scientists and, where possible, by other clinicians from relevant specialties. They are led by a trainee and should be accompanied by handouts for each session. These provide an active teaching opportunity for trainees. Other teaching opportunities include FY1 & 2 teaching sessions and lectures trainees can deliver. Furthermore there is an active undergraduate and postgraduate teaching centre at UHSFT which offers further opportunities for trainees to participate in teaching.

A project & research module is available for trainees to carry out research activities on discussion with the local educational lead. Trainees who wish to discuss a potential project in advance of an UHSFT placement are encouraged to contact the R&D lead at UHSFT.

UHSFT supports study leave to attend external educational courses, meetings and scientific conferences.

The curriculum states trainees should normally carry out one audit per annum. The department holds an audit schedule of relevant clinical, laboratory and/or patient safety audits enabling trainees to select from the schedule or alternatively generate their own audit proposal.

**Portsmouth Hospitals NHS Trust**

Portsmouth Hospitals NHS Trust provides acute health care services to a population of approximately 600,000 within the Portsmouth and South East Hampshire area. These services are provided from 1 site – Queen Alexandra Hospital in Cosham. PHT has approximately 1400 beds and provides a wide range of medical and surgical services including General Medicine including Critical Care, General Surgery including SHCU, Obstetrics, Gynaecology, Trauma and Orthopaedics, Ophthalmology, ENT, Maxillofacial surgery, Paediatrics including NICU, Cancer Services and Renal Medicine and Transplant Surgery.

The laboratory currently offers a wide range of bacteriological, virological, mycological and parasitological investigations. The laboratory undertakes a wide range of molecular diagnostic tests, including HIV and Hep C viral loads, Chlamydia and respiratory viruses. The current annual workload is approximately 510,000 tests of which acute hospital diagnostic work accounts for about 60%, work for General Practitioners about 30% and work for other trusts about 10%.

As a former Public Health Laboratory, the department is a Health Protection Agency Collaborating Laboratory. The Consultant Virologist is HPA employed and lead for HPA activities, though all the medical microbiologists are expected to support this role. The laboratory also provides some of the more complex investigations to other local
laboratories including Southampton, Basingstoke, Winchester, Chichester and the Isle of Wight.

The department maintains a library of up-to-date textbooks and subscribes to a number of leading journals. It participates in all relevant external quality assessment schemes and has active internal quality assurance and audit programmes. There is a close relationship with the Infection Control Department of PHT and with staff of the HPA. The laboratory is fully CPA accredited for its clinical work.

There are currently 2 full time and 2 part time Consultant medical microbiologists. There is also a full time consultant virologist.

Portsmouth offers the trainee a broad experience in clinical, laboratory, management and infection control issues. Trainees will be expected to become familiar with all aspects of routine clinical microbiology including bench work (3 month induction period) and clinical liaison. Day to day work will include dealing with positive blood cultures and other important isolates, advising clinical colleagues, including GPs, on all aspects of infection management, and authorising of lab results. There is ample opportunity for trainees to attend multidisciplinary antibiotic ward rounds with consultant supervision, and time is allocated for training in virology and Infection Control. There are opportunities for teaching and audit which are encouraged. Trainees are expected to participate in local tutorials and the monthly Wessex training programme. Study leave for attendance at external courses is supported. There is an active Postgraduate Centre at QAH and weekly Grand rounds.

**Royal Hampshire County Hospital, Winchester**

RHCH has about 400 acute beds including community and elderly care beds at the Andover War Memorial Hospital. RHCH services include general medicine, general surgery, accident and emergency, obstetrics, gynaecology, paediatrics (including a SCBU), orthopaedics, ophthalmology, ENT, vascular surgery, urology, limited oncology (outpatient chemotherapy unit), intensive care. The RHCH is an extended site of the Southampton University Medical School.

The microbiology department is sited at the RHCH and serves the Winchester and Eastleigh Health Care Trust (RHCH, Andover Hospital ), the mid Hampshire PCT (GPs in Andover, Winchester), GP’s in Eastleigh and rural areas and two Local Authorities. The department serves a population of about 230,000 and offers the following services:-

1. **Diagnostic:** Full range of bacteriology, mycology and virology. The laboratory process 219 000 tests annually. Trainees will be able to gain knowledge of specialist areas for medical microbiology – infection control, virology, mycology, parasitology and public health in a DGH

2. **Infection Control:** 3 WTE infection control nurses with work including surveillance, audit & training and environmental microbiology. Trainees are able and encouraged to attend weekly Infection Control Team, Infection Control Committee and outbreak meetings, and to get involved with root cause analyses as part of clinical governance and patient safety.
3. Clinical: There is a daily ward round of patients with infectious diseases. All patients with positive blood cultures are reviewed. ITU is visited daily. Other patients are referred by other specialty teams. There is a weekly antibiotic ward round with microbiology consultants and antimicrobial pharmacist. A small outpatient clinic sees patients with a variety of infections, most commonly soft tissue infection, Lyme disease, travel-associated infection.

4. Training opportunities for trainees in microbiology at RHCH include general practice, general medicine, surgical infections, infections in pregnancy, genitourinary tract infection, infection prevention/ control and infection in travellers.

Trainees will be encouraged to develop their presentation and communication skills and there are opportunities for trainees to become a part of the teaching team which teaches medical students. The trainees will also be involved in supervising and training of Foundation year 2 doctors in microbiology. There are opportunities for trainee involvement in pathology and NHS management.

Trainees are encouraged to develop a life-long habits of reading, literature searches, consultation with colleagues, reflective practice, attendance at scientific meetings and the presentation of scientific work are promoted as essential for continuing professional development (CPD). We participate in the weekly medical education unit meetings and microbiology trainees are encouraged to present case reports and audits. RHCH has a very active postgraduate centre and library. A clinical skills room has been be opened as part of the medical school.

Basingstoke & North Hampshire Foundation Trust:

The Hospital: has 500 beds in total for acute medical, surgical, orthopaedic, maternity, gynaecology and child health patients. It has a very busy accident and emergency department and a treatment and diagnostic centre attached to the main building. The treatment centre is fully equipped to provide day surgery and endoscopy and has a short stay ward. The surgical unit includes tertiary referral centres for pseudomyxoma and liver resection surgery. There is also a large haemophilia centre. There are two community hospitals in Basingstoke and an in patient psychiatric unit. The laboratory covers all three

Department of Microbiology: The laboratory at Basingstoke is CPA accredited and is equipped to a high standard with BACT/ALERT 3D system including automated TB culture, a VIDAS and T4 for automated serology, a COBAS Amplicor for chlamydia screening and Vitek for identification and antibiotic sensitivity testing.

The Department currently receives approximately 300,000 requests per year covering a full range of investigations in bacteriology, mycology, serology, parasitology, virology and PCR based testing through its in-house facilities and links to referral centres.

It provides a 24 hour, 7 day urgent service for rapid clinical decision making. There are three consultant microbiologists in the department, a senior biomedical scientist (BMS) who is also the lab manager, 10 BMS, 4 medical laboratory assistance and 4 office/clerical staff.
The microbiology consultants provide a full clinical service for primary care and hospital staff. There are daily ward rounds to ITU and Acute admissions unit, weekly orthopaedic and elderly care rounds and twice weekly antibiotic rounds. Consultants participate in MDTs including Haematology and TB and are actively involved in all aspects of antibiotic prescribing and infection control with nominated leads. The department is actively involved in audits and service improvement projects and currently undertaking trials of procalcitonin use in guiding antibiotic therapy, MSSA eradication in elective orthopaedics, HAP related mortality audit and ESBL patterns in the community. There are designated leads for each project and the department is looking to expand clinical services further by setting up an OPAT service and orthopaedic infection out patients’ clinics.

**Infection prevention and control:** The infection control team is linked to the microbiology department and has daily meetings with the microbiologists. The team consists of two nurses, surveillance officer, senior i.v nurse specialist, the antibiotic pharmacist and two HCAs. They have formal meetings every two weeks and there are quarterly infection control committee meetings.

The department has close links with RHCH microbiology department with shared on call and the two trusts are in the process of merging.

**Training opportunities:**
In the lab there is an opportunity for wide exposure to a full range of microbiology samples as well as access to training resources and access to training organisms. Due to the relatively small size of the department there is a close working relationship between lab and consultant staff. The lab deals with complex surgical cases from the tertiary colorectal unit as well as DGH type samples. There are good opportunities for liaison with primary care and hospital staff.

Postgraduate Medical Education

During each part of the rotation scheme, Specialty Registrars will be required to further their education both personally and collectively. There will be opportunities for attending courses subject to Study Leave being granted by the employing Trust. Regular training days occur twice/months for all trainees within the region and all trainees are expected to attend.

**Study leave**

The employer is expected to offer study leave in accordance with paragraphs 250 – 254 of the TCS. Local policy and procedure will be explained at induction.

**Educational supervisor**

Educational supervisors are chosen by the educational lead for each department. A system of one educational supervisor per placement is currently being trialled instead of one educational supervisor for the duration of specialist training.

**Managing curriculum implementation**
The STC agreed in June 10 to convene a sub group of educational leads, the specialty manager, trainee representative and the Programme director to map the curriculum to the rotation within this programme. The finished document will be submitted to the STC for approval.

The curriculum outlines the minimum medical microbiology and virology training requirements for delivery in a regional training programme. It guides educational supervisors and trainees as to what is required to deliver the curriculum in the learning and assessment methods required for satisfactory completion of training. However, it is not detailed enough and doesn’t account for rotation between different placements. This document is designed to bridge those gaps.

It is the responsibility of the educational lead of a particular placement or attachment within the programme to ensure that the training delivered in their post meets the requirements of the relevant section(s) of the curriculum. The educational supervisor must undertake regular educational appraisal with his/her trainee(s), at the beginning, middle and end of every year of training, to ensure structured and goal-oriented delivery of training.

Trainees must register with The Royal College of Pathologists on appointment to a medical microbiology or virology training programme or if they are appointed to a Locum Appointment for Training (LAT) or Fixed Term Specialty Training Appointment (FTSTA).

It is the trainee’s responsibility to familiarise him/herself with the curriculum and assessment requirements both for the satisfactory completion of each stage of training and the award of the CCT. They must be familiar with all aspects of the assessment system; workplace based assessment including multi-source feedback, the Year 1 Medical Microbiology and Virology Assessment and the FRCPath examination.

It is the trainee’s responsibility to ensure that they apply in good time for any assessments and examinations that demand an application. Trainees must also make appropriate use of the LEPT system and e-learning.

**Learning methods**

a. Observation of, assisting and discussion with senior medical staff.
b. Working under consultant supervision.
c. Task specific on the job training.
d. Observation of laboratory methods.
e. Discussion with clinical scientists and senior BMS staff.
f. Practical bench work.
g. Personal study.
h. Appropriate postgraduate education courses.
i. Tailored clinical experience.
j. Laboratory and clinical team and directorate meetings.
k. Discussion with Infection Control Nurses, DIPC, and/or a Consultant in Communicable Disease Control (CCDC)/CHP and/or Regional Epidemiologist (RE).
l. Attendance at and participation in relevant Trust committees.
m. Attending training available through equipment and kit manufacturers.

n. Attending ward round and multidisciplinary team meetings and telephone advice to clinicians.

o. Teaching undergraduates and other health professionals.

p. Awareness of appropriate guidelines.

q. Attending regional, national and international medical or scientific conferences.

r. Interaction with/attachment to specialist reference laboratories.

s. E-learning.

The curriculum:
Each section of the curriculum outlines the knowledge, skills and attitudes that must be obtained by the trainee in order to successfully complete training. During their training, it is expected that the trainee will progress through four stages of training, as outlined below. This document aims to map the curriculum to the rotation and does not repeat or include all the details that are in the curriculum. It is the responsibility of the trainees to ensure all the details of the curriculum are included in their training and learning agreements.

Assessment of progress to competence

<table>
<thead>
<tr>
<th>Stage</th>
<th>Introductory</th>
<th>The trainee has comprehensive understanding of principles and practises under direct supervision. Pre OSPE</th>
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<tr>
<td>Stage B</td>
<td>Intermediate</td>
<td>The trainee has a good general knowledge and understanding of most principles and practises under indirect supervision. He/she should be able to deal with most of the day-to-day issues in a hospital microbiology or virology laboratory to an adequate level but will still require significant consultant input with regard to complex management and clinical issues. Pre FRCPath Part 1</td>
</tr>
<tr>
<td>Stage C</td>
<td>Intermediate</td>
<td>The trainee has a good general knowledge and understanding of most principles and practises under indirect supervision. He/she should be able to deal with most of the day-to-day issues in a hospital microbiology or virology laboratory to an adequate level with consultant backup with regard to complex management and clinical issues. Post FRCPath Part 1 and pre Part 2</td>
</tr>
<tr>
<td>Stage D</td>
<td>Independent</td>
<td>The trainee has an in-depth knowledge and understanding of principles of infection investigation and treatment. He/she should be competent to discuss and deal with the subject (or, where appropriate, perform the task/procedure), demonstrating a level of clinical or professional judgement commensurate with independent practice at</td>
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consultant level. It is anticipated that a trainee at this level should have consultant input readily available at all times where required.

Post FRCPath part 2

Assessment tools per stage:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Assessment tool</th>
</tr>
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<tbody>
<tr>
<td>A</td>
<td>OSPE, ARCP, EDUCATIONAL SUPERVISORS REPORT, WPBA (6 DOPS &amp; 6 CBD)</td>
</tr>
<tr>
<td>B</td>
<td>FRCPath part I, ARCP, EDUCATIONAL SUPERVISORS REPORT, WPBA (6 DOPS, 6 CBD &amp; 1 MSF)</td>
</tr>
<tr>
<td>C</td>
<td>FRCPath part II, ARCP, EDUCATIONAL SUPERVISORS REPORT, WPBA (6 DOPS, 6 CBD &amp; 1 MSF)</td>
</tr>
<tr>
<td>D</td>
<td>ARCP, EDUCATIONAL SUPERVISORS REPORT, WPBA (6 DOPS, 6 CBD &amp; 1 MSF)</td>
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Communication and key working relationships

Internal

- Communication with local colleagues at MS Southampton (includes consultant medical microbiologists, other medical microbiology trainees, biomedical scientist, clinical scientist and biomedical support worker staff as well as ancillary staff present.
- The trainee will work with his/her assigned clinical supervisor for a predefined period of time when based at MS Southampton.
- The trainee will conduct regular appraisals with the Educational Supervisor Lead
- Case management of patients will rest with the assigned clinical supervisor or his/her deputy during a period of absence

External
• Different communication and key working relationships may apply when placed in other parts of the Wessex rotation
• When seconded to other HPA centers for training e.g. MS Colindale or Center for Infection communication and key working relationships of those particular centers apply
• The Regional Microbiologist has oversight of this post and regular communication is recommended

MAIN DUTIES AND RESPONSIBILITIES

Other

• The above is only an outline of the tasks, responsibilities and outcomes required of the role. You will carry out any other duties as may reasonably be required by your line manager.
• The job description and person specification may be reviewed on an ongoing basis in accordance with the changing needs of the division and the HPA.
• It should be noted that the work of the division is of a confidential nature and must not be communicated to other persons except where required for authorised purposes.

Professional development

• You should pursue a programme of continuous professional development in accordance with any relevant professional registration or statutory requirements, whilst maintaining appropriate awareness of service provider requirements.

Please note the additional information in Appendix B
This job description and person specification is subject to regular review dependent on the needs of the service and the developmental needs of the post holder. It complies with the RCPPath ST3 entry level requirements modified for pure Medical Microbiology. Please note core competencies in Appendix C

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<th>Person Specification</th>
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<tr>
<td>Post</td>
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<td>Centre/Division</td>
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### Entry Criteria

<table>
<thead>
<tr>
<th>Factors</th>
<th>Essential Criteria</th>
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| E1 Eligibility | • Eligible for full registration with GMC at time of appointment and hold a current licence to practice  
• Evidence of achievement of Foundation competencies from a UKFPO affiliated Foundation Programme or equivalent by time of appointment in line with GMC standards/ Good Medical Practice including:  
1. Make the care of your patient first concern  
2. Protect and promote the health of patients and the public  
3. Provide a good standard of practice and care  
4. Treat patients as individuals and respect their dignity  
5. Work in partnership with patients  
6. Be honest and open and act with integrity  
• Evidence of achievement of CT/ST1 competencies in medicine at time of application & CT/ST2 competencies in medicine (as defined by the curricula relating to Core Medical training) by the commencement of the ST3 training post (August 2012 or later), supported by evidence from work-based assessments of clinical performance (DOPS, Mini-CEX, CBD, ACAT) and Multi-Source Feedback or equivalent, ARCP or equivalent  
• Eligibility to work in the UK  
• Not previously relinquished, released or removed from training programme in this specialty except under exceptional circumstances |

Updated October 2011 (Numbering only)
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<tr>
<th>Factors</th>
<th>Essential Criteria</th>
<th>How Evidenced*</th>
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<tbody>
<tr>
<td>E2 Qualifications</td>
<td>• MBBS or equivalent medical qualification</td>
<td>A</td>
</tr>
<tr>
<td>E3 Fitness to Practice</td>
<td>Is up to date and fit to practice safely</td>
<td>A</td>
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| E4 Language Skills   | • All applicants to have demonstrable skills in written and spoken English adequate to enable effective communication about medical topics with patients and colleagues demonstrated by one of the following:  
  1. that applicants have undertaken undergraduate medical training in English or  
  2. have achieved the following scores in the academic International English Language Testing System (IELTS) in a single sitting within 24 months at time of application – Overall 7, Speaking 7, Listening 7, Reading 7, Writing 7  
If applicants believe they have adequate communication skills but do not fit into one of these example they must provide supporting evidence                                                                 |                |
| E5 Health            | Meets professional health requirements (in line with GMC standards/Good Medical Practice)                                                                                                                                               |                |
| E6 Career Progression| • Ability to provide complete details of employment history  
• Evidence that career progression is consistent with personal circumstances  
• Evidence that present achievement and performance is commensurate with totality of period of ST3 training  
• At least 24 months experience in medicine or an ACCS programme or equivalent (not including Foundation modules) by the time of commencement of ST3 training |                |
<table>
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<tr>
<th>Selection Criteria</th>
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<tbody>
<tr>
<td><strong>Factors</strong></td>
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<tr>
<td><strong>S1 Qualifications</strong></td>
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<tr>
<td><strong>S2 Career Progression</strong></td>
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<tr>
<td><strong>S3 Clinical Experience (General)</strong></td>
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- MRCP (UK) Part 1 or equivalent at time of application
- MRCPath (UK) Part 1 or equivalent at time of application
- MRCP (UK) full diploma or equivalent by time of appointment
- Experience at ST1 or 2 level of managing patients with infectious disease by the time of commencement of ST3 training
- Experience of laboratory work (including research) relevant to medical microbiology/virology
| S4 Clinical Skills (Clinical Knowledge & Expertise) | • Appropriate knowledge base and ability to apply sound clinical judgement to problems  
• Awareness of the basics of managing patients with an infectious component to their illness including an awareness of the laboratory skies related to microbiology/virology  
• Able to demonstrate proficiency in a range of medical procedures as an indication of manual dexterity and hand-eye coordination  
• Evidence of competence in management of medical emergencies and in-patients through continuous work-based assessments, portfolio evidence, including log book documentation if applicable  
• Evidence of competence to work without direct supervision where appropriate | A,I  
A,I  
A,I  
A,I  
A,I  
A,I | • Demonstrate current ALS certification or equivalent  
• Demonstrates ability in managing common acute and chronic infectious conditions, including emergencies and laboratory skills related to microbiology/virology  
• Evidence of some competencies in the specialty as defined by the relevant curricula  
• Evidence of skills in the management of acute medical emergencies (e.g. ALERT, IMPACT certification) | A,I  
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<table>
<thead>
<tr>
<th>S5 Academic skills (research, audit, teaching etc.)</th>
<th><strong>Research &amp; Audit skills:</strong></th>
<th><strong>Teaching:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Demonstrates understanding of research, including awareness of ethical issues</td>
<td>• Evidence of teaching experience and/or training in teaching</td>
</tr>
<tr>
<td></td>
<td>• Demonstrates understanding of the basic principles of audit, clinical risk management, evidence based practice, patient safety and clinical quality improvement initiatives</td>
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<tr>
<td></td>
<td>• Demonstrates knowledge of evidence-informed practice</td>
<td></td>
</tr>
</tbody>
</table>

**Teaching:**

- Evidence of teaching experience and/or training in teaching

**Research & Audit skills:**

- Demonstrates an understanding of research methodology
- Evidence of relevant academic & research achievements and involvement in a formal research project
- Evidence of relevant academic publications
- Evidence of involvement in an audit project, formal research project or other activity
  1. focussing on patient safety and clinical improvement
  2. that in addition to the mandatory curriculum demonstrates an interest in and commitment to the specialty
- Evidence of a portfolio of audit projects including where the audit loop has been closed and there is evidence of learning of the principles of change management
- Demonstrates an understanding of clinical governance
- Evidence of exceptional achievement in medicine
- Evidence of involvement in teaching students, postgraduates and other professionals, with feedback
- Evidence of participation in a teaching course
<table>
<thead>
<tr>
<th>S5 Personal Skills</th>
<th>Communication Skills:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Demonstrates clarity in written/spoken communication &amp; capacity to adapt language as appropriate to the situation</td>
</tr>
<tr>
<td></td>
<td>• Able to build rapport, listen, persuade &amp; negotiate</td>
</tr>
<tr>
<td></td>
<td><strong>Problem Solving &amp; Decision Making:</strong></td>
</tr>
<tr>
<td></td>
<td>• Capacity to use logical/lateral thinking to solve problems/make decisions, indicating an analytical scientific approach</td>
</tr>
<tr>
<td></td>
<td><strong>Empathy &amp; Sensitivity</strong></td>
</tr>
<tr>
<td></td>
<td>• Capacity to take in others’ perspectives and treat others with understanding; sees patients as people</td>
</tr>
<tr>
<td></td>
<td>• Demonstrates respect for all</td>
</tr>
<tr>
<td></td>
<td><strong>Managing Others &amp; Team Involvement</strong></td>
</tr>
<tr>
<td></td>
<td>• Able to work in multi-professional teams &amp; supervise junior medical staff</td>
</tr>
<tr>
<td></td>
<td>• Ability to show leadership, make decisions, organise and motivate other team members for the benefit of patients through, for example, audit and quality improvement projects</td>
</tr>
<tr>
<td></td>
<td>• Capacity to work effectively with others</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Management and Leadership Skills:</th>
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</thead>
<tbody>
<tr>
<td>• Evidence of involvement in management commensurate with experience</td>
</tr>
<tr>
<td>• Demonstrates an understanding of NHS management and resources</td>
</tr>
<tr>
<td>• Evidence of effective multidisciplinary team working and leadership supported by multi-source feedback or other workplace-based assessments</td>
</tr>
<tr>
<td>• Evidence of effective leadership in an outside medicine</td>
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<thead>
<tr>
<th>IT Skills:</th>
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</thead>
<tbody>
<tr>
<td>• Demonstrates information technology skills</td>
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</table>

<table>
<thead>
<tr>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Evidence of achievement outside medicine</td>
</tr>
<tr>
<td>• Evidence of altruistic behaviour e.g. voluntary work</td>
</tr>
<tr>
<td>Organisation &amp; Planning:</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>• Capacity to manage/prioritise time and information effectively</td>
</tr>
<tr>
<td>• Capacity to prioritise own workload &amp; organise ward rounds</td>
</tr>
<tr>
<td>• Evidence of thoroughness (is well prepared, shows self-discipline/commitment, is punctual and meets deadlines)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vigilance &amp; Situational</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Capacity to monitor developing situations and anticipate issues</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vigilance &amp; Awareness:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Capacity to monitor developing situations and anticipate issues</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coping with Pressure and managing uncertainty:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Capacity to operate under pressure</td>
</tr>
<tr>
<td>• Demonstrates initiative &amp; resilience to cope with changing circumstances</td>
</tr>
<tr>
<td>• Is able to deliver good clinical care in the face of uncertainty</td>
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<table>
<thead>
<tr>
<th>S6 Probity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Integrity:</td>
</tr>
<tr>
<td>S7 Commitment to Specialty</td>
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<tr>
<td>---------------------------</td>
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</tbody>
</table>

**Key**  
A = Application Form  
I = Interview  
T = Test
Appendix A

Corporate Services (CS)

The Health Protection Agency is currently supported by five divisions providing corporate services, which operate across all the whole of the Agency.

Finance and Resources

The Division's aim is to provide the agency with efficient, effective and economic financial and resource management services to enable the Agency to achieve its strategic goals, as well as supporting the Chief Executive's Office and the Board, and taking the lead on a number of general activities such as governance and health and safety issues.

Human Resources

Effective people management is central to the vision and strategic aims of the agency and the HR Division exists to provide the necessary expert advice and streamlined administrative processes to all managers and staff to enable the agency's workforce to meet its challenging health protection outcomes.

Communications

The Division supports and protects the Agency's reputation as a trusted, reliable and independent source of expert health protection advice for the public, the media and professionals in the fields of health and science.

Research and Development

The Division is responsible for facilitating, stimulating and monitoring the HPA's R&D activities. The R&D Director is also the Director of the NIHR Centre for Health Protection Research, though which comes most of the Department of Health’s support for the Agency's R&D. The Division provides advice, funding information and guidance on research matters to HPA staff and their collaborators.

Training needs and help in protecting intellectual property and rolling out new technologies is also provided and the Division provides a first point of contact between the Agency and Government departments and their agencies. The division is also responsible for management of the HPA libraries.

Public Health Strategy

The Division coordinates public health strategy across the Agency, covering clinical and health protection governance, knowledge management, professional development and health protection training, international health, health economics and quantitative methodology (proposed), building epidemiological capacity and CBRN (bio-security) policy. In addition the Director acts as medical director for the Agency and chairs the Influenza and Respiratory Virus Programme Board.
Following consultation during April 2010, and subsequently agreement by the Executive Group and the National Joint Staffing Committee, it was agreed that the Health Protection Agency would comprise four groups. There is further consultation required on the exact structure and function of these groups, but they will include the following.

**Microbiology Services**

Microbiology Services is a newly established division of the HPA. The division brings together all of the microbiology laboratory services and activities from the former Centre for Infections (CfI), the former Regional Microbiology Network (RMN) and the former Centre for Emergency Preparedness and Response (CEPR). It also includes Development and Production based at CEPR. There are approximately 1810 WTEs in the division.

The services provided by the division include specialist and reference public health microbiology and diagnostic microbiology and food, water and environmental microbiology.

There is also research and development underpinning these services and significant contract research and development activities. A national public health microbiology strategy which was endorsed by the HPA Board in October 2010 will be the foundation for the work of the new division.

**Health Protection Services**

This Division will comprise two nationally organised services each with their own head: LaRS and a new National Epidemiology Service. Combining these services into one grouping will facilitate and reinforce close team working among those with the skills relevant to delivering effective and consistent responses to significant health protection threats. LaRS currently provides support to the front line response by coordinating services at the regional and local level. It is a source of specialist advice and operational support and by contributing actively to policy making and implementation in partnership with other HPA divisions and externally with the National Health Service (NHS), local authorities and other agencies.

**Biological Standards and Control (NIBSC)**

The Division’s mission is to assure the quality of biological medicines. At the heart of the work is the preparation, storage and worldwide distribution of World Health Organisation international standards and reference materials to provide benchmarks for product quality. In addition NIBSC provides testing services as the UK’s Official Medicines Control Laboratory to ensure compliance with product specifications. These activities and advice provided by NIBSC are underpinned by leading edge scientific research covering a wide range of scientific disciplines.
Centre for Radiation, Chemical and Environmental Hazards (CRCE) / HPA: Radiation, Chemical and Environment

The Centre for Radiation, Chemical and Environmental Hazards has its headquarters at Chilton.

CRCE brings together HPA specialist expertise in radiation, chemical and environmental hazards into a single management unit. CRCE is uniquely placed to develop its expertise, building on synergies, and aims to become a beacon for evidence-based public health advice for protection from hazards in the environment, including radiation, chemicals, poisons and extreme weather events. CRCE employees are also based at other locations across the UK.
Appendix B

Additional Information

Confidentiality

During the course of your employment you may have access to, see or hear information of a confidential nature and you are required not to disclose such information, particularly that relating to service users and staff.

In order to comply with the Data Protection Act 1998 you must not at any time use personal data held by the HPA for any unauthorised purpose or disclose such as data to a third party.

You must not make any disclosure to any unauthorised person or use any confidential information relating to the business affairs of the Agency, unless expressly authorised to do so by the Agency

Health and safety

You must co-operate with management in discharging its responsibilities under the Health and Safety at Work Act 1974 and take reasonable health and safety of yourself and others and ensure the agreed safety procedures are carried out to maintain a safe environment for service users, employees and visitors.

Centre/divisional directors - are responsible for co-ordinating health and safety activities in their centres/divisions and will determine the necessary management structure and arrangements. Directors will ensure that their actions and decisions at work reinforce the requirements of HPA’s health and safety policy and arrangements.

Managers - are responsible for implementing the Agency's health and safety policies and arrangements and for ensuring that risk assessments, safe systems of work, control measures and staff training are up to date and effective. Managers will inspect premises, ensure accidents and incidents are reported/investigated and assist in auditing health and safety management arrangements.

All staff must comply with any health and safety training: report all accidents, incidents, illnesses and untoward occurrences to line management without undue delay and must not interfere with or misuse anything provided in the interest of the health, safety and welfare of other employees.

Data Management

If you line manage staff and one of those staff members is a ‘system owner’ of an HPA database, you will become the new system owner if that member of staff leaves the Agency and no other measures have been put in place and documented.
Diversity

You are at all times required to carry out your responsibilities with due regard to the Agency's diversity policy and to ensure that staff receive equal treatment throughout their employment with the HPA.

Risk management

All staff have a responsibility to report all clinical and non-clinical accidents or incidents promptly and, when requested, to co-operate with any investigation undertaken.

Conflict of interests

HPA employees must not engage in outside employment that conflicts with their HPA work, or is detrimental to it. In accordance with the HPA's Conflict of Interest policy, you must inform your manager if there is the possibility of a conflict of interest and register the interest where appropriate.

In addition, the Policy requires you to declare all situations where you or a close relative or associate has a controlling interest in a business (such as a private company, public or voluntary organisation) or in any activity which may compete for any contract to supply goods or services to the HPA. You must register such interests with the HPA, either on appointment or whenever such interests are acquired. You should not engage in these activities without the written consent of the HPA, which will not be withheld unreasonably. It is your responsibility to ensure that you are not placed in a position that may give rise to a conflict between your private interest and your HPA duties.

Code of conduct for professionally qualified staff groups

All staff are required to work in accordance with their professional group’s code of conduct (e.g. NMC, GMC, Department of Health Code of Conduct for Senior Managers, CIPD, etc).

Criminal Record Bureau Checks (if applicable)

If the post holder is required to have contact with vulnerable adults or persons under the age of 18 then the post holder will be subject to a criminal record check from the Criminal Records Bureau prior to the appointment being confirmed. The disclosure will include details of cautions, reprimands, and final warnings, as well as convictions if applicable.

Appraisal

All staff are required to partake in a joint annual review of their work. The process is described in the Human Resources Handbook found on the HPA intranet.
Values and Behaviours

The HPA has developed and published a clear vision for the direction of the organisation. A set of values and behaviours have also been developed and agreed to underpin this vision and these are listed below. Applicants and employees will be expected to demonstrate an understanding of and commitment to these values and behaviours, which will be assessed through the recruitment, selection and appraisal processes.

Our values

Striving for excellence
We strive for excellence and professionalism in all our activities to ensure we are respected and recognised as an expert organisation by the health and scientific community and by the public.

Respecting others
We respect and value our staff as the cornerstone of the Agency’s success, we manage them fairly and we value our diversity as a source of strength.

Innovation
We strive for continuous improvement and innovation in all aspects of our work and measure ourselves against the best in health protection.

Integrity
We demonstrate open, honest and ethical behaviour in all our interactions, operating within clearly defined levels of accountability and authority.

Focus on quality service
We are committed to meeting the needs of those we serve and work with by delivering the highest quality of service.

Behaviours

For all staff:

- Be an effective team worker, demonstrating respect for others and valuing diversity
- Take personal responsibility, learning from experience and sharing knowledge
- Focus on agreed outcomes and the needs of those we serve and work with
- Be flexible and positive about change
- Be aware of the impact of our own behaviour on others

In addition, for those staff with the responsibility for managing others:

- Give clear leadership to staff, leading by example and setting high standards
- Communicate often and clearly – face to face where possible
• Value and recognise the ideas and contributions of all team members, thanking them for their input and delegating work to develop them and realise their potential
• Ensure that resources and priorities are balanced appropriately
• Give regular feedback on performance and manage poor performance effectively
## Core competencies for all staff (A)

**Description** - The HPA expects all its staff to be aware of the impact they have on others, adopting a flexible approach that focuses on outcomes. Staff need to be effective team workers who take personal responsibility for their work.

### Requirements

<table>
<thead>
<tr>
<th>Behaviours for all staff</th>
<th>Essential - High performing HPA staff......</th>
<th>Desirable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Take personal responsibility for their work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Learn from their experience</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Share knowledge with others</td>
<td></td>
</tr>
</tbody>
</table>

**Focus on agreed outcomes**

- Focus on agreed outcomes, always meeting agreed deadlines
- Ensure all work meets the needs of those whom the HPA serves and works with
- Work within own limits of competence, responsibility, accountability, legislation and policies and procedures
- Prioritise own workload and use resources efficiently to maintain and improve quality
- Monitor quality in their own area, alerting others if quality issues arise.
- Takes appropriate action when persistent quality issues arise.

**Flexible and positive about change**

- Are flexible and positive about change
- Actively contribute to, or lead change initiatives
- Work cross functionally to ensure change initiatives are successful

**Aware of impact of behaviour on others**

- Demonstrate an awareness of the impact of their behaviour on others
- Understand the likely implications and impact of their emotions, both on self and others, in a range of situations
- Are aware of their own strengths and weaknesses, absorbing feedback and criticism constructively
- Manage their own energy effectively, pacing their efforts for the long haul.

**Other additional core competencies**

**Effective communication**

- Communicate effectively with a range of people on a range of matters in line with HPA policies and processes
- Use communication skills appropriate to the situation and the outcome required, taking into account any potential barriers to communication
- Encourage others to actively participate in communication
- Keep accurate, appropriate records in line with legislation and HPA policies and processes

**Personal and people**

- Reflect and evaluate how well they are applying knowledge
<table>
<thead>
<tr>
<th>Development</th>
<th>and skills to meet current and emerging work needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Identify own development needs, setting personal</td>
</tr>
<tr>
<td></td>
<td>development plans in discussion with their reviewer</td>
</tr>
<tr>
<td></td>
<td>• Take responsibility for their own personal development</td>
</tr>
<tr>
<td></td>
<td>• Make effective use of development opportunities within and</td>
</tr>
<tr>
<td></td>
<td>outside the workplace</td>
</tr>
<tr>
<td></td>
<td>• Support and contribute to others to develop and encourage</td>
</tr>
<tr>
<td></td>
<td>them to apply their knowledge and skills</td>
</tr>
<tr>
<td></td>
<td>• Actively participate in their appraisal</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Health, safety and security</th>
<th>Identify and assess the potential risks involved in work activities for self and others</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Identify how to best manage the risks</td>
</tr>
<tr>
<td></td>
<td>• Undertake work activities in compliance with risk assessments, legislation, policies and HPA procedures</td>
</tr>
<tr>
<td></td>
<td>• Take appropriate action to manage potential risks and emergencies, summoning assistance immediately if it is necessary</td>
</tr>
<tr>
<td></td>
<td>• Support others in maintaining a healthy, safe and secure working environment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service improvement</th>
<th>Are aware of how HPA policies and strategies impact on:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• current practice</td>
</tr>
<tr>
<td></td>
<td>• future practice</td>
</tr>
<tr>
<td></td>
<td>• individual and team work</td>
</tr>
<tr>
<td></td>
<td>• Agree the changes required and work constructively to implement them</td>
</tr>
<tr>
<td></td>
<td>• Support others in understanding the need for change</td>
</tr>
<tr>
<td></td>
<td>• Evaluate own and others' work if required to improve service provision</td>
</tr>
<tr>
<td></td>
<td>• Make constructive suggestions about how services can be improved</td>
</tr>
</tbody>
</table>

### Core management and leadership competencies (B)

**Description** - The HPA expects all managers to provide clear leadership for staff, communicate with others frequently, managing, valuing and recognise team members, and managing resources. They need to be politically astute, using strategic influencing skills to drive change and get results in collaboration with others. They need to manage themselves effectively, undertaking appropriate development activities to increase their effectiveness.

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Essential - <em>High performing HPA managers</em>....</th>
<th>Desirable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide clear leadership</td>
<td>• Provide clear leadership to staff by:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• communicating their visions in an engaging manner</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• creating momentum and excitement by bringing visions alive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• making timely decisions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• leading by example</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Setting high standards</td>
<td></td>
</tr>
<tr>
<td>Communicate often and clearly</td>
<td>• Communicate with others often and clearly:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• face to face where possible</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• ensure presentations are well researched, structured, and pitched at an appropriate level</td>
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</tr>
</tbody>
</table>
| **Value and recognise contributions of team members** | Value and recognises the ideas and contributions of all team members  
  - Thank team members for their input  
  - Delegate work to develop team members and help them realise their potential  
  - Promote the value of quality approaches to team members  
  - Support and encourage team members to understand why change is needed to improve services and practices  
  - Identify individual staff members’ interests, talents and aspirations  
  - Allocate tasks in a way that maximises individual and team performance  
  - Involve staff in workforce planning  
  - Support and develop staff |
| **Balance resources and priorities** | Ensure that resources and priorities are balanced appropriately by:  
  - identifying customer/client needs and priorities  
  - identifying current and future resource requirements  
  - develop budget plans in consultation with others  
  - secure and manage funds and budgets  
  - manage and monitor budgets and funding  
  - Improve others’ financial knowledge and skills |
| **Manage performance** | Set staff SMART objectives, targets and performance expectations  
  - Provide staff with regular feedback on performance  
  - Hold staff members accountable for delivering their own goals  
  - Manage poor performance effectively |

**Additional management and leadership competencies**

| **Deliver projects and services** | Communicate effectively with stakeholders, identifying their needs  
  - Implement services, projects or programmes to meet needs in line with policies and procedures  
  - Monitor and manage services, projects or programmes  
  - Discuss and agrees with others how to improve service, project or programme delivery  
  - Monitor work areas and practices to minimise hazards and ensure compliance with H&S legislation, policies and procedures  
  - Ensure that resources and priorities are balanced appropriately by identifying customer needs and priorities  
  - Identify current and future resource requirements |
| **Demonstrate corporate awareness** | Scan the environment for new and emerging developments  
  - Evaluate data and use it to aid decision making  
  - Assess and managing risks  
  - Appraise draft policies and strategies, making |
| Manage the commercial aspects of HPA's work | • Identify commercial opportunities  
• Negotiate and agree client needs  
• Negotiate and agree appropriate contracts with suppliers  
• Protect HPA’s reputation and intellectual property |
|------------------|---------------------------------------------------------------|
| Manage stakeholder relationships | • Communicate in an appropriate manner that encourages active participation and a constructive outcome  
• Review HPA objectives, policies and strategies continually with stakeholders in the light of changing circumstances, feeding in their views and suggestions for change  
• Use appropriate promotion and marketing materials to improve understanding and recognition of HPA’s work |
| Promote equality and diversity | • Interpret equality, diversity and other human rights in accordance with legislation, policies, procedures and relevant standards  
• Evaluate the extent to which legislation is applied in the culture and environment of own sphere of activity  
• Identify patterns of discrimination and takes action to overcome discrimination and promote diversity and equality of opportunity  
• Enable others to promote equality and diversity and a non-discriminatory culture  
• Support people who need assistance in exercising their rights |
| Strategic influencing skills | • Plan deliberately an approach to achieve desired outcomes or goals  
• Use influencing or informal persuasion techniques to achieve desired outcomes or goals  
• Work in partnership with others to build critical mass or support for desired outcomes or goals  
• Involve relevant stakeholders in shaping the health protection agenda |
| Political astuteness | • Demonstrate an understanding of the politics, opportunities and limitations of the local or national climate in terms of healthcare provision  
• Use an awareness of group and organisational norms and the social, political and historical environment to bring about change  
• Seek information from a variety of sources  
• Engage with relevant interest groups, networks and other stakeholders to deliver results and improve services |
| Lead and inspire change | • Communicate a vision of change, creating momentum and excitement by “bringing it to life”  
• Encourage buy in and commitment to the vision, both internally and externally  
• Empower and supports others to contribute to or lead change initiatives  
• Encourage cross functional working, removing barriers if encountered |
| Drive activities to achieve results | • Encourage and support others to be the best they can  
• Develop and stretch self and others to meet and exceed targets, holding them accountable for delivering what has been agreed  
• Are always determined to achieve goals |
| **Work collaboratively with others, particularly external stakeholders** | • Take calculated risks to meet goals, evaluating potential risks and alternative courses of action  
• Acknowledge and respect others’ diverse perspectives  
• Keep up to date with, and share information with, partners and stakeholders  
• Identify and surface conflicts, supporting resolution  
• Maintain a positive expectation of other stakeholders, creating the conditions for successful long term partnership working |

| **Professional development** | • Take on challenges to develop themselves further  
• Regularly evaluate their own knowledge, skills and practice  
• Regularly identify and address development needs in conjunction with feedback from others |

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**Job Description Agreed with the Post Holder:**

Employee Signature: ……………………………………….. Date:……………………………..

Print Name:………………………………………………………….

Manager’s Signature:………………………………….. Date:……………………………..

Print Name:………………………………………………………….