PAEDIATRIC HIGHLY SPECIALISED CLINICAL PHYSIOLOGIST (NEUROPHYSIOLOGY)

Royal Hospital for Children

Job Reference: 0000049212G
Closing Date: 03 November 2017

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Dear applicant,

Thank you for your interest in this post and for taking the time to read this information pack. We hope this exciting and rewarding role catches your imagination and that you are encouraged to apply.

As the largest Health Board in Scotland, NHS Greater Glasgow and Clyde plays a vital role in the education and training of doctors, nurses and other health professionals, working closely with local universities and colleges. It also provides the full range of community hospital services. The Board has an annual turnover of £3.337 billion per year. It serves a population of 1.14 million people and employs 39,286 staff.

The following is included in this information pack to help you with your application:

- Job description
- Person specification
- A summary of the terms and conditions for the post
- Agenda for Change pay bands and points
- The application process
- Guidance for completing your application form
- Working for NHS Greater Glasgow and Clyde

If you have a disability or long-term health problem, the Board is committed to offering reasonable adjustments throughout the recruitment process and employment. If you require further information or support, please contact Recruitment Services.

We very much look forward to receiving your application.

Recruitment Services
1. JOB IDENTIFICATION

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<td>Band 7 (Neurophysiology)</td>
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<td>Division:</td>
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2. **JOB PURPOSE**

To provide a highly complex, specialist, tertiary and quaternary supra-regional Clinical Neurophysiology EEG service(s) which is comprehensive and dedicated to paediatrics. The service is used by patients from extreme prematurity up to transitional age which at times includes adults.

The procedures undertaken aid in the classification and diagnosis of acute and chronic neurological conditions, infective disorders, sleep disorders, and psychiatric conditions, including non-epileptic events. Investigations are gauged against national and international standards which, in conjunction with managed clinical networks, provide a high quality service for the patients within the entire West of Scotland.

1. Assisting in the management and development of the Regional Paediatric Clinical Neurophysiology Service including service planning and policy developments.

2. Provides highly complex specialist Clinical Neurophysiology diagnostic and therapeutic procedures for patients from extreme prematurity to young adults, who are referred from a range of specialties suffering from a wide variety of medical disorders including those with a variety of neurological disorders and diseases of the central and peripheral nervous systems, e.g. epilepsy, encephalopathy, etc.

3. Provides highly complex specialist Clinical Neurophysiology diagnostic and therapeutic procedures for patients, who are referred from a range of specialties suffering from a variety of psychiatric conditions, e.g. schizophrenia, anxiety/depression, Uncooperative, abusive or violent patients, non-communicative and non-compliant patients.

4. Provides highly complex specialist Clinical Neurophysiology diagnostic and therapeutic procedures to patients of varying ages. Often these patients are frightened and impatient and may have physical disabilities, or may have a limited ability to act as required for our tests e.g. autistic spectrum disorder. Difficulties can also arise with patients whose language we do not speak and require interpretative intervention.

5. Undertake a variety of recordings of highly complex physiological signals from the brain, muscles, eyes, heart and lungs and undertakes measurement and interpretation of results, including interpretation of video, providing detailed technical reports to aid the consultants in accurate medical interpretation of the recorded data.

6. Provides detailed account to the consultant of clinical presentation of patient and behavioural/clinical changes during the patient’s investigation.
7. Assists in the development, education and training of Clinical Physiologists (Neurophysiology) and other healthcare professionals e.g. Specialist Registrars in Clinical Neurophysiology, Paediatric Neurology, General Paediatrics, Child and Adolescent psychiatry, Clinical Epilepsy Specialists, Specialist Registrars, Registrars, Ward Nursing Staff (General Nursing Staff, Specialist Nurses, ITU Nurses, Student Nurses, Health Care Assistants), Epilepsy Nurse Specialists, Staff grade Doctors, Researchers, etc.

8. Works with and receives advice and clinical involvement from the above groups also.

9. Assists in maintaining the quality of the EEG service provision including audit, research and development, and quality assurance of all equipment.

10. Accountable for ensuring effective resource and personnel management in the absence of the Clinical Lead Physiologist, i.e., during annual leave, sick leave and study leave.

11. Provides advice to clinicians in The Royal Hospital for Sick Children and in Paediatric departments throughout the west of Scotland.

12. Work collaboratively and cooperatively with others to lead development of the Neurophysiology Service(s) provided within the region.

13. Responsible for the provision, audit, and delivery of the Diagnostic Telemetry service.

3. ORGANISATIONAL POSITION

- Consultant Paediatric
- Clinical Services Manager
- Clinical Lead Neurophysiology Service Manager
- Chief Clinical Physiologist (Neurophysiology) x 2
- Clinical Physiology (Neurophysiology) Department Assistant
1. The EEG Service for the West of Scotland is positioned in The Royal Hospital for Children in Glasgow and consists of one Clinical Lead Physiologist, three Chief Clinical Physiologists, one assistant physiologist and one secretary.

2. We are an integrated part of the Fraser of Allander Neurosciences unit and have professional accountability to the six Consultant Paediatric Neurologists.

3. The post holder is responsible for the provision of highly specialist recordings of physiological patient data including digital video recordings.

4. The post holder deputises for the Lead Physiologist in the Division when she is unavailable, i.e. on annual leave, study leave and sick leave.

5. The post holder also covers when the Lead Physiologist is involved in meetings out with the department and as such covers many of the same duties.

6. In the absence of the Lead Clinical Physiologist the post holder is responsible for the efficient day-to-day management of the EEG service in the Royal Hospital for Children and for maintaining a close liaison with the other departments.

7. The post holder is also responsible for the deployment of staff and equipment to cover emergency portable recordings over the hospital site providing a professional report of such findings to the consultants at the Neurosciences unit for medical interpretation.

8. The practitioner typically works autonomously without the need for medical personnel to discuss neurophysiologic/technical/equipment problems.

9. The post holder attends weekly clinical meetings in the Regional Department of Clinical Neurophysiology, where EEG cases from the QEUH Dept. and other hospitals in the region are presented.

10. The post holder regularly assists in the preparation and presentation of Regional Clinical Neurophysiology meetings at the Royal Hospital for Children.

11. Attends professional meetings and other meetings related to continuing professional development.
12. In the absence of clerical staff the post holder deals with all appointments, letters, telephone queries, reports and some filing.

13. The post holder is responsible for maintenance and calibration of the equipment in the department.

14. The post holder is also responsible for the ordering of all necessary supplies required for the section when the Lead Physiologist is unavailable.

15. The post holder is a member of RCCP, the voluntary registration council for neurophysiology clinical physiologists.

4. SCOPE AND RANGE

The department is one of only two dedicated paediatric clinical neurophysiology departments in Scotland and receives 1200-1500 referrals for paediatric neurophysiology investigations, per annum, which include children whose ages range from extreme prematurity to young adults. The referrals are both elective and emergency and come from across the West of Scotland with supra-regional referrals from Scotland, England, and the Republic of Ireland for specific investigations.

A local service is also provided, for several locations, including neonatal and paediatric intensive care units and wards. The department consists of one Clinical Lead Physiologist, three Chief Clinical Physiologists, one assistant and one secretary.

ROLE OF THE DEPARTMENT

1. Provides a comprehensive EEG service to patients from extreme prematurity to young adults from a large range of specialties and suffering from a wide variety of medical and surgical disorders including those which may be neurological and/or psychiatric in nature.

2. The EEG Service provides a service for patients from extreme prematurity to young adults from the West of Scotland with a throughput of around 1200-1500 patients/year.

3. The department provides a neurophysiology/EEG service for the West of Scotland for the investigation and classification of status epilepticus, status partialis continuous, the epilepsies, degenerative processes, infective processes, acquired brain injury, sleep disorders and non-epileptic events using the neurophysiological procedures which are available to us, such as:

- Routine Video EEG recordings - secondary, tertiary and quaternary referrals.

- Prolonged video EEG recordings - secondary, tertiary and
quaternary referrals.

- Ambulatory EEG recordings – secondary and tertiary referrals.
- Videotelemetry recordings - secondary, tertiary and quaternary referrals.
- Sleep deprived video EEG recordings – secondary, tertiary and quaternary referrals.
- Drug induced sleep video EEG recordings – secondary, tertiary and quaternary referrals.
- Multiple Sleep Latency Testing – secondary, tertiary and quaternary referrals.
- Portable and emergency video EEG recordings on wards and in Intensive Care Units (ITU), Special Care Baby Unit (SCBU), High Dependency Unit (HDU), Renal Unit, Oncology Unit, etc.

4. There is a large catchment population with referrals from within the West of Scotland and beyond e.g. Ayrshire and Arran, Argyll and Clyde, Dumfries and Galloway, Forth Valley, Greater Glasgow Health Board, Highland, Lanarkshire Tayside, and Western Isles with all outlying clinics and resource centres, including referrals from the community consultants. Supra-regional referrals and quaternary referrals for Multiple sleep latency testing from Scotland, England and the Republic of Ireland.

5. Provide a “one-stop” service and fast-track appointment system for the patients from the Neurosciences unit.

6. Patients from extreme prematurity to young adults attend for these tests from a wide range of specialties including the regional epilepsy service, and also those suffering from a wide range of other neurological disorders. The Royal Hospital for Children hosts the Scottish Paediatric Renal Transplant centre, unique Oncology and Cardiac units who frequently refer patients for investigation. Community consultants and psychiatric referrals are also received in addition to patients suffering from non-epileptic events.

7. Critically ill patients are seen both in the department and also on wards on this site. Portable/Emergency recordings on patients with a variety of neurological/medical problems, such as patients suffering from acute and chronic infective processes, e.g. meningitis, encephalitis, encephalopathy, metabolic disorders, stroke, coma or trauma.

8. There is a great deal of freedom to act, given the autonomous role of the practitioner, and effective professional relationships must be maintained and developed with colleagues at other hospitals.
including the Queen Elizabeth University Hospital, as many of the 
teenage patients are transferred on to the adult services.

ASSIGNMENT AND REVIEW OF WORK

1. Tertiary referral system from consultants throughout the West of 
Scotland and beyond, primary care, etc.

2. Referrals come from many specialties, including the epilepsy 
service, neurology, psychiatry, medical, renal, cardiology, 
respiratory, ITU, oncology, HDU, neonatology.

3. The post holder prioritises the referrals and arranges the 
appointment schedules accordingly.

4. Advises clinicians on the investigations and about the appointments.

5. The post holder undertakes investigative procedures in line with 
national, international, professional and hospital policies and 
guidelines.

6. The post holder may work autonomously over a wide range of 
procedures.

7. The Consultant Paediatric Neurologists and Clinical 
Neurophysiologists based at the RHC Neurosciences and QEUH 
Neurophysiology unit, review recorded data and ensure high 
professional standards are maintained.

8. Managerial advice is available from the Lead Clinical Physiologist 
and is also available from the Royal Hospital for Children’s 
management structure, which ensures a high standard of local 
supervision.

9. The post holder is responsible for clinical decisions, safety and care 
of the patient during a procedure.

10. Intervention may be required by the post holder. For example:

    • Suspected status epilepticus or infantile spasms will require urgent 
treatment, patients with infective processes will have to be treated 
with different preparation protocols. Specific diseases may require 
medical intervention and the post holder advises clinicians of EEG 
changes during treatment given.

    • The post holder will alert the clinicians of pathological changes and 
diagnostic procedures which may affect patient treatment, e.g. the 
presence of an encephalopathy, presence of status epilepticus.

11. The post holder must identify data requiring urgent medical 
reporting, and ensure the clinical reports are returned to the referring 
physician as this can have a major effect on treatment.
12. The post holder works within agreed GGC and local policies and protocols.

5. MAIN DUTIES AND RESPONSIBILITIES

CLINICAL

1. Typically works autonomously with no Consultant present in the department.

2. Plans, performs, prioritises and interprets a range of basic and advanced neurophysiological investigations without supervision, to a high professional standard of care, in accordance with national and local guidelines, standards and benchmarks, continually monitoring and maintaining these standards and initiating remedial action where necessary.

3. Plan, perform and interpret a range of highly specialised, complex neurophysiological investigations to a high level of competence. This includes:
   - Perform Video Electroencephalographic (EEG) investigations, on patients of varying age groups, employing current standard techniques without supervision in the EEG laboratory taking appropriate action(s) where necessary.
   - The different age groups will require tailored procedures e.g. varying head sizes and shapes will require less or more electrodes, the ability of the patient to comply with the procedure e.g. autistic spectrum disorder. The varying age groups also have a great effect on the interpretation of the recording and the post holder has to be fully aware of these changes.
   - Perform emergency investigation within and outwith the Royal Hospital for Children these include Video EEG’s in, ITU, HDU, SCBU, Oncology Unit, Renal Unit, Neurology ward or general wards, and also in the department for referrals outwith the Hospital and appropriate action should be taken where necessary.
   - Referrals requiring advanced skills and different assessment criteria include emergency investigations in ITU, HDU, SCBU, Neurology ward, Oncology Unit, Renal Unit and all other wards as well as patients with psychiatric conditions, and patients with learning difficulties.
   - Perform Video EEG investigations using routine techniques. These include activated recordings with hyperventilation and photic stimulation.
Specialised techniques including recordings during natural sleep, recordings following sleep deprivation. Stimulation of a non-routine nature, e.g. postural change, reading, on-off photic response, pattern and TV stimulation, fixation on and off. Decisions to perform or not to perform specialist technique are often made by the post holder.

Highly Specialised tests include recordings during administration of medication (e.g. diazepam, pyridoxine), recordings during general anaesthesia, recordings during withdrawal of anaesthesia whilst monitoring and commenting on EEG changes to medical staff. Video EEG with additional polysomnography including, surface EMG, ECG, EOG, respiration and air flow. Videotelemetry, Ambulatory EEG, prolonged Video EEG monitoring, Multiple Sleep Latency Testing.

EEG for assessment of brain death to support decision making in the consideration of withdrawal of intensive care support.

Participate in voluntary out of hours call out service.

4. Provides detailed technical reports including accurate waveform measurements on a range of Video EEG neurophysiological investigations.

5. Provides one stop EEG service for first seizure and neurology clinics.

6. Participate in research and development programmes.

7. Works collaboratively with other professionals and agencies to ensure service(s) meet changing healthcare needs and ensure a seamless approach is adopted.

8. Participate, plan and implement policies.

9. Attend Regional and National Continuous Professional Development meetings appropriate to the range of EEG/neurophysiology service needs.

10. Contribute to the education and training of clinical physiologists and other healthcare professionals both locally and regionally within the West of Scotland Regional Neurophysiology service, such as student/trainee clinical physiologists in Neurology.

11. In the absence of the Lead Physiologist, the post holder is responsible for all equipment and ensures these are in good working order. In case of equipment failure effectively communicate with the manufacturers (or service contractors) to minimize any interruption of service.

12. Calibration and testing of equipment before and after use to ensure high levels of accuracy and maintenance of standards.

13. Testing of new equipment which may be required to replace old or
### MANAGERIAL

1. Undertakes operational management of the EEG Service including troubleshooting and appointment booking.

2. Undertakes operational responsibility for the efficient and effective management of staff resources including deployment of staff and equipment for emergency recordings.

3. Aids in assessing, implementing and adapting new clinical techniques and technologies.

4. Undertakes shared responsibility for the planning and organisation of information resources, ensuring effective and administrative patient reporting and data storage. This includes the archival of all relevant investigative data.

5. Participate in the development of strategic and department plans for the Neurophysiology Service(s). This includes prioritizing service objectives.

6. Contributes to the development and maintenance of Neurophysiology protocols.

7. Assists in the provision and maintenance of statistical information as required for statistical and other management purposes.

8. Contributes to patient and public involvement in the development of neurophysiology service(s) within this regional department.

9. Attend Trust, Regional and National meetings relating to issues of Neurophysiology Service(s) provision.

10. Work collaboratively with service managers and clinical colleagues in the formulation of strategic and departmental plans for the EEG/Clinical Neurophysiology services(s).

11. Participate in Trust/region wide projects.

12. Assist in the investigation of complaints regarding the service(s) and reports the findings to the line manager in accordance with local procedure and take remedial action if appropriate.

13. Contributes to the commissioning of specialist, complex and expensive new/replacement medical equipment for the department.

14. Responsible for promoting and ensuring equality, diversity and rights for all.

### EDUCATION, TRAINING AND DEVELOPMENT

1. Assist in the implementation and monitoring of the education and
training of Clinical Physiologists (Neurophysiology), and other staff groups in line with mandatory, professional and personal development according to service needs.

2. Provide clinical supervision/mentorship for other staff.

3. Involved in the development and implementation of teaching and training programmes at all levels for the EEG Service.

4. Participate in the teaching and training in Neurophysiology to a broad range of healthcare workers including medical, AHP, nursing, etc.

5. Ensure personal compliance with regards to mandatory, professional and personal development according to service needs.

6. Ensure personal compliance with CPD guidelines, professional codes of conduct and evaluate the effect of development on service delivery.

CLINICAL GOVERNANCE

1. Develop, implement, maintain and upgrade professional and local policies and procedures and clinical standards/protocols/guidelines.

2. Contributes to clinical governance and peer review within the regional setting.

3. Participate in regional projects and audits and implement audits to ensure compliance with and development of professional and local policies and procedures and clinical standard/protocols/guidelines.

4. Ensure patient & public involvement in the development of Neurophysiology service(s).

5. Lead investigation into any complaints regarding the service(s) and to report the findings to the Trust in accordance with local procedure and to take remedial action if appropriate.

6. Work within agreed Trust and local policies and protocols.

7. Responsible for secure and confidential storage of digital video files on computers within the department.

6. SYSTEMS & EQUIPMENT

Various types of electrodes are used with different methods of application which are tailored to the individuals needs.

Computerised recording equipment which uses various software packages that aid in the acquisition, archival and retrieval of physiological data including multi-
modality signals e.g. EEG, ECG, EOG, respiration, air flow, and EMG.

The video EEG equipment

Hardware: XLTEK acquisition and review stations.

Software: Microsoft windows 7 and XLTEK

Ambulatory/Video Ambulatory EEG equipment

Hardware: Ambulatory recorders with inbuilt hard drive.

Software: Microsoft windows 7 and XLTEK

Video diagnostic telemetry equipment

Hardware: XLTEK acquisition stations x 2 based on Ward 3A Neurology/Neurosurgery

Software: Microsoft windows 7 and XLTEK

All this equipment is used on a daily basis.

Nerve Conduction/Evoked Potential equipment

Synergy software on XLTEK System

Used very occasionally

- Compile patient information, diagnosis and results on databases. This information is accumulated on a daily basis and used in research.

- Calibrate and maintain equipment.

- Need to be aware of technical advances in medical equipment and advise medical staff as to when current equipment is becoming obsolete.

- Active in procurement and testing of new equipment and advise clinician on the use of the new equipment.

- Operation of the hospital system TRAK, as required.

- Compile weekly roster and notify Human Resources via SSTS in the absence of the Lead Physiologist.
• Range of CD’s and DVD’s for archival and storage of data. Monitoring the EEG XLTEK Server status.

• Filing storage systems for reports and data mediums.

7. **DECISIONS AND JUDGMENTS**

1. Work unsupervised to agreed policies and codes of practice with the ability to vary both as required.

2. Judgments regularly have to be made solely by the post holder using a high degree of knowledge, skill, and expertise including unique situations which complicate the procedure and the outcome.

3. Post holder prioritises referrals, designs appropriate tests and adapts procedures in the light of emerging physiological data or with the emergence of new clinical information given by the patient at the time of testing, e.g. fixation off technique if occipital epilepsy is suspected from the patient’s description of attacks, omitting the use of hyperventilation in patient’s with a subarachnoid haemorrhage, etc.

4. Interprets data and prepares detailed technical reports on the findings, taking appropriate emergency action when necessary e.g. recognition of herpes simplex encephalitis/ status epilepticus / continuing partial or focal status and initiating the appropriate resultant measures, e.g. initiating medical intervention.

5. An interim report from the post holder is often required during the recording.

6. Monitors and advises medical staff withdrawal and re-introduction, under medical supervision, – usually in ITU, or in emergency settings, of sedation/level of anaesthesia in unconscious/ventilated patients whilst recording. Observes electrographic effects and carefully annotates the procedures/ results. Patient clinical changes are noted and compared to electrographic changes as they occur (often this requires a technical opinion at the time of the recording and close liaison with medical/nursing/anaesthetic staff).

7. Recognition of electrical, physiological and non-biological artefacts arising from the patients and their environments, and providing resultant remedial action.

8. Alerts clinicians to EEG findings which affect patient management, e.g. non-convulsive status epilepticus which requires urgent drug therapy. Advises on EEG response to medication, providing detailed technical reports with detailed clinical observations of findings.

9. Take detailed subjective and/or witnessed account of each patient’s clinical events to provide appropriate full account to the Consultant neurophysiologist in order to aid classification of patient’s seizure type/diagnosis.
8. COMMUNICATION & RELATIONSHIPS

1. Advise test procedures and related information to patients, relatives and carers. At times this information is highly complex. Many of the patients are children with learning and/or physical disabilities which at times are severe. Reassurance and persuasive techniques often have to be employed as there are barriers to understanding.

2. Clinical physiologists at the Royal Hospital for Children have specific training and experience to perform investigations on patients with challenging behaviour without the need for medical intervention e.g. sedative medication.

3. Communication is on a daily basis, face to face, on the telephone, and by post. Tact is also required as patients, relatives and carers may be upset or angry.

4. Network and liaise with colleagues throughout the hospital particularly in the Neurosciences unit usually on a daily basis, face to face, by phone and E-mail.

5. Frequent communication with local and regional clinical neurophysiological departments and medical/nursing staff from other hospitals. Discuss case history’s and clinical governance issues giving advice on highly specialised, complex paediatric procedures.

6. Able to communicate highly complex and sensitive information in an understandable form to patients and or parents/carers.

7. Contact service engineers and medical equipment suppliers.

8. Contributes to the education and training of Clinical Physiologists and other staff groups in line with mandatory professional and personal development guidelines.

9. Post Holder communicates with the following: -
   - Patients, relatives and carers.
   - Nursing Managers.
   - Clinical Service Manager and administration staff.
   - Consultant Paediatric Neurologists.
   - Senior/Specialist registrars in Paediatric Neurology.
   - Neurophysiology Service Manager in other hospitals.
   - Administrative and Clerical staff within the Clinical Neurophysiology Department in other hospitals.
   - Consultant Clinical Neurophysiologists QEUH.
   - Epilepsy Specialists.
• Epilepsy Nurse Specialists.
• Clinical Physiologists of all grades. (Divisional, Regional and National)
• Bioengineering staff at all grades.
• Consultants and medical staffing of all grades on wards and in other specialties.
• Neonatal transport team.
• Ambulance/Patient transport.
• Nursing/ward staff.
• Supplies staff.
• Pharmacy staff.
• Estates staff.
• Information Technology staff.
• National Professional Bodies.

9. PHYSICAL DEMANDS OF THE JOB

Physical Demands

1. Operate in cramped environments, next to beds in Paediatric and Neonatal Intensive Care Units.

2. Electrode application requires dexterity, precision and excellent hand-eye co-ordination. Some patients are unable to be moved due to their clinical condition and so to apply electrodes with adequate precision there is usually a need to twist or bend to avoid ventilator tubes and intra venous drip stands etc.

3. To reach the ward areas it is necessary to push equipment, which consist of PC, monitor, camera and trolley, throughout the hospital and on and off lifts which are seldom level.

4. Electrode application is precise and the patients head has to be measured and each electrode position worked out. A high level of hand eye co-ordination is required. Electrode application has to be quick particularly in paediatrics as patients become bored and are easily distracted. Patients also have to be moved into a position to allow easier access for electrode application.

5. Some patients with behaviour problems, severe learning or physical difficulties can pose problems during electrode application as they are unable to co-operate with the procedure. This also involves a need to twist or bend to achieve precise electrode placement.

6. Congenital skull and facial deformities can also cause positional problems during electrode application.

7. Standing for long periods.
8. Ensuring patient’s comfort and safety if they take a seizure/event within the department – e.g. moving them into recovery position, removing heavy pieces of equipment out of patient’s immediate vicinity in order to avoid harm of patient, carer or staff.

9. Highly developed skills required for the manipulation of fine tools and equipment.

10. Computer literacy with numerous Microsoft packages and also with tailor made physiological data recording software packages.

Mental Demands

1. Daily concentration which is of an unpredictable pattern. Often interrupted by the telephone, both patients and other members of staff coming and going, asking advice etc.

2. Work patterns are unpredictable due to the nature of neurological conditions which may require urgent investigation or investigations taking longer than predicted.

3. Constant concentration, often prolonged for extended tests, and can last at least half a shift.

4. Constantly observing acquired data scrolling across the computer screen often for lengthy periods e.g. during sleep deprived recording or prolonged recordings on the wards and recordings which may last several days.

5. Constantly observing and monitoring clinical manifestations in the patient’s actions or behaviour including interpretation of video, maintaining accurate real time analysis, personally generating clinical observation, annotating recordings real time during data acquisition.

6. Range of complex fact analysis and interpretation of test results, and comparison of a range of options.

7. Different assessment criteria required for various patient groups, e.g. age related syndromes.

8. Assuring that any extra relevant clinical details are gathered from the patient/carers via a range of questions posed to the patient by the physiologist during electrode application in order to aid the classification/diagnosis for the clinician.

9. Constantly monitoring and excluding/eliminating extraneous electrical, mechanical or physiological artefacts.

Emotional Demands

1. Frequent distressing conditions/occasionally highly distressing, due to the nature of the patients conditions, e.g. working with patients with a terminal or degenerative illness, dealing with patients with physical disabilities, dealing with patients with learning disabilities,
working with very ill patients in emergency conditions, e.g. patients in coma, patients on ventilators, cerebral death recordings, unconscious patients, often requiring serial video EEG recordings in order to monitor progress of condition or disease process, and often with a poor outcome and prognosis.

2. Exposure to/dealing with distressed relatives in hostile environments.

3. Exposure to/dealing with patients who display severely challenging behaviour or are verbally abusive.

4. Exposure to/dealing with patients with infectious diseases.

5. Exposure to/dealing with patients with psychiatric disorders who can often display violence and aggression, e.g. schizophrenia.

6. Coping with patients/carers if a patient has a seizure/clinical event in the department.

7. Stress of working alone.

**Working Conditions**

1. Awkward conditions – carrying out portable tests in confined areas, such as a bed bay in a ward, or in ITU, etc, with cramped space surrounded by hostile electrical equipment.

2. Risk of hepatitis B exposure.

3. Working with patients with known infectious diseases e.g. prion disease – CJD, meningitis, etc.

4. Working with immuno-compromised patients – oncology patients, HIV, MRSA infected patients.

5. Working with potentially aggressive and abusive patients, parents/carers.


7. Continuous use of display screen equipment (DSE).

8. Exposure to unpleasant conditions – patient body odours, exposure to body fluids/secretions, fleas and lice. Working with patients in the vicinity of foul linen.

9. Flammable solvents with strong odours are used on a daily basis.

10. Work patterns can be unpredictable due to the nature of neurological conditions, which may require urgent investigations or
investigations taking longer than predicted.

10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

1. As above, types/range of age, needs, physical, social and attention demands of patients.

2. Working environmental issues, physical and mental demands of resources.

3. There is a high level of freedom to act, and subsequent responsibility at high levels of pressure.

4. A constant level of responsibility and pressure, whether it is part of the every day routine of the post or part of what is considered to be a more demanding task, such as recording emergency cases, both of which the post holder undertakes.

5. A high degree of effort is required to maintain and develop knowledge and skills essential to the specifics required of the post, e.g. wide range of procedures, diverse population requiring service, etc.

6. Need for quick and appropriate intervention on both commonly and rarely occurring events (from eliminating artefacts to dealing with medical emergencies).

7. Pressure to maintain service due to recruitment and retention difficulties both locally and nationwide.

8. Obtaining a satisfactory recording from a patient who is either unwilling or unable to fully co-operate without causing undue stress.
11. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

Minimum qualification requirements: -

1. BSc Clinical Physiology (neurophysiology) or equivalent formal specialist training/other appropriate qualifications e.g. BTEC HNC/D in MPPM/or equivalent experience.

2. Professional exam ECNE part 1. (ANS), plus underpinning knowledge of specialist procedures acquired through specialist courses or training/experience to advanced level.

3. Specialist/professional courses or training/experience to MSc level as required by post.

4. RCCP registration/membership.

5. Significant post graduate experience within the clinical environment.

Previous experience required: Appropriate post graduate experience including: -

1. Advanced understanding of physiology, with particular reference to neurophysiology and the electrophysiological changes seen in a wide range of conditions at various stages of that condition, understanding the different waveforms relating to patients age, physiological condition, drugs, and drug interactions e.g. knowing the effects of anticonvulsants on the EEG.

2. The wide range of physiological/neurophysiological normal variants and artefacts that can lead to misinterpretation must be fully understood.

3. Knowledge of other systems and conditions, particularly cardiovascular/metabolic/drug related issues that can impact on neurophysiology patients or can mimic neurological conditions.

4. Advanced specialist knowledge of Physics, Electronics and Instrumentation.

5. Attendance at regular meetings at the QEUH Hospital, Glasgow (or other adult/paediatric hospital neurology sites), for refresher/updates on conditions, disorders and syndromes.

6. Attendance at meetings to update professional information, protocols and affairs.

7. Highly specialist knowledge and practical experience in advanced Neurophysiological techniques, including portable recordings in hostile
settings, recordings on children, neonates, juveniles and teenagers, recordings on people exhibiting challenging behaviours.

8. Knowledge of a very wide range of rare conditions and their effect on the EEG, such as encephalitis, meningitis, metabolic encephalopathies, etc.

9. Ability to recognise and eliminate physiological, electrical and non-biological artefacts which can lead to misinterpretation of the EEG, and ability to give advanced interpretation of the EEG.

10. Specialist knowledge of The Epilepsies and wide knowledge of their clinical prodromes, symptoms, syndromes, presentations, effects.

11. Experience in dealing with any type of clinical event/medical emergency both in the department and in hostile environments.

12. Specialist knowledge of a wide range of varied epilepsy EEG data reports related to the range of Epilepsies and knowledge of the EEG interpretation/misinterpretation.

13. Knowledge/use of a wide variety of electrode application systems and procedures with the ability to produce high quality recorded signals. The application of electrodes is extremely difficult and there remains an extremely small margin for error despite difficulty in physically accessing the patient’s head, particularly in emergency settings.

14. Appropriate experience in use of polygraphs including use of EEG, EOG, ECG, EMG, etc.

15. Experience in interpreting and assessing changes in the sleep architecture.

16. Evidence of Continuing Professional Development, involvement in Clinical Governance and Peer Review, to ensure the highest professional standards are maintained and current best practice implemented.

17. Knowledge and skills in the appropriate action in an emergency situation as required.

18. Management knowledge as required for the post.

19. Ability to assess new equipment and develop new skills appropriate to new developments within neurophysiology.

20. Shown ability of participation/initiation of training/teaching protocols and procedures to a wide range and variety of staff groups.

21. Experience in participation in Clinical Governance and peer review with
ability to carry out and evaluate literature searches and, having identified best practice with colleagues, implement changes.

22. Shown ability to participate in research and development programmes.

23. Maintenance of continuous professional development appropriate to the range of neurophysiological service procedure available to the patients in the service.

24. Ability to develop and maintain strong professional links with the Regional Centre in Glasgow, to facilitate both CPD and implement Clinical Governance protocols.

25. Shown ability to participate in audit and review.

26. Ability to assess and prioritise department schedule and patient requirements.

27. Personal compliance with CPD guidelines, professional codes of conduct, and evaluate the effect on service delivery, initiating change as appropriate.

28. Adheres to Registration Council for Clinical Physiologist’s code of conduct and Guidelines.

Intraoperative Neurophysiological Monitoring – if required

1. Works in conjunction with the Lead Physiologist and adult Consultant Neurophysiologists to plan, perform and interpret highly complex somatosensory and motor evoked potentials during surgery.

2. Immediately alerting the surgeon and anaesthetist if changes are seen on the waveforms, leading to halting the procedure and taking remedial steps.

3. Communicating and liaising with theatre staff to enable smooth running of the service.

4. Working within a multidisciplinary team. Electrode application is made difficult by the numbers of staff attending to the patient. The position of the patient on the operating table may lead to bending and twisting to apply the electrodes.

5. Both stimulating and recording electrodes have to be applied with highly developed precision and accuracy to recognised national standards.
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<tr>
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<th>Description</th>
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<tr>
<td>6.</td>
<td>Concentrating for prolonged periods of time on the visual display unit, constantly measuring and observing the waveforms obtained.</td>
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<td>7.</td>
<td>Frequently explains and teaches members of the theatre team (nurses, junior surgeons and anaesthetists) the process and interpretation of evoked potentials.</td>
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<td>8.</td>
<td>Exposure to unpleasant odours e.g. diathermy.</td>
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<td>Exposure to body fluids/secretions.</td>
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<td>10.</td>
<td>Testing of equipment to use in the provision of the intraoperative monitoring service.</td>
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<td>11.</td>
<td>Ordering and stock control of supplies for this service.</td>
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### PERSON SPECIFICATION FORM

**Job Title:** Highly Specialised Physiologist Neurophysiology  
**Department:** Paediatric Neurophysiology EEG

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<th>Qualifications</th>
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<td>Paediatric neurophysiology experience</td>
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<td>Ability to use own initiative and work independently</td>
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Summary of terms and conditions

The terms and conditions of service are those approved and amended from time to time by the National Agenda for Change Terms and Conditions Agreement.

Job title: Paediatric Highly Specialised Clinical Physiologist (Neurophysiology)

Job reference number: 0000049212G

Closing date: 03 November 2017

Vacancy enquiries to: For information specific to the role, contact: Gillian Horsburgh, 0141 452 4288

Agenda for Change band: Band 7

Salary: Please refer to Agenda for Change Payscale on the following page. All values are per annum (pro rata where applicable). Please note candidates new to the NHS should expect to start at the entry point of the payscale shown.

Hours: 30.00 hours per week

Base: Royal Hospital for Children

Contract type: Permanent

Annual leave: The basic annual leave entitlement in a full year commencing 1st April to 31st March is 27 Days on appointment, rising to 29 days after five years and 33 days after 10 years. Leave entitlement is pro rata where applicable.

Superannuation: All employees are automatically enrolled in the Scottish Public Pensions Agency.

Healthcare Support Workers: All NHS Scotland postholders that are not governed by a regulatory or professional body are considered to be healthcare support workers. On appointment, you will be expected to comply with the NHS Scotland Mandatory Induction Standards and Code of Conduct for Healthcare Support Workers.

Healthcare Support Workers are expected at all times to practice competencies that demonstrate insight, understanding and mutual respect of patients, their families, carers and work colleagues. Whether in a clinical or non-clinical role the post holder is expected at all times to be an exemplar of person centred care, embracing their Code of Conduct to a high standard as part of an integrated health professional team.

Smokefree policy: NHS Greater Glasgow and Clyde operates a smokefree policy on all premises and grounds.

Equal opportunities: NHS Greater Glasgow and Clyde is as an equal opportunities employer.
## Agenda for Change pay bands and points

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The Application Process

Please ensure you read the Job Description and Person Specification along with the guidance notes on completing your application form. The hiring manager will shortlist an application for interview based on its content, therefore it is in your best interests to ensure you submit a fully and appropriately completed application.

You will receive confirmation that your application submission has been received when you submit your online application form. When we begin to process your application, you will receive an email from NHS Greater Glasgow and Clyde confirming receipt. If you have not received a confirmation email within 3 days working days from the closing date, please email nhsggcrecruitment@nhs.net.

Unfortunately, due to the volume of applications NHS Greater Glasgow and Clyde receive, we are unable to write to applicants who are not successfully shortlisted for interview. Accordingly, if you have not received an invitation for interview within six weeks of the closing date please assume on this occasion you have been unsuccessful. We hope this will not deter you from applying again.

We will use several methods of communication to advise you of each stage of the recruitment process this includes: email, letter, SMS text, or telephone. It is essential that you regularly check your email and your phone to see if we have been in contact with you to update you on the progress of your application. Please ensure your email account does not treat NHS Greater Glasgow and Clyde email as spam or junk by adjusting the necessary settings.

Please ensure you retain a copy of the job description and person specification for the post you are applying for – you will need this to help you prepare if you are selected for interview.

Please retain details of the job reference number – you will need this if contacting NHS Greater Glasgow and Clyde Recruitment Services.

Should you require further information or assistance in relation to your application please visit www.nhsggc.org.uk/recruitment or email your enquiry to nhsggcrecruitment@nhs.net. Please ensure you have the job reference number to hand.

For details on what happens once you have submitted your application, please visit the NHS Greater Glasgow and Clyde – recruitment guidance for applicants.
Guidance for completing your application form

Completion of the application form is the first stage in the recruitment process, and if you are successful, will form the basis of your employment record. Complete and accurate information is essential. Please note: If you knowingly withhold or provide false or misleading information, this may result in your application being rejected, or if appointed, may result in dismissal from your post.

Your application form plays a vital role in the recruitment and selection process. The information you provide us with in your application form will be used to decide whether you are shortlisted to attend an interview. Only those applicants who can clearly demonstrate in their application form how they meet the minimum essential requirements for the post as specified in the job description and person specification will be considered for interview selection.

Applicants should read the candidate information pack and job description for the post prior to completing the online application form.

When completing the online application form applicants should read the instructions in each section and note the following:

- the application form has an automatic time out mechanisms, therefore you should click on the "save" button as you go through the application form or copy and paste from another document, to avoid losing content.
- please do not use any special characters (i.e. £, #, &, %) when completing your application. You are permitted to use the '@' symbol.

It is recommended that you complete all relevant sections of the application form. It does not matter how long ago your last employment was, if you have an employment history please list it.

If you have not previously been employed, please use the “Present or Most Recent Post” section to detail what you have been doing (i.e. full time student / parent / carer).

Please note that you can list unpaid work including work placements and volunteer work in your employment history.

NHS Greater Glasgow and Clyde do not accept Curriculum Vitae (CV), unless a CV has been specifically requested as part of the recruitment process.

By completing and submitting an application for this post you give your consent for NHS Greater Glasgow and Clyde to commence pre-employment checks, including reference checks, once your formal conditional offer of employment is made to you. Click Here for more information. For details on NHS Greater Glasgow and Clyde’s pre-employment check procedures, please visit the NHS Greater Glasgow and Clyde – recruitment guidance for applicants.
Part A (Personal information), Part B (Declarations), Part C (Application Details)

The job description provides information about the main duties and responsibilities of the post being advertised. It also describes the purpose of the post. Please ensure that your application form clearly demonstrates how your skills / knowledge / experience can be utilised in the role.

The job description and person specification also specify the requirements or criteria (knowledge, skills, experience, abilities and qualifications) that are essential or desirable to perform the duties outlined. Please ensure in your application that you demonstrate how you meet the minimum essential criteria and where applicable, the desirable criteria for the role.

Certain posts in NHS Scotland are exempt from the 1974 Rehabilitation of Offenders Act (Exclusions & Exceptions) (Scotland) Order 2003. Click Here for more information. If the advertisement for this position has declared that we require a Disclosure Scotland PVG Scheme Membership / Disclosure Scotland Check, you must declare any previous convictions, classed as either “spent” or “unspent”, including criminal convictions received outside the United Kingdom.

The Asylum and Immigration Act 1996 states that it is a criminal offence to employ a person who is not entitled to work in the United Kingdom (UK). Consequently, before NHS Greater Glasgow and Clyde offers employment, the prospective employee must provide evidence, that he/she is entitled to work in the UK. All applicants regardless of nationality will be asked to provide evidence of eligibility to live and work in the UK.

As a Disability Confident Employer, NHS Greater Glasgow and Clyde operates a Guarantee Interview Scheme for disabled applicants. Candidates who have declared a disability and who meet the minimum essential criteria outlined within the job description / person specification will be guaranteed an interview.

You must provide full and complete employment references including a work email address (personal email address for employment references may not be acceptable) covering a minimum period of the last three years. Employment referees should be listed in chronological order – that is the most recent first. If you have had more than two employers in the last three years we will require additional references. Character referees should only be used in the event that you cannot provide two employer references covering the last three years.

Any gaps in employment history must be detailed within your supporting statement and will be explored carefully with you at the interview stage.

If you have an employment history of less than three years, you should provide full details of an academic referee or other person who is not a friend, is not related to you or involved in any financial arrangement with you to provide a personal reference.
If you have had no previous employment or have been self-employed you should provide details of two personal referees as outlined above and where applicable evidence to confirm your status (i.e. letter from Jobcentre Plus, academic record or evidence from HM Revenue & Customs) if you are shortlisted for interview.

Your application form provides you with an opportunity to provide a supporting statement. This section is one of the most important in the application form as the information that is provided here will be evaluated and used to decide if you are invited to attend interview. This section gives you the opportunity to describe and demonstrate the particular qualifications, skills, abilities, knowledge, relevant experience and other qualities that make you a good candidate for the post.

**Part D (Equal Opportunities)**
This part of the form is optional and the information you provide in this section exercises no part of the selection process. It is treated in confidence and only the Recruitment Service or Human Resources staff can access this information for the purpose of recording and compliance monitoring, to ensure our workforce is balanced and represents the best candidates from all parts of society regardless of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity status, race, religion or belief, sex, sexual orientation and/or socio-economic status.

**Data Protection Act 1998**
The information you provide on your application will be treated in confidence. Only those NHS Greater Glasgow and Clyde staff involved in the selection process and processing your application will see your application form. If you are the successful applicant your application form will be retained and used to create your employee record file. Your application form will be held for 12 months, from the date of your application, within the NHS Greater Glasgow and Clyde recruitment system, after which period it will be deleted from the system.
Working for NHS Greater Glasgow and Clyde

About us
NHS Greater Glasgow and Clyde is the largest health board and provider of healthcare in Scotland and one of the largest health care providers in the UK.

NHS Greater Glasgow and Clyde’s purpose is to:

“Deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities.”

The Board works in close partnership with other NHS organisations, local authorities and other agencies including the third sector to ensure that social work, education, housing, employment and environmental services unite effectively and efficiently with the NHS in tackling inequalities and underlying health problems in local communities.

The future shape of health and social care provision is changing following the move to establish new statutory Partnerships between NHS and Local Authorities, responsible for the planning and delivery of Health and Social care for local populations. This requires the development of very different relationships between primary care, mental health services, community and acute services.

NHS GGC serves a population of 1.2 million (over 1/5 of the population of Scotland) with services provided by 39,000 staff.

The geographical area covered includes: Glasgow City, West Dunbartonshire, Inverclyde, Renfrewshire, East Renfrewshire, East Dunbartonshire and North Glasgow (Stepps-Moodiesburn corridor).

Our services
NHS Greater Glasgow and Clyde provides a full range of Secondary and Tertiary Clinical services, Primary Care, Mental Health and Community services included in which are a number of world-class specialist services.

Find out more about NHS Greater Glasgow and Clyde at www.nhsggc.org.uk.

If you want to know more about the NHS Scotland, visit www.show.scot.nhs.uk.

If you are successful in your application to join us, you will be working within one of our Acute, Primary and Community Care Services. These services are in turn supported by a range of Corporate Service functions including Administration, eHealth, Finance, Human Resources, Public Health, Corporate Planning, Facilities and Estates.
Click Here to find out more about our Community Services
Click Here to find out more about our Mental Health Services
Click here to find out more about the services in your area

**Employee benefits**
We offer all our staff excellent benefits including:
- NHS Superannuation pension scheme,
- Child Care Vouchers,
- Bursaries to support education and training,
- Interest free loans to purchase Zonecards for trains, buses, underground and some ferries
- Cycle to work interest-free loans to purchase bicycles and equipment

For more information on the benefits available to NHS Greater Glasgow and Clyde staff, visit www.healthservicediscounts.com.

**Further information**
For further information on any aspect of the recruitment process or for further details on working within NHS Greater Glasgow and Clyde contact:

NHS Greater Glasgow and Clyde
*Recruitment Services*
West Glasgow Ambulatory Care Hospital
Dalnair Street
Glasgow
G3 8SJ

Tel: +44 (0)141 278 2700
Email: nhsggcrecruitment@nhs.net