



## Job Description and Person Specification

### Consultant in Paediatric Palliative Medicine (10PAs)

Children's Hospices Across Scotland (CHAS) and NHS Lothian, Royal Hospital for Children and Young People, Edinburgh

#### Overview of post

|                         |  |
|-------------------------|--|
| <b>Job Title</b>        | Consultant in Paediatric Palliative Medicine   |
| <b>Organisation</b>     | Children's Hospices Across Scotland (CHAS)<br>NHS Lothian  |
| <b>Line management</b>  | Medical Director, CHAS (Dr Annabel Howell)<br>Clinical Director, NHS Lothian (Dr Sonia Joseph)   |
| <b>Type of contract</b> | Permanent  |
| <b>Hours per week</b>   | 10 PAs (8+2 on call)   |
| <b>Location</b>         | Rachel House, Children's Hospices Across Scotland<br>Royal Hospital for Children and Young People, Edinburgh   |
| <b>Salary</b>           | NHS Scotland Consultant pay scale £111,430 – £148,064 plus option to continue NHS Scotland Pension.  |
| <b>Post date</b>        | 12 May 2026  |
| <b>Closing date</b>     | 31 May 2026  |
| <b>Contact</b>          | Dr Annabel Howell, Medical Director, Children's Hospices Across Scotland; <a href="mailto:annabelhowell@chas.org.uk">annabelhowell@chas.org.uk</a><br><br>Dr Sonia Joseph, Clinical Director, Royal Hospital for Children and Young People, Edinburgh;<br><a href="mailto:sonia.joseph@nhslothian.scot.nhs.uk">sonia.joseph@nhslothian.scot.nhs.uk</a> |

## Scope of the role

This is a substantive 10 PA appointment for a Consultant in Paediatric Palliative Medicine (PPM). The post holder will be a member of both the Paediatric Palliative Care Team (PPCT) within the Royal Hospital for Children and Young People, Edinburgh and CHAS hospice and community services. The post holder will provide senior medical delivery of palliative care to babies, children and young people with life limiting and life-threatening conditions within the children's hospices, hospital, and community. The post holder will be expected to contribute to the strategic development of paediatric palliative care across Scotland, including the delivery of education, training, and research.

The successful candidate should have subspeciality training in Paediatric Palliative Medicine (PPM). If a subspecialist cannot be secured, consultant paediatricians on the specialist register may be considered where they have specialist training and can demonstrate experience in providing specialist palliative medical care to seriously ill and dying children.

The postholder will join the on-call rota for the Clinical Advisory Service (CAS) which is the CHAS-hosted national provision of 24/7 advice and support for professionals to ensure consistent and high quality paediatric palliative care across Scotland.

## Objectives of the post

### Clinical:

- To deliver high quality palliative care for babies, children and young people with life-limiting condition and their families, across CHAS and NHS Lothian.
- To support the ongoing development of hospital paediatric palliative medicine within the Royal Hospital for Children and Young People further integration of palliative care into specialist paediatric services.
- To provide expertise in complex symptom management, supporting ethical and clinical decision-making, advance care planning and providing end of life care and bereavement support.
- To work within the established interdisciplinary MDT at Rachel House Children's hospice providing accessible and holistic palliative care.
- To support the development of paediatric palliative medicine services within CHAS in conjunction with CHAS Medical Director and medical/nursing staff. This will include line management of medics and clinically leading the team.
- To maintain and develop close interface working between hospice and hospital services, promoting seamless care for children and families requiring palliative care input.
- To contribute to the newly formed national paediatric palliative medicine on-call service, providing a clinical advisory service across Scotland for professionals supporting babies, children, and young people at end of life.

#### Strategic and Leadership:

- To contribute to the development of paediatric palliative care services locally, regionally and nationally.
- To represent Scotland at a national level within organisation such as Scottish Children and Young People Palliative Care Network (SCYPPN) and the Association for Paediatric Palliative Medicine (APPM).
- To contribute to and inform the CHAS strategic plan which works alongside the national strategy, ensuring the best holistic care for the children and families.

#### Education and training:

- To provide education and training in children's palliative care at all levels across hospice, hospital, and community.
- To support the development of sub-specialist paediatric palliative medicine training in Scotland and contribute to multi-professional educational supervision.
- To support the specialist training of Advanced Nurse Practitioners (ANPs) and Clinical Nurse specialists (CNSs) across both hospice and hospital, and to support their ability to educate other professional groups.
- To collaborate with colleagues and key stakeholders to support the ongoing development of palliative and end of life care training across Scotland.

#### Research:

- The appointee will be expected to collaborate in clinical research that is related to service delivery.

#### Clinical governance:

- To participate in clinical audit, incident reporting, adverse event analysis and ensure resulting actions are implemented.
- Participate in ensuring published guidelines and best practice recommendations are implemented.
- To ensure clinical guidelines and protocols are reviewed, implemented, and monitored.
- To maintain ongoing professional development.

## CHAS

CHAS provides paediatric palliative care and hospice services for babies, children and young people with life-shortening conditions and palliative care needs in Scotland. CHAS's current strategic plan was developed working with families and other stakeholders. It focuses on the three critical stages.

The full version can be accessed:

[unwavering-care-our-strategic-plan-2024-2028.pdf](#)



For each juncture, we have a clear action plan with measurable objectives.

### Rachel House, Kinross:

Rachel House is set in the small town of Kinross, north of Edinburgh. It is located in the walled garden of Kinross House, with views over Loch Leven. It is near to local amenities with the High Street only 500yards away.

There are eight children's bedrooms on the ground floor and eight parents/family rooms on the first floor where there is also a lounge, kitchen and laundry facilities. There is a Jacuzzi, sensory room, teenage den, quiet room and a rainbow room suite where children are cared for after death.

The needs of each child and family will vary and therefore the care provided is tailored accordingly. Holistic palliative care and support is offered regardless of care setting or geographical location and includes:

- Short planned specialist breaks and day visits where a family can stay together in one of our hospices or the child can stay on their own
- Planned specialist nursing and family support visits in the home, community or hospital setting
- Unscheduled admissions

- Unscheduled specialist and care around dying in a child's home
- Medical consultation visits to a child in hospital or at home
- 24-hour specialist advice for families and to health and social care professionals
- Development of future care plans with families and other professionals
- Complex symptom management, both practical and advisory, for families and professionals across Scotland
- Step-down care
- Care around dying no matter the location or condition
- A comprehensive family support service, finance and energy advice and support, play and child development and sibling support
- Support for the young person to transition to adult services
- Provision of care after death for the child and their family within the Hospice or at home
- Care and support for bereaved families
- Deeply integrated working with NHS boards to deliver seamless services to children and families
- Whole-family support for families affected by children with life-shortening conditions

The staffing provided is 1:1 for most children. Care staff are trained to the needs of the child. Many are tracheostomy/ventilation trained. We support children receiving invasive and non-invasive ventilation and various forms of tube feeding. There is always a lead nurse co-ordinator on and back up support on call from a senior nurse and the medic on call. The care database is the system used in the hospice and there is access via ECS to the medications any child is on, to enable medicines reconciliation.

The Rainbow suite also supports children who have died outside of the hospice, according to the SOP and where the death does not require Procurator Fiscal involvement, or the Fiscal has approved the move. Support for the family is holistic in terms of psychological, practical and financial.

Rachel House will be undergoing a rebuild during 2026/7 so care will move to Mina House in Kinglassie where the building has been adapted to be similar to Rachel House current provision. The return to Rachel House is expected early 2028.

#### **CHAS at Home (Rachel House)**

Each hospice has a co-located CHAS at home service which replicates the services available in hospice for those who wish to be at home. Respite visits and end of life care can be supported.

#### **What our families, children and people tell us about CHAS:**

“CHAS is our lifeline. I really don't know what we would do without the support. Everything they do is to help children and families like ours. It's not the scary place we first thought it would be; it's really quite a happy place where staff go the extra mile and make the impossible, possible.” Lyn French, mum to Jessica French.

## Current PPM provision within Children's Hospices Across Scotland

### **Present staffing in Children's Hospices Across Scotland (CHAS):**

#### **Medical Director:**

- Dr Annabel Howell, Medical Director

#### **Hospice medical team:**

- Dr Satyajit (Bubu) Ray, Consultant in PPM, RHCYP, Lothian and Rachel House, CHAS,
- Dr Anne Marie Harris, Consultant in PPM, RHC Glasgow and Robin House, CHAS,
- Dr Sarah Coy, Associate Specialist (SPIN trained in PPM) who also works in NHS Ayrshire and Arran,
- Dr Paul Eunson, Consultant Paediatric Neurologist,
- Dr Anne McGettrick, Consultant PICU, RHC GGC and hospice doctor in CHAS,
- Dr Kerri Greene, Hospice Doctor and Pro-Dean University of St Andrew's Medical School (Pastoral Support),
- Dr Jen James, Hospice Doctor, Rachel House and Paediatrics , NHS Lothian.

#### **Clinical Advisory Service (CAS):**

- Dr Jonathan Downie, Consultant in PPM RHC GGC and Clinical Lead, CAS at CHAS and on call

#### **Hospice On call/ Clinical Advisory Service only:**

- Dr Diana McIntosh, Consultant in Paediatric Oncology with SPIN in PPM (CHAS on call only)

### **Advanced Nurse Practitioners (ANPs), Independent Prescribers (IPs) and trainee ANPs:**

We have advanced nurse practitioners in both hospices, and trainees at various stages of their training. They support admissions, MDTs and reviews and can support visits, where directed by the hospice medics. We also have IPs who support safe prescribing.

### **Pharmacist:**

CHAS have the only specialist pharmacist for PPC in Scotland. They oversee medicines management and governance and provide specialist advice across all settings, as well as support symptom management in GGC, Lothian and the rest of Scotland as needed.

### **Teaching at CHAS:**

CHAS has an ongoing teaching programme delivered in part through a Project ECHO approach that enables collaborative learning and discussion around various topics for various groups. Other opportunistic teaching occurs at the bedside/in medical meetings. We work closely with all NHS providers to encourage e.g. our trainee ANPs to gain experience in NHS facilities, widening their skills and learning opportunities.

### **Research at CHAS:**

We have published research with University of Strathclyde to explore the impact on siblings of having a child with a life shortening condition in the family ([Because We Care](#)). Staff are encouraged to do pieces of research, approved through our clinical governance structure. Some staff are engaged in postgraduate education e.g. dissertations for master's for ANPs, and PhDs e.g. the use of digital technology in death, dying and bereavement.

## Clinical Advisory Service

The clinical advisory service (CAS) started in early 2025 and provides access to holistic palliative care and specialist paediatric medicine expertise for professionals anywhere in Scotland who are caring for:

- ❖ Children and young people who are at end of life where symptom management advice is likely to be needed (i.e. not being led by an intensive care or disease-directed team)
- ❖ Children and young people who are deteriorating will remain in ward-based level care or receive comfort/symptomatic care only.
- ❖ Any Child or young person who has a serious illness who is unstable/deteriorating or at end-of-life where there is a specific and clear clinical question which would benefit from expert team (MDT) discussion.

The CAS is a multi-professional and multidisciplinary forum to bring these specialists together to provide advice to organisations, doctors, nurses and health and social care staff who wish to access specialist paediatric palliative medicine, and other forms of paediatric palliative care.

The aims of the service are to:

- Increase access to specialist paediatric palliative medicine advice across Scotland, for professionals caring for children and young people with serious life-limiting illness who are symptomatically unstable, deteriorating or dying.
- To offer 24/7 access to specialist paediatric palliative medicine advice to enable and empower regional paediatric teams to deliver care locally in the child/families preferred place of care
- Support access to holistic palliative care and wider family support services to family members of children and young people with serious life-limiting illness who are symptomatically unstable, deteriorating or dying.
- To improve patient safety through enhanced partnership working, standardisation of practice, decision-making and clear robust standard operating procedures.
- To provide clear governance structures for the specialist paediatric palliative medicine workforce, enhance peer support and peer review.
- The service will improve access to specialist paediatric palliative care expertise for babies, children and young people with life-limiting illness who have deteriorating health or are at end-of-life across Scotland.

## Current PPM provision within the Royal Hospital for Children

### **Royal Hospital for Children and Young People:**

RHCYP and paediatric services is co-located with neonatal and adult services at Little France campus. The hospital relocated from the old site at RHSC, in March 2021, to a state-of-the-art purpose-built children's hospital. The hospital is a quaternary referral centre and teaching and training facility. The teams work closely across secondary and primary care to build on previous pathways of care to adapt to the requirements of the new location. Our comprehensive community paediatric service of 12 WTE consultants for Lothian takes the lead in child protection and neurodisability care.

There is an excellent teaching programme that includes weekly radiology meetings and well attended hospital grand rounds in addition to journal clubs and departmental teaching. Additionally, the RHCYP have an embedded quality improvement infrastructure, which aids project coaching, planning, and project progress with alignment to service goals whilst encouraging grass route improvement and innovation.

All paediatric medical and surgical subspecialties are represented.

#### **The Paediatric Palliative Care team:**

The Paediatric Palliative Care Team (PPCT) at the Royal Hospital for Children and Young Children (RHCYP), Edinburgh, had longstanding paediatric palliative care specialist nurses and an outstanding care 24 package including our community nursing team. In 2020, with CHAS funding, we had a new Paediatric Palliative Care Consultant commence with the team. They are currently on maternity leave with Locum Consultant service support. In 2024, a second consultant post was added to the team working across the hospital and hospice. This partnership between NHS Lothian and CHAS has augmented and enhanced the provision of high-quality palliative care to children and young people accessing services within RHCYP.

The PPCT provide Specialist Paediatric Palliative Care across the paediatric spectrum, from the antenatal period, through infancy and childhood, and for young people until they reach their 16th birthday (and those who are 17-18 years but still accessing services at the RHCYP). The team provide consultative clinical advice and support across the full range on paediatric sub-specialities in symptom management, complex clinical decision-making and the planning and delivery end of life care.

A key aim of the service is to promote true choice at end of life. The service provides an individual patient-centred pathway from diagnosis or recognition that a condition is life-threatening or life-limiting through to the provision of inpatient support for the RHCYP and a targeted outreach service in conjunction with CHAS, visiting patients and families wherever they are being cared for. The team are well integrated within RHCYP and have seen an increasing demand for integration of palliative care within established and patient-specific disease directed MDTs.

#### **Clinical activity:**

The PPCT received referrals from disease-direct specialities (including Paediatric, and Neonatal Intensive units). Most referrals are for babies, children or young people with non-malignant diagnoses and for whom their phase of illness is unstable or deteriorating (62%). The service supports the planning and delivery of end-of-life care across all settings.

#### **Present staffing in Royal Hospital for Children (Edinburgh):**

##### **Consultants:**

- Dr Jillian Brown, Consultant in PPM, 8 PAs (On Maternity Leave)
- Dr Satyajit (Bubu) Ray, Consultant in PPM, 10 PAs across both Rachel House and NHS Lothian

##### **Diana Children's Nurse:**

- 1.0 WTE Diana Children's Nurse mainly working within the neonatal setting

**Clinical Nurse Specialists:**

- 3.0 WTE Clinical Nurse specialists

**Administrative support:**

- 0.8 WTE Administrator

**Teaching at Royal Hospital for Children and Young People, Edinburgh**

RHCYP is a tertiary teaching hospital. It is expected that all consultants will be familiar with the principles of effective teaching and supervision and will contribute to the developing training programmes and are expected to achieve recognition of trainer status.

The team provide education to both undergraduate medical students and post-graduate paediatric trainees (ST1-ST8), as well as targeted departmental teaching programmes. It is expected that the post holder will contribute to this teaching and training.

**Research at Royal Hospital for Children and Young People**

The Paediatric Palliative Care team are active contributors to national research in PPM. The post holder will continue to develop the team's research activity. RHCYP also have an internationally acclaimed research centre within RHCYP site with active research activity within all paediatric specialties.

[https://children.nhslothian.scot/departments\\_services/clinical-research/](https://children.nhslothian.scot/departments_services/clinical-research/)

## Proposed Job plan

### Job planning

Consultant medical and dental staff are expected to participate in annual team and individual job planning review, which is a prospective agreement setting out duties, responsibilities, objectives and supporting resources for the coming year. Job planning should cover all aspects of a consultant's professional practice, including clinical work, teaching, education, research, and budgetary and managerial responsibilities. The objectives listed in the job plan are tasks, targets, or development needs that the team and consultant, or the consultant and the person with whom he/she has agreed the objectives, wishes to achieve. They should reflect the needs of the children and families we serve, the service, team, the consultant, the organisation, health community and health service.

### Clinical leadership, line management and appraisal

The post holder will have a CHAS contract and honorary contract with NHS Lothian to ensure seamless working across both sites. A joint approach to line management will be adopted between CHAS and NHS Lothian to represent both services that the post-holder will work across and provide a collaborative approach to job planning and review.

### Flexibility

The post must reflect a split of sessions between community, hospice, and hospital to ensure the needs of children are met across all settings. This presence supports the skills

and experience of all staff groups and between staff groups to be maintained, providing seamless care. The post holder will have autonomy to respond to the clinical needs of the services whilst keeping within this. The job plan is an overview across all sites.

### Job Plan

The appointee will be contracted for 10 programmed activities per week. The Job Plan is inserted below. The appointee will be expected to cover for colleagues annual, study and sick leave.

The Tuesday and Wednesday could alternate to ensure crossover with the permanent consultant and attendance at both the Clinical Advisory Service and the Lothian MDT.

| Day       | Time          | Location                     | Work  | Categorisation | No. of PAs |
|-----------|---------------|------------------------------|---|----------------|------------|
| Monday    | 09:00 – 17:00 | RHCYP                        | Patient clinical reviews (symptom management; advance care planning) including if required at Rachel House.<br><br>Clinical advice and liaison<br>Patient Admin and MDT preparation.<br>Clinical education and supervision. | DCC            | 2          |
| Tuesday   | 09:00 – 17:00 | Community/RHCYP/Rachel House | All settings -patient clinical reviews (symptom management; advance care planning)<br><br>CAS (14:00-16:00)   | DCC            | 2          |
| Wednesday | 09:00-17:00   | Rachel House/Community/RHCYP | All settings- patient review / new patient referrals/ MDTs/ Patient admin.<br>Clinical advice and liaison<br><br>SPA (13:00-17:00)  | DCC<br><br>SPA | 1<br><br>1 |

|                                    |               |                 |  |     |   |
|------------------------------------|---------------|-----------------|--|-----|---|
| Thursday                           | 09:00 – 17:00 | Rachel House    | Patient work – patient review / new patient referrals/ MDTs/ Patient admin including at RHCYP if required. Clinical advice and liaison | DCC | 2 |
| Friday                             |               | Non-Working Day |  |     |   |
| <b>TOTAL PAs</b>                   |               |                 |  |     |   |
| <b>Programmed Activity</b>         |               |                 | <b>No of PAs</b>   |     |   |
| Direct clinical care               |               |                 | 7.0  |     |   |
| Supporting professional activities |               |                 | 1.0  |     |   |
| On call                            |               |                 | 2.0  |     |   |
| TOTAL PROGRAMMED ACTIVITIES        |               |                 | 10.0   |     |   |

### Appraisal

This will be through NHS Tayside. The Responsible Officer will, when required, contact the CHAS Medical Director, who will liaise with the Lothian Clinical Director.

### Office Accommodation / Secretarial support

Office accommodation including computer facilities are available for the Consultant. There is secretarial provision, which the appointee will share with colleagues.

### Clinical Audit and Clinical Governance

The post holder must be aware of clinical governance and clinical risk management and take an active part in their implementation, including audit.

### Continuous Professional Development

Continuous professional development is supported according to the guidance of the Royal College of Paediatrics and Child Health.

### Educational Supervision of Junior Doctors

The post holder may be responsible for supervision and training of junior doctors and will be expected to gain Recognition of Training status.

### Annual Leave

Up to 40 days per year inclusive of public holidays.

### Study Leave

In accordance with the needs of the service, and where the service is covered. Allocation is 30 days over a 3-year period.

## Person specification

This table lists the essential and desirable requirements needed to perform the job effectively. Candidates will be shortlisted based on the extent to which they meet these requirements. Evidence for suitability in the role will be measured via a mixture of application form, and interview.

|  | Essential  | Desirable | Assessment method |
|--|------------|-----------|-------------------|
|  | E          | D         | A/I               |
| <b>Academic/Professional qualification/Training</b>  |            |           |                   |
| GMC specialist registration with a Licence to Practice obtained by designated start date. Overseas candidates can be advised prior to application by CHAS and NHS Lothian.   | E          |           | A/I               |
| MRCP, MRCPCH or equivalent post graduate qualification in Paediatrics  | E          |           | A/I               |
| For Consultant in PPM - CCT/CCST in Paediatric Palliative Medicine (PPM) or within 6 months at time of interview.<br>OR If Consultant with an Interest in PPM<br>Equivalent training and experience eg eligible for CESR or completed SPIN training will be considered | E<br><br>E |           | A/I               |
| Higher degree (beyond a basic medical degree) –e.g. PhD  |            | D         | A/I               |
| Formal teaching qualification  |            | D         | A/I               |
| Leadership or management qualification   |            | D         | A/I               |
| <b>Experience/Knowledge</b>  |            |           |                   |
| Extensive experience in Paediatric and palliative care   | E          |           | A/I               |
| Experience in the management of challenging clinical and ethical decisions   | E          |           | A/I               |
| Experience of teaching students and multi-disciplinary team  | E          |           | A/I               |
| Experience of leading in Clinical Audit processes  | E          |           | A/I               |

|  |          |          |     |
|--|----------|----------|-----|
| Published research in peer reviewed journals in relevant area                                      |          | <b>D</b> | A/I |
| Clinical Governance through experience of participating in quality or safety improvement projects. | <b>E</b> |          | A/I |
| Experience of recruiting patients to clinical research trials                                      |          | <b>D</b> | A/I |
| Experience of working in shared care clinics and clinical networks                                 |          | <b>D</b> | A/I |
| Experience of clinical leadership or management  |          | <b>D</b> | A/I |
| Knowledge and understanding of diverse backgrounds and perspectives.                               | <b>E</b> |          | A/I |
| Demonstrable contribution to advancing Equality, Diversity and Inclusion in the Workplace          | <b>E</b> |          | A/I |
| <b>Skills</b>  |          |          |     |
| High level written and oral communication skills; advanced communication skills training           | <b>E</b> |          | A/I |
| Ability to organise and prioritise own workload  | <b>E</b> |          | A/I |
| Ability to work under pressure in a multi-disciplinary environment                                 | <b>E</b> |          | A/I |
| Presentation skills  | <b>E</b> |          | A/I |
| Understanding and proven ability to apply research findings in a clinical/organisational context   | <b>E</b> |          | A/I |
| Excellent interpersonal and negotiating skills   | <b>E</b> |          | A/I |
| Ability to work on own initiative within an ever-changing environment                              | <b>E</b> |          | A/I |
| Leadership skills  |          | <b>D</b> | A/I |
| <b>Other requirements</b>  |          |          |     |
| Right to work in UK  | <b>E</b> |          | A   |
| Ability to meet on call requirements & Regional commitments  | <b>E</b> |          | A/I |
| Drivers Licence  |          | <b>D</b> | A   |

## Further Information

|  |                   |  |                         |
|--|-------------------|--|-------------------------|
| Medical Director,<br>CHAS  | Dr Annabel Howell | <a href="mailto:annabelhowell@chas.org.uk">annabelhowell@chas.org.uk</a> | Tel:<br>07780484<br>420 |
| Clinical Director,<br>Royal Hospital<br>for Children and<br>Young People,<br>Edinburgh | Dr Sonia Joseph   | Sonia.joseph@nhslothian.scot.nhs.<br>uk                                  | Tel:01313<br>120747     |
| Consultant PPM   | Dr Satyajit Ray   | Satyajit.ray4@nhs.scot   |                         |