CONSULTANT GENERAL SURGEON

BELFORD HOSPITAL
FORT WILLIAM

JOB DESCRIPTION
& SUPPORTING INFORMATION

MS12.13.21
APPOINTMENT OF CONSULTANT GENERAL SURGEON

Introduction

Applications are invited for the substantive replacement post of Consultant Surgeon. This information package contains details relating to the local area, the hospital, this post and the basic Terms and Conditions of Service.

Recruitment and Selection Process

Candidates are encouraged to visit the Department and Hospital prior to short listing but will only be reimbursed for expenses provided that they are subsequently short listed. If you wish to arrange such a visit you should first contact:

i) Miss Sarah Prince, Consultant Surgeon or Dr Brian Tregaskis, Consultant Gastroenterologist & Clinical Director on 01397 702481 for informal enquiries and to confirm an appropriate date and time: and

ii) Ms Jackie Sutherland, Medical Staffing Manager – Telephone 01463 705670, so that appropriate travel and accommodation arrangements can be made. Failure to confirm arrangements with the Human Resource Services may result in limited reimbursement of expenses

All candidates and employees are afforded equal opportunities in the recruitment and selection process and in employment irrespective of their age, gender, marital status, race, creed, sexual orientation, colour or disability

Closing date for completed applications: Monday 9th September 2013.

Interviews expected to be held on Wednesday 9th October 2013
Thank you for your interest in a Consultant Post at Belford Hospital.

Are you looking for a job with a difference? An opportunity to take control of your career and decide what your future will look like? We are looking for the next member of our close working team. As a consultant surgeon you will work closely with colleagues in Medicine and Anesthetics to deliver a 1st rate service to the population of Lochaber and beyond.

Belford Hospital Fort William is unique. It is a Rural General Hospital located in the Scottish Highlands (but close enough to be able to drive to the central belt in 2 hours). So you have the beauty of the Scottish Highlands combined with the convenience of being within striking distance of the major Scottish centres (and London is only a sleeper-train journey away).

The dynamics of our team are far more important to us than subspecialty interest. We pride ourselves that ‘Generalism is our Specialism’. We are happy to consider any subspecialty interest - providing you are emergency general surgically trained - we can add in any other training or experience you may require. This is truly a unique opportunity, a chance to design your own job plan to your own interests. It is true 'General Surgery' in a fabulous setting.

By nature of the population size Belford Hospital in Fort William is a very small hospital. We have 34 acute beds and 8 day-case beds. There is an Accident and Emergency department that, because of the hospitals location at the foot if Ben Nevis, sees approximately 11000 patients a year – a huge amount for its size. The three acute specialties of Surgery, Medicine and Anaesthesia have 24/7 consultant cover (these consultants also cover A&E). We offer a unique career in a small dynamic unit where you will rapidly feel like 'one of the family'.

We recognise that the consultants cannot pretend to be masters of every medical and surgical discipline and as such all of us do 'a little bit of everything' as well as having specialist interests, (so as an example one of our consultants is a General Surgeon with a HPB interest, another has a laparoscopic colorectal interest but all cover General Surgery / trauma / A&E on a daily basis). Students and doctors coming to "the Belford" are often surprised at the breadth of clinical situations to which they are exposed during their time with us. With particular reference to Accident and Emergency, the traditional boundaries between specialties can be completely blurred. Unlike some hospitals with a profusion of "middle grades", all consultants have to be very "hands on" and physically present in times of need.

We would not expect you to just start a post with this breadth of surgical cover without support and any additional training required - we will provide this for you.

You will be expected to provide a 1 in 4 (With prospective cover) On Call, providing Consultant cover of Emergency General Surgery and Trauma to Lochaber. Discussions are ongoing in respect of a 4th Surgeon based at Belford (at the moment the 4th Weekend is covered by a locum).
We are very committed to teaching we would expect you to become involved in this. Our consultants run national & international revision courses for medical students as well as examining in the MRCP across the UK. We are also an MRCP PACES centre and are looking at bringing several other courses to the area.

There are ongoing discussions around visiting Surgical service to Skye once per month for 2 days with 3 sessions of operating and endoscopy and 1 afternoon outpatient clinic (1 session) per month. Add a further ½ session of administration (reviewing results & dictating letters to patients and GPs) so that when the travel time is factored in, you are obliged to take the Friday off to keep within your contracted sessions! If you are interested this will be incorporated into your job plan.

There is also the hugely exciting possibility of linking with any of our tertiary referral centres - to maintain specialty skills etc. This link is already in place & working with one of our existing Consultant Surgeons who spends time in Edinburgh. Apart from the undergraduate teaching, there is the opportunity to be involved in University of Edinburgh / RCSEd Surgical distance learning programmes. There is the opportunity to serve as e-tutor or as module leader for MSc in Surgical Sciences and ChM in General Surgery in which remote and rural surgery is a component. Appropriate Honorary University status would be awarded for this.

"Focusing your life solely on making a buck shows a certain poverty of ambition. It asks too little of yourself. Because its only when you hitch your wagon to something larger than yourself that you realise your true potential."
Barack Obama, President of the United States of America.

Fort William
The area of Fort William and Lochaber is a huge rural landscape and covers more than 2000 square miles of the West Highlands of Scotland. Fort William is the capital town by the foot of Ben Nevis, the highest mountain in the UK. The Lochaber population of about 20,000 often expands to 60,000 - 80,000 in the peak summer periods with visitors from all over the world coming to experience "The Highlands", and in wintertime to take advantage of Scotland's best ski-resort at Nevis Range.

Fort William and Lochaber is acknowledged as the Outdoor Capital of the UK due to the huge range of outdoor activities and sports one can do in the area. Activities ranging from scuba diving, sailing and canoeing, fly fishing and sea fishing to walking, cycling, mountain biking, rock climbing, ice climbing, skiing and snowboarding, to hang-gliding and flying. Then there are the traditional activities like Highland Games, that people come from all corners of the world to enjoy. The people of Fort William and Lochaber live in an area of truly outstanding natural beauty where the landscape offers a superb backdrop for a lifestyle rich in heritage, with a unique culture and includes excellent schools and a low crime rate.

Belford Hospital is part of NHS Highland Health Board. NHS Highland provides care for a land area the size of Wales, and Belford Hospital is one of three smaller units providing acute services for the Board. The Board’s area extends from Caithness General Hospital at Wick in the north, to the Lorn and Islands District General Hospital to the south. Raigmore Hospital in Inverness functions as a District General Hospital. To the south are the tertiary referral units of Glasgow and Edinburgh.

Belford Hospital has 17 beds on the 'Combined Assessment Unit' and 15 beds on ward 1. There is a 2-bedded High Dependency Unit and 9 dedicated 'Day-case' beds. There is a good on-site laboratory service providing basic biochemistry, haematology and cross-match services 24/7. We have on-site radiology with X-ray, ultrasound & CT. Both CT and X-ray facilities are 24/7 if required and reporting is via Inverness. There is physiotherapy, occupational therapy and cardiac physiology (ECHO, stress tests etc.) and a small midwife-led maternity unit (with a very selected caseload). There is a renal unit that provides dialysis 3 times a week (and chemotherapy on the other days)

Finally, we boast a newly refurbished and redesigned postgraduate centre - with VC facilities allowing multi-disciplinary meetings with larger sites.
**The Combined Assessment Unit.**

Something we are very proud of is our Combined Assessment Unit. In 2010 Dr Brian Tregaskis, our Clinical Director, redesigned the core services to improve patient assessment, stabilisation, diagnosis, transfer and discharge. Previous to this we had a Medical ward, and a Surgical ward. These traditional wards were closed and reopened as a Combined Assessment Unit (CAU), a Combined Step-Down Unit (Ward 1), and a Day Case Unit (DCU). Our aim was to streamline patient care, encourage multidisciplinary working, divert unnecessary work from A&E, educate the public about the concept of an assessment rather than the need for admission, reduce inappropriate admissions, and expedite supported and planned discharge with an associated reduction in patient stay. The key element here is combined working between medical and surgical specialities and all professions allied to medicine. This provides an ideal forum for teaching / training and has totally transformed the way we work.

Every patient is discussed at a morning ‘board-round’ with medical and surgical consultants, junior doctors, nurses, physiotherapists, occupational therapists and social-workers present. A decision is made to either discharge the patient or admit them for further treatment. Throughout the day, acute patients are admitted to the CAU and the team assesses each patients needs for further investigation and provides initial treatment and stabilisation.

**The Rota**

This is a 12 session post. paid as 10 PA’s + 2 EPA’s for direct clinical work. The OOH intensity supplement is 8%.

The on call is 1 in 4 with prospective cover. Weekdays are shared between consultants (we do not have a ‘week on-call’ system) Weekends are worked as a Fri / Sat / Sun (so 72 hours on) after handover on Monday morning you then have the rest of day and the Tuesday off.

The surgical activity is shared between consultants - and a monthly rota is produced. We work closely and almost any changes can be accommodated (with reasonable timing).

**Daily Routine**

The morning ‘Board round’ is the start of the day. This is followed by separate Surgical and Medical ward rounds, although once a week and at weekends we try to do a joint ward round. This gives our working day a huge head-start as all staff know exactly what each patients progress is and their needs are.

**Accident and Emergency.**

This goes on 24/7 – we see a variety of trauma / minor injuries / medicine / surgery and all other specialities in the accident and emergency unit. Because of our unique position at the foot of Ben Nevis we see a large volume of sporting trauma for a hospital of our size. – The volume of this does change with the season.

A&E is manned by junior doctors 24/7 and by very experienced nursing staff many of who are ENP’s. The consultants of all 3 specialities are A&E top cover when on call. There is help available from all specialities by telephone / VC for any cases that require specialist investigation / advice from other subspecialties.

For the majorly ill patients we work a “stabilise and transfer” system. Once stabilised (this may or may not include theatre) patients are transferred to a tertiary centre (e.g. to neurosurgery for major head injuries). This may involve transfer by one of the following;

- Paramedics & the Scottish Ambulance service.
- The EMRS (Emergency Medical Retrieval Service) who operate out of Glasgow.
- The Navy or RAF who will fly in difficult conditions (that the EMRS are not able to fly in)

And the challenge is that if it’s the middle of winter the roads can be impassable in bad weather and if there’s a blizzard the helicopters can’t fly – so we then have to do what we can.

**Combined Assessment Unit (CAU)**

All acute cases not presenting to A&E come to CAU. They are assessed and then admitted or discharged to GP or ambulatory care review in hospital.
Step Down Ward (Ward 1)
Any patient no longer requiring high level acute care but needing time to get back on feet is transferred to Step Down Ward from CAU and discharged as soon as practicable. Routine surgical admissions go through Step Down. Most surgery is day case and patients are admitted to Day Case Unit on The CAU corridor.

Out Patients.
Surgical clinics:
(Consultants rotate) these are all day Monday and Wednesday. New patients’ in the morning, returns in the afternoon. Pre-operative assessment clinics run on the same days in the pre operative assessment unit.

Medical Clinics:
Run on Tuesdays there is currently joint working in the form of joint clinics (& joint endoscopy lists) between 1 of the surgeons (HPB / Upper GI) and 1 of the physicians (Gastroenterology). This can be expanded dependent on interest.

Outreach clinics:
A variety of outreach clinics from other specialities are held in the out patient department – these vary from month to month but include; Vascular, Obs and Gynae, Orthopaedic, Rheumatology, Dermatology, ENT etc. The consultants usually travel down from the larger centre in Inverness (Raigmore Hospital)

Theatre.
All lists start at 9am and are all day lists. The Consultant Surgeons have theatre lists on Tuesdays, Wednesdays and Thursdays. The lists rotate between the 3 WTE surgeons as per availability. Minor Ops are done in outpatients every 2nd week (usually Tuesday or Thursday)

Endoscopy.
Consultant Surgeons perform endoscopies in rotation on Monday afternoon and Friday morning. Dr Tregaskis’s endoscopy lists are on Wednesday morning and all day Thursday.

Trauma clinics.
These are run in A&E on Monday and Wednesday mornings. The consultant surgeons run these, though on Wednesday one Dr Craig Macmillan is one of our local GP’s who ‘swaps’ with Dr Byrne who goes to “GP land” (he’s dual trained in GP and General Internal Medicine – interesting story). Dr Macmillan invariably runs the Wednesday trauma clinic when he’s present. This basically involves reviewing injuries that have been seen out of hours by the junior doctors. There is remote advice available for Orthopaedics in Raigmore (Inverness) for any challenging cases.

Service Potential.
The way we run our service is unique and it is constantly changing but with patient care at the heart of everything we do. Our CAU has won awards for innovation & excellence. Our Consultants have been invited to speak on National and International stages about service redesign and innovation. It is hoped that you, our new colleague, will add to this.

Innovations include;
- The conception and introduction of our Combined Assessment Unit (CAU)
- The concept of ‘joint working’ across specialties.
- The innovative post of Consultant physician and GP (Dual qualified - on specialist register for both)
- Our Surgical Link with Edinburgh (1 of our surgeons operates in Edinburgh for skill maintenance). This is being expanded.
- A rotating post from Inverness (Medicine)
- A 'Virtual Ward' for admission prevention.
- The introduction of a dedicated 'rural' Day-case unit.
- Linking with Edinburgh University to take placement students and elective from all over the world. One of our Surgeons writes & tutors the 'rural' ChM modules.

Finally (for now), after a 9-year “break” we have recommenced running the MRCP(UK) PACES Examination at Belford. (Incidentally, our centre number remains 0015 - we were the 1st non-university hospital in Scotland to be a centre!)
**Staffing.**

**Consultant Surgeons;**
Miss Sarah Prince, Consultant Surgeon.
Mr Des O’Callaghan, Consultant Surgeon.
Vacancy arising in January 2014 - This post.
Mr Tom Day, Locum Consultant Surgeon - does regular locums to make up 4th post.

**Consultant Physicians;**
Dr Brian Tregaskis, Consultant Gastroenterologist & Clinical Director.
Dr Patrick Byrne, Consultant Physician & GP.
Dr Tony Hunt, Locum Consultant Physician. - Post being advertised.
Dr Duncan Scott, Locum Consultant Physician (1 in 4 weekends only rotational)

**Consultant Anaesthetists;**
Dr Alex Kollar, Consultant Anaesthetist.
Dr Ludo Borgula, Consultant Anaesthetist.
Dr Dora Paal, Consultant Anaesthetist.
Dr Malcolm Thompson, Locum Consultant Anaesthetist.

**Other Doctors;**
FY1 Medicine (4 month placement) 3 x FY2 RHM (4 month placement)
FY1 Surgery (4 month placement)
CT1 Surgery (6 month placement) 3 x GPST (Rotational – 1 year placement)

The FY1’s work as ward ‘continuation’ so they don’t do any out of hours work apart from 1 in 4 weekend days. The remaining 7 do a 1 in 7 rota of days, long days and nights.

**Rural General Hospital Manager;**
Mrs Marie Law is our Hospital manager.

**Senior Nursing Staff;**
A&E C/N Karen MacMillan
CAU C/N Anne Boyd-MacKay
C/N Ruth Malcolm
Rehab Ward / Ward 1 C/N Mairi MacKinnon
Outpatients Department C/N Mandy Sillars
Operating Theatre & Endoscopy Unit C/N Pauline Yeung

**Radiography department;**
Superintendent Radiographer - Kevin Hickman
The X-Ray department is staffed by a skilled and talented group of radiographers, who, between them provide a comprehensive radiography service. We have once a fortnight visits from a consultant radiologist who works in Oban.

**Laboratories;**
Tina Webster – Laboratory Manager
We have a comprehensive laboratory service (on the second floor at the front of the hospital) providing analysis of routine and emergency investigations as well as blood transfusion/crossmatch.

**Physiological measurement;**
Kathy Tighe provides a wide service including ECG, resp function tests, ETT’s and echocardiography.

**MacMillan Team (Based at Fort William Health Centre)**

**Physiotherapy & Occupational Therapy.**

**Night Nurse / Day Nurse Practitioner Service**
These are Senior Nurses and are undertaking advanced clinical practice.
Teaching / Training.
The morning 'Board round' is the start of the teaching day. Separate Surgical and Medical ward rounds follow this, although once a week and at weekends we try to do a joint ward round. All students and juniors have commented on the amount of teaching and learning as each case is discussed, and questioning is encouraged from all staff.

Teaching is both formalised and impromptu sessions – e.g. often on foot of a seemingly innocent question. We firmly believe that every aspect of clinical practice has a teaching or learning component and have volumes of evidence to back this claim (our junior doctors night log-book being one such example).

Our consultants have a variety of teaching roles both within and externally to the hospital. Three of us are Educational and Clinical Supervisors to the junior doctors. Dr Tregaskis and Dr Byrne examine for the MRCP across the country and as previously mentioned we are once again an MRCP PACES centre. Dr Byrne runs a national & international revision course for medical students.

Wednesday & Friday morning tutorials 7.45 – 8.30. This is strictly voluntary - the juniors do not have to attend (due to hours restrictions) but most do and all the students attend. Belford Hospital Consultants provide local in-house teaching on a variety of medical, surgical and anaesthetic topics between them. You will be expected to participate in this.

Friday lunchtime postgraduate meetings 12.30 – 2.00. This is your own internal CPD.
- Rotational; Journal club, Internal morbidity & mortality, case reports, external speakers.
- Every Friday except 1st Friday of the month (Consultant meeting)

There is FY2 teaching on a monthly basis between Fort William and Oban. Again, we would expect you to be involved when it is our turn to run this.

Medical Students.
We get many students through the year from on placement (Edinburgh & Aberdeen), on elective (rest of Scotland & UK, and worldwide). From September to the start of March we take 2 Edinburgh students on rotational placement for medicine. From September until the end of April we take 2 Aberdeen students on rotational placement for surgery. Over the year we take a varying number of elective students because of our size we take a maximum of six students.

We take students at least at the end of their Fourth Year, or in their Final Year. The reason for this is that we encourage our students to work to FY1 standard (with cover) i.e. the traditional 'final year elective' we expect them to be at a stage where they have worked regularly on wards and understand hospital etiquette. Students are challenged to 'act up to level of FY1' because that is what they will be doing shortly when they qualify. When delegating to anyone, it is behooven on us to check the person is competent to do the task required, and often supervise initially (sometimes several times) before allowing independence (in common with the FY training). It is also appropriate for the student to present their case directly to the consultant and on the morning board rounds we find they gain a huge amount from this.

We would expect our new colleague to take-over responsibility for the 2 'surgical' placement students from the University of Aberdeen. There is potential to become an educational and clinical supervisor - if appropriately trained and interested.
We often get candidates asking if they can become involved in mountain rescue or retrieval. One of our consultants, Dr Brian Tregaskis, is a mountain rescue expert, on the local team, and medical director to the Mountain Rescue Committees of Scotland. A word of advice here (and please do listen to this): **No he cannot take you out on live rescues.** You are not insured and it’s a massive risk to the team who work very closely together for several years to get to that stage where they can trust each other with their lives in highly dangerous conditions. (The GMC is drafting guidelines actively discouraging folk doing this unless you have formal training & this is essentially your career). If, however, you are appropriately trained - then that would be up to you to make links etc. As a consultant surgeon you cannot be ‘up a hill’ when on call. This is not appropriate.

We may be considered a 'Remote and Rural' hospital - the reality is that we are a small DGH type hospital. It’s just that as consultants we cover a huge number of areas. Several of us have had to do an emergency C-section in a life-threatening situation - had it not been life threatening the patient would have been transferred. We do have CT scanners and an HDU but our mantra is that if we could not offer a patient the same level of care they would get in a major centre elsewhere in the UK, then we do not treat them - they are transferred. This is not the same as being totally remote in the Antarctic.

**Audit**

It is essential to your governance that you regularly participate in audit. You will be expected to perform any audit relative to your caseload and take a lead in audits with junior members of staff.

**Management**

You will be expected to develop the service within the available resources as agreed with the Clinical Director. This includes formulation of business plans. All Consultant Medical Staff are expected to participate in Consultant Appraisal and Job Plan Review on an annual basis and the revalidating process when necessary.

**CME / CPD**

It is expected that CME will be taken by the Consultant each year and will be fully funded by the Board. Currently there is considerable discussion over the need to increase the CME provision for Consultants based in remote rural hospitals, in order to maintain their knowledge base and skill. Our well equipped Postgraduate Medical Centre is on-site at Belford Hospital, video conferencing facilities allow participation in multi-disciplinary team meetings with the bigger units and in educational meetings elsewhere in Scotland.

**Accommodation / Housing**

Housing is cheaper. your ££ goes further. However, Scottish rules - you can't just put in a bid, it has to be done through a solicitor - they've really got this one tied up! For friends / relatives coming to visit there are obviously lots of B&B’s, a few hotels and several hostels in Fort William (as well as a couple of more expensive hotels)

**Schools**

There are 6 primary schools in the immediate FW area one of which hosts a Gaelic medium curriculum. In the out with lying areas of Spean Bridge, Ballachulish, Strontian and Ardgour also have Primary schools. All are very good. There are High Schools in Fort William (Excellent High School in Fort William with great results) also in Kinlochleven & Ardnamurachan. All schools are keen to encourage extra curricular activities including music, sports and art clubs. Yes, private schools are possible, but you'll probably need to look at boarding options. (do you really need it with the local schools?) World famous universities are on your doorstep - Edinburgh, St Andrew's, Glasgow, Aberdeen, Dundee etc....
The Mackinnon Memorial Hospital, Broadford, Island Of Skye.
The Mackinnon Memorial Hospital at Broadford is the locus for Surgical Services on the Isle of Skye, and is situated 85 miles by road from Fort William. There is a road bridge connecting the Island of Skye with the mainland. The total population of the Island is 10,000, and it has a similar tourist influx during both summer and winter.

The hospital has 23 inpatient beds, surgical theatre, midwife suite, radiology unit, outpatient clinic facilities and a modern emergency room. It provides an A+E service, sorting, resuscitating and transferring to Raigmore Hospital, Inverness, 100 miles away or to Belford Hospital where appropriate. Admissions are those appropriate for an intermediate care unit. There is the opportunity for The Fort William Surgeons to visit the hospital (every 2 weeks) to perform essentially day-case LA surgery; endoscopy, and provide a surgical consultation service (five sessions per week). The hospital is staffed by 6.5 rural practitioners who are essentially general practitioners with enhanced skills in airway and trauma management. The range of surgical procedures to be carried out will be limited to local anaesthetic procedures. Any GA cases will generally be brought back to the Belford for surgery. The hospital also provides the Islands only 24 hour x-ray facility with assistance from Raigmore via teleradiology.

Hospital canteen (Belford)
Meals can be purchased in the canteen which is on the first floor.

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<tr>
<th>Time</th>
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<tr>
<td>07:45-10:00</td>
<td>Breakfast</td>
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<tr>
<td>12:00-14:00</td>
<td>Lunch</td>
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<tr>
<td>18:00-18:45</td>
<td>Evening meal</td>
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Note the early provision of evening meals. Many people like to bring their own food - this can be consumed in the canteen.

Eating / Drinking out of the Hospital.
There are also one or two pubs in Fort William. Most of the pubs in Fort William serve food – some better than others. Notably there are some excellent award winning restaurants in the area and across the Highlands.

Places to eat:

Fort William.
http://www.ben-nevis-inn.co.uk/ - Pub with food at the foot of Ben Nevis - excellent bar food.
http://www.groandgruel.co.uk/ - Pub / alehouse with Mexican food.
Spice Tandoori is the better Indian restaurant – no website!
Café Mango does Thai – Again no website.
The best Chinese Take-away is called the Golden River in Caol, (pronounced "cool")
The Hot Roast Company (127 High St) has many queuing up at lunch time.
Café 115 – At 115 High Street is popular.
http://www.crannog.net/ - Excellent fish restaurant in Fort William.
http://www.nevisbankinn.co.uk/restaurant_bar.asp - wine bar, good food.
http://www.cafebeag.com/ - a mile or so out of FW, home Baking and Café food.
http://www.no4fortwilliam.com/ - Scottish food.
http://www.limetreefortwilliam.co.uk/ - Restaurant and art gallery - 2 Rosettes.

Slightly further out.
http://www.lochlevenseafoodcafe.co.uk/ - Excellent seafood & shellfish about 12 miles south.
http://www.russellsrestaurant.co.uk/ - 2 rosettes excellent about 8 miles north in Spean Bridge.
http://www.speanbridgehotel.co.uk/ - very good bar food in Spean Bridge.
http://www.hollytreehotel.co.uk/ - Hotel & seafood (with lots of other options) 12 miles south.
http://www.letterfinlaylodgehotel.co.uk/index.asp Hotel and Restaurant - about 16 miles North.
http://www.threechimneys.co.uk/ - On the isle of Skye.
**Life away from the hospital.**

The most important question for any doctor, - you will only spend part of your time here in the hospital, we expect you to take full advantage of the area and achieve any other goals.

http://en.wikipedia.org/wiki/Fort_William,_Scotland

**Outdoor Activities;**

Lochaber (the surrounding area) is considered the outdoor capital of the UK. Year round there are multiple sporting events (many providing work for our A&E department) e.g. the world championship downhill mountain bike races etc, etc.....

http://www.outdoorcapital.co.uk/ To describe all the outdoor facilities in the Fort William area would take several volumes. Suffice it to say that virtually every outdoor pursuit is catered for. http://visit-fortwilliam.co.uk/outdoor-activities-in-Fort-William

The obvious attraction is Ben Nevis the highest mountain in the UK. A word of advice here – be prepared and be very careful. If the weather is bad don't go up its very embarrassing if the Mountain Rescue team have to come get you....... (yes this has happened!)

http://www.mountainwalk.co.uk/benneviswalk.html
http://www.bennevisweather.co.uk/

There is a Ski range - http://www.nevisrange.co.uk/ about 5 miles north of Fort William the skiing obviously depends on the weather and the time of year. During the warmer months it's open for mountain walks etc and the centre is being developed more and more as a mountain biking focus. They have a webcam so you can check out the slopes before you travel.

**Walking** – There are several hundred walks around the area – they are all graded based on difficulty – Please be sensible and do the walks of your grade while carrying the correct kit and wearing the appropriate footwear / clothing. – There are several accidents a year (including deaths) of people who go out unprepared – this is not walking across a field in Oxford....... If in doubt ask – there are some very experienced people in the hospital.

http://www.walkhighlands.co.uk/
http://visit-fortwilliam.co.uk/steall-falls-walk-in-glen-nevis-gorge-ben-nevis

**Leisure Facilities.**

http://www.highland.gov.uk/leisureandtourism/sportsfacilities/leisurecentres/lochaberlc.htm

The Lochaber Leisure centre is 300 metres away from the hospital on the right. There is a decent swimming pool, an excellent climbing wall and all the other fitness things you might wish for, including a sauna, tanning room etc. You can get a season ticket or pay daily.

There are also leisure clubs at one or two of the local hotels which offer membership.

http://www.strathmorehotels.com/Ben+Nevis+Hotel/Home/
http://www.hollytreehotel.co.uk/

The Fort William Information Centre – is at 15 High Street, Fort William. Tel: 01397 701801. info@visitscotland.com

**Yacht Club.**

http://www.lochaber-yacht-club.co.uk/

**Getting slightly more Extreme....**

http://www.verticaldescents.com/verticaldescents-scotland/

Situated just south of Fort William, you can throw yourself into Canyoning, White-water rafting, Fun Yakking, Bridge Swing, Paintball and Mountain Biking and other insane stuff.
Other Things to do / see.

Glenfinnan monument (where Bonnie Prince Charlie first hoisted his standard) and the viaduct (from the Harry Potter film – the station was also used in filming the Hogwarts Express). The Steam train is called the Jacobite Express and has the old carriages too. Well worth it but book early (link below image).

Tip the same journey can be done for a fraction of the price on a standard train to Mallaig. http://www.mallaig.org.uk/ You can get Ferries to the small islands of Eigg, Muck, Rum and Canna from Mallaig.

The Jacobite Express: http://www.westaestrailways.co.uk/jacobite/Jacobite_Details.html

http://www.crannog.net/cruises.asp - Cruises from FW on Loch Linnie
http://www.highlandcruises.co.uk/ - cruises Loch Shiel

Fort William has a small museum which is worth a visit http://www.westhighlandmuseum.org.uk/

The Ruins of an old castle are in Inverlochy just down the road from the Hospital, http://www.inverlochycastle.co.uk/ (Please note there are 2 Inverlochy Castles – one is relatively expensive – though it is V nice http://www.inverlochycastlehotel.com/)

Neptune’s Staircase – the entrance to the Caledonian Canal is a couple of miles away. http://en.wikipedia.org/wiki/Neptune%27s_Staircase
http://www.undiscoveredscotland.co.uk/inverness/caledoniancanal/

http://www.undiscoveredscotland.co.uk/speanbridge/speanbridge/
Spean Bridge info. 
http://www.highland-glens.co.uk/heritage.php - around Spean Bridge – Website gives a lot of info about the area around Fort William

For those who enjoy a wee dram - http://www.bennevisdistillery.com/

We are just about 15 miles from Glencoe – lots of mountain pursuits here. http://www.discoverglencoe.com/
http://www.glencoemountain.com/
http://www.glencoescotland.com/
Further a-field
It is very easy to use Fort William as a base to explore a wider area. Historic Scotland - http://www.historic-scotland.gov.uk/index.htm National Trust for Scotland - http://www.nts.org.uk/Home/

Inverness is our nearest ‘big’ centre – its about 70 miles to the north and it has a small airport. http://www.inverness-scotland.com/ Buses go there every 2 hours or it’s a 1½ hour drive (the roads though scenic are not the best!). Urquhart Castle http://en.wikipedia.org/wiki/Urquhart_Castle is half way up the road (A82) to Inverness and worth a look.

Loch Ness is another draw. The road to Inverness (The A82) runs along side it and it is utterly enormous – equivalent to all the water from the rest of the lochs and lakes in the UK combined, and deep enough to fit the world’s population 3 times over, http://en.wikipedia.org/wiki/Loch_Ness or http://www.visitlochness.com/ and of course there is the ‘monster’ http://www.nessie.co.uk/ or http://en.wikipedia.org/wiki/Loch_Ness_Monster This obviously generates lots of interest / money for the area. There is even a webcam - http://www.lochness.co.uk/livecam/

Skye http://www.skye.co.uk/ - is an hour and a half drive away, again there is a bus that will take you there. Eileen Donan Castle http://www.eileandonancastle.com/ is on the way to Skye (Bridge route)

Oban is about 50 miles south in Argyll – so not considered Scottish Highlands – good seafood restaurants and seen as the sailing ‘gateway to the isles’ http://www.oban.org.uk/ The famous Oban whisky distillery is in the centre of the town. Stalker Castle, the most photographed castle in the UK http://www.castlestalker.com/wp/ - is on the way to Oban

Shopping
Fort William is not exactly a shopping mecca – the sleeper goes to London for this (and Glasgow and Edinburgh are only a short drive away)
There is a Morrison’s and a Tesco.
Then there is a WH Smiths and several sporting / mountain clothing type shops.
There are chemists and an assortment of standard ‘High Street’ shops.
There are several shops selling a variety of ‘gifts’
Outside FW there is a Farm Shop near the Ski resort. http://www.lochaberfarmshop.com/index.asp

Parking
If you are on call you can park in the hospital grounds. Please note – there is very limited availability and part of this is reserved for staff on call from home (Consultants, GP’s, Radiography, Labs, Midwives). There is large public car park opposite the hospital which is FREE between 1st November and 30th April, but a minimal charge is made from 1st May to 31st October. You can buy a season ticket (£50) from the local Highland Council Offices. In addition you can park (free again) just along the main road in front of the Catholic Church. Lastly, there are usually spaces against the Railway Station wall on the other side of the car park.
Getting to us.
We are about 2 & 1/2 - 3 hours (drive) North West of Edinburgh. 
http://maps.google.com/maps?f=q&hl=en&q=PH33+6BS&ie=UTF8&ll=56.825356,-5.099802&spn=0.020195,0.05785&z=14&iwloc=addr&om=1
(The maps not that great we are on the other side of the road!) – If you zoom out on this map you will see our position in the UK.

Trains;
Sleepers – London to Fort William (you can walk to the hospital across the road from the Station) highly recommended.

Caledonian Sleeper http://www.scotrail.co.uk/caledoniansleeper/index.html
Depart London Euston @ 21.15 arrives Fort William 10.00 (Advise - book a bed NOT a reclining chair – otherwise sleeping may not be so easy - though you can manage just fine on the chairs) You can book tickets only three months in advance. Even better on the trip from Fort William to London it leaves at 19.45 (does vary slightly dependent on day) and arrives at 7am - making meetings / courses very easy to get to. We all buy Carnets - which bring the price of a journey down considerably and put you in 1st class with a compartment of your own (or if you are travelling with someone the guard will open the interconnecting door and you have 2 compartments open between you.)

Day Trains - There are trains from across the country to Fort William but you usually need to change trains in Edinburgh / Glasgow. http://www.nationalrail.co.uk/ http://www.scotrail.co.uk/

If you drive up there are many choices – we suggest M6 – M 75 to Glasgow then either the A9 and through Callander or up the side of loch Lomond (scenic but slower). Equally beautiful is the more southern route going past the original Loch Fyne (and restaurant) - well worth a visit - as is the Inverawe smoke house (you can take the journey past both!), however, there can be disruption with road closures at the “Rest and be thankful” due to road problems – listen to the traffic news on the radio. (They have been sorting this)

Fly to Scotland.
Fly to Inverness then Bus. Fly to Glasgow / Edinburgh then train. We find the following V useful for flight routes, options, times & prices; www.skyscanner.net

EasyJet www.easyjet.com Tel: 0871 244 2366.
Inverness to London Gatwick, London Luton, Belfast and Bristol
Flybe http://www.flybe.com/default.htm
Inverness to London Gatwick, Belfast, Cardiff, Manchester, Birmingham, Southampton,
There are busses every 2 hours from Inverness to Fort William.
There is car hire in all airports.

Miss S Prince (sarah.prince1@nhs.net)
Consultant Surgeon.
Dr B Tregaskis (b.tregaskis@nhs.net)
Consultant Gastroenterologist and Clinical Director.
Mrs Marie Law (marie.law@nhs.net)
Hospital Manager.

Feel free to contact any of us for further information. - The hospital number is 01397 702481.

Please note this information is correct at the time of update. June 2013.
This is intended as an informal guide to those thinking of working with us - you will of course receive official contracts, terms and conditions etc from the appropriate channels if you are invited to and choose to take up a post with us.
We believe that while change is inevitable, improvement is optional.

"The only limits are the limit of your imagination"
U2 lead singer Bono, misquoting US author Anthony Robbins.