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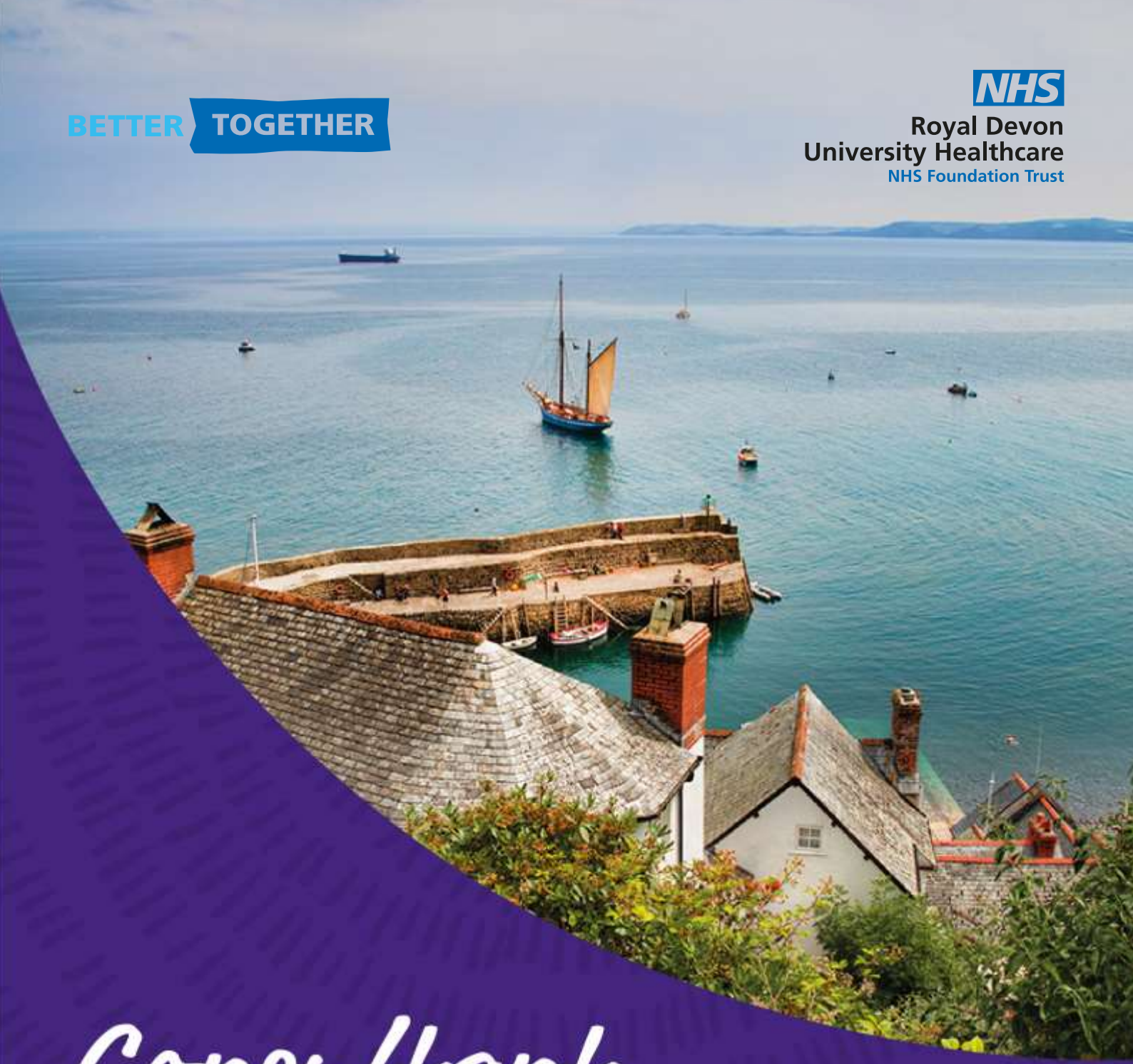
Royal Devon
University Healthcare
NHS Foundation Trust



Consultant Information Pack

Consultant in Diabetes and Endocrinology

royaldevon.nhs/careers

rduh.medicalstaffingteam@nhs.net

JOB TITLE

Consultant in Diabetes and Endocrinology

DATE OF VACANCY

Immediate

North Devon District Hospital
Opportunities for some remote working, and to also work cross-site at the Royal Devon & Exeter Hospital

A Warm Welcome

Hi, I'm Adrian Harris Chief Medical Officer of Royal Devon University Healthcare NHS Foundation. Thank you for the interest that you have shown in working with us, at what is an unprecedented time for healthcare across the UK but also an exciting time for our organisation, now one of the largest healthcare Trusts in the country.

Our Trust is a special place to work. We foster creativity, innovation and a personal approach to high quality patient care. We are proud of our consulting teams many of which are nationally recognised for their specialist clinical care and research activity. We are committed to the further development of this successful and cohesive team and recognise the importance of bringing the very best clinicians to Devon.

Good luck with your application and I look forward to meeting you soon.

Prof Adrian Harris

We welcome enquiries for further information and strongly encourage informal visits either in person or virtually so that you can get a feel for what it's like to work with us. A list of contacts is detailed in the final section of this pack

Application and Advisory Appointments Committee

The posts are offered on a whole-time basis (10PA) but suitably-qualified applicants who wish to work part-time will be considered. We are committed to flexible working arrangements, including job sharing, and we will discuss these arrangements with any shortlisted candidates.

We welcome applications from established consultants and senior trainees who will be within six months of completion of specialist training at the time of the Advisory Appointments Committee.

Applicants must have completed specialist training in diabetes and endocrinology prior to taking up the appointment.

We are trialling a shortened recruitment process for this role, which will allow us to accept CVs or online applications. **Please contact Emily Simpson on 07958 931414 for a confidential chat in the first instance or visit www.jobs.nhs.uk.**

> **“We are committed to flexible working arrangements, including job sharing.”**

Introduction

We are inviting applications for up to two consultant posts in Diabetes and Endocrinology.

The successful applicant(s) will lead the diabetes and endocrinology services in North Devon, and provide senior medical cover on the general medical take and inpatient wards on the Northern site. Both posts include cross site virtual MDTs with Exeter, regional network meetings, and some opportunity for virtual working. Specialty work is supported by an excellent team of diabetes specialist nurses, dieticians, podiatrists and endocrine specialist nurses. There is funding in place to recruit and develop a specialist pharmacist to work in the diabetes and endocrinology team on the Northern site full time. A trust grade fellow (IMT level) is attached to the department 2 days a week. There is extremely close collaborative working between the Northern and Eastern diabetes and endocrinology teams, and successful applicants will be expected to join and contribute to the weekly cross-site diabetes and endocrinology team meetings that are included as job-planned activity.

There are ample opportunities for teaching and training throughout the Trust and the region. The hospitals have regular medical student attachments from the local medical school and junior doctors in training.

> **“Our Trust is frequently voted as the top acute and community trust in the country for staff satisfaction”**

We encourage involvement with local and national clinical audit. We have an active research clinical department (particularly on the Exeter site where there are 4 clinical academics in post). We have worked specifically with our pharmacy colleagues and endocrine and diabetes specialist nurses to ensure steroid and insulin safety as part of our leading electronic notes system (EPIC).

A maximum of two Consultant posts are available. Both posts have opportunities for remote working. One post is based in North Devon, and the other post includes sessions at both the North Devon and Exeter sites.

After their merger in 2022, North Devon District Hospital (NDDH) and Royal Devon & Exeter Hospital (RDE) form part of the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon). The Royal Devon is a unique organisation with integrated acute and community services across North and mid Devon that shares one advanced electronic notes system (EPIC). NDDH in Barnstaple provides a full complement of secondary care services for the local population, including emergency care, cancer services, maternity and paediatric services. It is a designated Trauma Unit and Cancer Unit. The RDE is an acute tertiary centre with a regional renal and cardiology (PCI) unit and hyperacute stroke unit with thrombolysis.

Devon provides a beautiful environment in which to live and work, with a wide variety of outdoor and cultural activities and excellent local schools. With National Parks, Areas of Outstanding Natural Beauty, and an impressive coastline on the doorstep, the area offers an excellent quality of life. Commuting links are good between sites, and from Exeter to Bristol, London, Birmingham and Plymouth.

Highlights of the Role

Research and innovation. Research active departments deliver better clinical outcomes for patients. Exeter has an internationally recognised diabetes research department, and 4 of the Consultants appointed are clinical academics. In addition, we have an active NIHR portfolio and recruitment into diabetes and endocrinology commercial trials. Exeter has a multi-million pound clinical research facility and close working links with the University of Exeter, and recently launched NIHR Exeter Biomedical Research Centre.

Service development. The Royal Devon's core services support a population of more than 615,000 people across more than 2,000 square miles across Devon. The scale of operation brings opportunities to establish and develop innovative new services to better meet the needs of our patients such as harnessing technology to deliver remote patient consultations and disease monitoring.

Teaching. The Royal Devon enjoys close ties with the University of Exeter Medical School. We offer funded time for teaching of medical students and junior doctors. We are planning a regular programme of evening educational meetings, which will bring the Eastern and Northern teams together providing opportunities for your CPD.

Career progression. The size and structure of our team creates opportunities for rapid progression to areas of increased responsibility particularly within our Northern services.

Electronic patient record. We went live with the EPIC electronic patient record system across our Eastern services in 2020 and our Northern services in 2022. We are optimising the way we use the system, but we are already seeing huge benefits for our patients. EPIC is transforming the way we deliver care across our Trust, allowing teams to share the caseload across Devon and provide care to patients remotely.

Location and relocation. We are fortunate to be based in the beautiful South West of England, with the cultural city of Exeter, the rolling moors of Exmoor and Dartmoor, and a multitude of stunning beaches on our doorsteps. We have low rates of crime and excellent education – schools and further education colleges are good or outstanding, and Exeter boasts a top Russell group university. We can offer you accommodation to support a visit and a relocation package should you choose to come to Devon.

A more comprehensive explanation of all of these elements can be found within this job pack, but if you have any questions then please do get in touch or arrange a visit to come and see us. Contact details are at the back of this pack.

About Royal Devon University Healthcare NHS Foundation Trust

Our core services support a population of over 615,000 people and cover more than 2,000 square miles across Devon. This makes us one of the largest providers of integrated health care in the UK, and the biggest employer in Devon, with more than 15,000 staff.

We have two acute hospitals, 20 community locations, outpatient clinics and community teams who care for people within their own homes. We also provide primary care and a range of specialist services which extends our reach throughout the South West Peninsula as far as Cornwall and the Isles of Scilly.

As a newly formed Foundation Trust in April 2022, our Northern base is embracing change, innovation and technology in our ambitions to be a digitally-enabled, clinically-led teaching organisation. We are developing new ways of working and investing in new infrastructure, equipment and facilities. There has never been a better time to join us.

The Royal Devon is committed to supporting the personal and professional development of our consultant staff and in turn improving the care offered to our patients. This might include developing or introducing innovative care models and bringing these to rural patients, teaching the doctors of tomorrow or undertaking award-winning clinical research. Examples include our specialist nurses, who were recognised in the British Journal of Nursing Awards for their innovations during the COVID pandemic, our inflammatory bowel disease research team who were recognised with the national team award for their contribution to the NIHR portfolio, and our recent launch of a world-first national genetic testing service from our labs, which can rapidly test DNA samples of babies and children, so we can provide life-saving treatment.

You'll find more information about the role and the Trust in this pack. Further information is also available on our website www.royaldevon.nhs.uk.

About the Trust and Service Structure

The Royal Devon's Board of Directors is chaired by Dame Shan Morgan and is comprised of both executive and non-executive directors. The executive directors manage the day to day operational and financial performance of the Trust.

These consist of the interim chief executive officer (Paul Roberts), deputy chief executive officer (Chris Tidman), chief medical officer (Adrian Harris), chief nursing officer (Carolyn Mills), chief operating officer (John Palmer), chief finance officer (Angela Hibbard), and chief people officer (Hannah Foster).

Our services are based around our two acute hospitals as part of one integrated Trust. Our Eastern services are located at the Royal Devon and Exeter Hospital (RDE) and sit within the specialist medical directorate of the medicine division. Our Northern services are based at North Devon District Hospital (NDDH) where the department of diabetes and endocrinology sits within the medicine division.

The medical directors are Dr Karen Davies (Northern services including NDDH) and Dr Anthony Hemsley (Eastern services including RDE). All permanent medical staff are members of the Medical Staff Committee which has an elected Chairman who represents the group at the Trust Management Committee.

"More information about our structure and services can be found on the Trust website

The Diabetes and Endocrine Department

We consider the diabetes and endocrine service to be one department on 2 sites, and so work closely together as one team.

Staffing

The diabetes and endocrine department in North Devon is currently staffed by:

- 1 long-term diabetes and endocrinology locum consultant and 2 visiting Exeter consultants (Dr Antonia Brooke and Dr Julia Prague)
- The diabetes nursing team is led by Poe Budge who is a very senior diabetes nurse and non-medical prescriber and is the current service lead. She runs nurse-led clinics including pump, young adult, antenatal, and complex type 1 and 2 diabetes. We also have a band 7 senior specialist nurse post currently being recruited to.
- 2 further diabetes specialist nurses: Carina Figueira and Victoria Reid – they support the senior nurses and cover the inpatient wards
- A specialist weight management team led by Mike Titmus (dietician), who is supported by Chris Baker (physiotherapist) and the long-term locum consultant
- A diabetes specialist dieticians: Ellie Williams and Donna Murray-Holland who run the diabetes dietetics clinics and support the antenatal, young adult and pump MDT clinics
- The NDDH foot service is run by the podiatry team, with input from a visiting Vascular Consultant
- Endocrine specialist nurses (3 in total, 2 of which are non-medical prescribers band 7s (Rhianne Mason and Claire Morton) and a band 6 who are all primarily based in Exeter but work cross site). There is nurse-led endocrine testing on both sites (advanced dynamic function tests e.g. water deprivation/insulin stress tests are only done in Exeter).
- There is currently no formal psychology input to the NDDH diabetes and endocrine service. However, psychologists are an integral part of the cross-site MDTs (diabetes, endocrine, weight management)
- Dr Antonia Brooke is the overall Clinical Lead for the department on both sites (NDDH/RDE)

Departmental management

- Dr George Hands (respiratory and general physician) is the day-to-day managerial and operational director
- Hannah Keightley is the group manager
- Dr Antonia Brooke is Clinical Departmental Lead (cross site)
- Ali Cousins is the service manager

Consultant workload

- The successful applicants will provide specialist clinics in diabetes and endocrinology. The roles will include subspecialisation in antenatal, support for the pump/young adult service, and delivery of obesity service and/or radioiodine in benign thyroid disease after support to obtain ARSAC if areas of subspecialty interest to the successful candidate (joint with Prof Vaidya at RDE. There are other opportunities to develop areas of interest as part of the wider team across RDE and NDDH, and we are keen to discuss areas of interest with prospective candidates.
- There is an integrated advice and guidance service in place for local GPs and inpatient referrals, which the successful applicant(s) will cover alongside outpatient referrals triage with a focus on pre-clinic investigation. There will be dedicated time in the job plan to support this. There is ongoing work in the community to include GP education and training.

Resources

INPATIENT FACILITIES

There is a rolling programme of capital investment in ward refurbishment. Recent works include a new discharge lounge and on-site hub for the Diabetes team.

The North Devon Same Day Emergency Care unit was established to support with flow and capacity.

More recently, the hospital has opened a new orthopaedics ward named after the Jubilee in 2022.

OUTPATIENT FACILITIES

The refurbished outpatient area offers spacious and bright clinic rooms with either combined consult / examination rooms or a consulting room with examination rooms adjoining, which works well for junior doctor training.

The Trust has a successful charity, Over and Above, which in recent years raised funds to build a Cancer and Wellbeing Centre on-site for patients with a cancer diagnosis. This was opened in March 2020.

Clinical commitments

Specialist clinical outpatient activity includes general diabetes and endocrine clinics as well as subspecialist clinics in antenatal, insulin pump and CGMS, and diabetes transition. Robust advice and guidance for both inpatients and outpatients, and outpatient triage with a focus on pre-clinic testing is an important part of the service and is recognised in the job plan. Close MDT working is embedded with the obesity dietician, diabetes specialist nurses, and endocrine specialist nurses. Any cross-site post (post 2) will include part of the rota to work in the thyroid and T1DM service on site in Exeter. Other opportunities exist depending on the candidates experience and interests.

Outpatient clinics take place at NDDH with the possibility of use of the community hospitals (Holsworthy, Bideford and South Molton; travel time is paid for community clinics) or virtual consultations (video (Attend Anywhere)/phone) which could be delivered remotely.

The main outpatients department is supported by nurses and has access to physical measurements, phlebotomy, cardio-respiratory and radiology. Clinic letters are dictated using voice recognition into templates on the electronic patient record, making electronic communication with GPs and patients rapid. There is full secretarial support.

General and acute medical work

Both posts will include a 1:4 cover of Capener ward (with prospective cover).

Capener ward is an inpatient general medical ward (22 beds). A junior doctor team is allocated to Capener ward comprising of a CT/IMT Level 2 or 3 and an F1/2 equivalent. There will be an opportunity to become an educational supervisor to these trainees.
Two physician associate posts have been appointed too. This will be prospectively covered and clinics cancelled.

The candidates will be expected to take part in the acute on-call rota as detailed below. The majority of the medical take goes through our MAU, however, stroke patients are placed directly on the Acute Stroke Unit. The MAU has two to three consultants allocated to it in the morning and two in the afternoon to provide continuity and support to the junior doctor team. The MAU has consultant-led ward rounds twice daily, seven days a week and is covered by the on-call physician overnight. Speciality review from gastroenterology, cardiology and respiratory is available every weekday.

Inpatient referrals are supported by the experienced diabetic specialist nurse team, and a Trust Clinical Fellow (IMT grade) 2 days a week. The specialist diabetes and endocrinology pharmacist may also be able to assist with inpatient reviews.

There will be a requirement to undertake clinical supervisor duties to nominated trainees and there will be opportunities to become an educational supervisor.

On-call rota

Currently, the medical on-call rota is shared by the team on a 1 in 11 basis. The commitment is on site weekday evenings (5pm – 8pm post taking on MAU) (1:11) and 15 hours over the weekend (8am – 1pm and 5pm – 8pm Saturday and Sunday) (1:11). The remaining cover is off site on-call. The on-call commitment attracts 1.2 DCC PAs and a 3% supplement. There will be consideration of time off in lieu for weekend working.

The Trust is working towards increasing the number of participating physicians to 18 across a number of specialities supporting the on-call. This will also allow expansion of our Same Day Emergency Care (SDEC) service. An average medical take is 30 patients over the 24 hour period. There is a registrar 24/7 who is supported by F2s/CT1and 2s and F1s. We are continuing to develop an advanced care practitioner model to support our SDEC service as well as appointing and training physicians associates to expand our multidisciplinary team.

Emergency calls

In exceptional circumstances, the Trust may request emergency cover for colleagues. However, the Trust recognises that there is no contractual expectation of availability when a consultant has no scheduled duties.

Specialist clinic opportunities

A close collaboration with Exeter around complex cases through regular joint clinical meetings (and visiting endocrine consultants) allow most patients to be managed on site. Adrenal, thyroid, and parathyroid surgery is performed in Exeter and pituitary surgery in Plymouth. A joint pituitary MDT (virtually) occurs every 2 months (Exeter, NDDH, Torbay, Plymouth) along with weekly MDTs (virtually) for thyroid, parathyroid and adrenal (Exeter, NDDH, and Taunton for thyroid cancer cases). Complex or high risk diabetes patients can be discussed at the weekly cross site diabetes MDT (virtually). There is a regional Turner syndrome service in RDE.

Clinics will be developed to support the candidates' areas of specialist interests and we would particularly encourage this in close collaboration with colleagues in Exeter. There are currently established endocrine and thyroid clinics, diabetes technology and pump clinics, antenatal and young adult clinics, and community support in North Devon. There is Consultant support offered to the dietician led weight management service, with a plan to further develop this with the incorporation of injectables in the future. The Trust operates within the 18-week referral to treatment (RTT) timescales and strives to ensure that there is clinic capacity for patients who need reviewing to support admission avoidance or discharge plans. Referrals will come through the fully integrated electronic patient record (EPIC). Referrals are triaged according to clinical priority with a focus on pre-clinic investigation (particularly in endocrine). There is an active advice and guidance service, and diabetes and endocrine nurse advice lines (phone and email) for patients.

In addition to the general Diabetes / Endocrine clinics, the consultant would have input into the following North Devon joint clinics/MDTs:

- Joint medical antenatal clinic with consultant obstetrician (1:4 weeks per post)
- Quarterly transition/young person clinic with paediatrician, paediatric and diabetes specialist nurses
- Opportunity to develop a special interest clinic eg endocrine hypertension.
- Weekly Diabetes MDT, endocrine clinical cases meeting, surgical endocrine (adrenal, parathyroid, thyroid cancer), and more infrequently a pump MDT and pituitary MDT (all joint with RDE)

Clinical administration

You will undertake administrative work associated with your clinical and other professional work. Time and facilities for clinical administration, including appropriate office space, named secretarial support, and access to a personal computer, software and internet access, will be available.

Supporting Professional Activities

You will participate in a variety of professional activities (SPA) to support your personal clinical practice and the overall work of the department and Trust. All consultants receive 1.5 SPA sessions for generic non-clinical work. This includes, but is not limited to:

- Appraisals, job planning and revalidation
- Personal and professional development, including service development
- Professional administration, including related correspondence
- Clinical supervision of junior staff and other educational activities
- Governance and quality improvement activities
- Departmental, divisional and other clinical or managerial meetings

An additional SPA may be available for:

- Service development
- Clinical management
- Research
- Additional teaching and training activities, including educational supervision
- Additional governance activities such as acting as an appraiser or mentor
- National audit programme projects

Further details are published in the job planning policy.

Continuing Professional Development

The Trust supports the requirements for continuing professional development (CPD) as laid down by the Royal College of Physicians and is committed to providing time and financial support for these activities.

Revalidation

The Trust has the required arrangements in place, as laid down by the Royal College of Physicians, to ensure that all doctors have an annual appraisal with a trained appraiser, and supports doctors going through the revalidation process.

Research

Research active departments deliver better clinical outcomes for patients. Exeter has an internationally recognised diabetes research department, and 4 of the Consultants in the department are appointed are clinical academics.

Investigator-led and clinical trial research has a prominent place in our department and is supported by a multi-million pound clinical research facility and NIHR research nurses. Patients are given the opportunity to participate in a number of NIHR portfolio studies in diabetes and endocrinology.

The University of Exeter Medical School has an excellent research reputation from basic biomedical research through to patient-centred research. The Exeter diabetes, endocrine and genetics research group, led by Prof Hattersley, has an international reputation. The group is supported by the University of Exeter, recently launched NIHR Exeter Biomedical Research Centre and RDUH. There are a number of PhD students and academic trainees associated with our department.

The Research, Innovation, Learning and Development (RILD) building on the RD&E Wonford site is a £27.5m development which consists of the Wellcome Wolfson Centre for Medical Research, the NIHR Exeter Clinical Research Facility and a new Post Graduate Education Centre. The RILD is now home to a number of the Medical School's laboratory-based research teams, comprising both clinical research areas and class two and three medical research laboratories, complete with offices, meeting rooms and write-up areas.

Active assistance in the planning and design of research projects is available from the Research and Development Support Unit based on the Exeter site.

The Trust has an active academic strategy to facilitate research, development and teaching.

Candidates who wish to pursue a research interest alongside their clinical work will be strongly encouraged by the department, and are eligible for support from the University of Exeter Medical School.

University of Exeter Medical School

The University of Exeter is high-ranking in both UK and global standings and is a member of the Russell Group of leading research-based institutions. It has ambitious plans for the future and has invested heavily in its facilities in recent years.

The Medical School's cutting-edge research is driven by important clinical questions. It focuses on translational and applied research in areas of greatest health burden and greatest opportunity for scientific advance, principally: diabetes, cardiovascular risk and ageing; neurological disorders and mental health; environment and human health; and health services research. It spans basic through clinical science to clinical trials and health policy.

UEMS delivers two highly-regarded and innovative undergraduate degrees: the BSc in Medical Sciences and Bachelor of Medicine, Bachelor of Surgery (BMBS). In addition, the Medical School offers a range of postgraduate programmes and courses. The curriculum reflects today's evolving models of care and patient experience in acute, primary and community care settings.

Building on the excellent educational reputation of the Peninsula College of Medicine and Dentistry and using problem-based learning in small groups, the BMBS programme reflects the belief that doctors need to adopt a socially accountable approach to their work and to understand the human and societal impact of disease as well as the community-wide context of contemporary healthcare provision.

UEMS graduates will be both capable and confident, whether they are clinicians, managers, educators or researchers and will be committed to life-long scholarship. Years one and two of the BMBS programme are based at the St Luke's Campus in Exeter and lay the scientific foundations for the future years of the course. There is clinical contact from year one and students begin acquisition of a range of transferable skills, learning science within a clinical context.

UEMB students spend years three and four of their programme at the Royal Devon and Exeter (Wonford) Hospital and North Devon District Hospital, as well as at the Royal Cornwall Hospital in Truro and in their surrounding general practices and community health environments.

Outline Job Plan

Two example job plans are included below but are subject to modification depending on a candidate's interests and career aspirations. One is a full-time post based in NDDH. The other is a cross-site (NDDH/RDE) or LTFT post in NDDH.

The individual job plan and detailed time table will be discussed with the successful candidate(s).

We are flexible about the career you want to develop with the Trust and can job plan around your specific interests. We consider the diabetes and endocrinology service to be one department on 2 sites.

It is expected that the initial job plan will be agreed within three months of the start date and will be reviewed annually or earlier if necessary

Post 1

DCC	**Pas**	**Site**
Outpatient face to face / virtual clinics (endocrine/diabetes)	3.63	NDDH
Antenatal (NDDH) every 4 weeks	0.19	NDDH
Inpatient ward (Capener)	1.0	NDDH
MDT, triaging, advice and guidance	1.25	NDDH
Inpatient specialist round/inpatient referrals	0.125	NDDH
Administration	1.02	NDDH
On-call	1.2	NDDH
SPA	1.5 (+0.5 for first year)	NDDH
Total	**9.9 (+0.5)**	

Post 2 - cross site working NDDH/RDE or LTFT NDDH post

DCC	Pas	Site
Outpatient face to face / virtual clinics (endocrine/diabetes)	3.10	NDDH
Antenatal (NDDH) every 4 weeks	0.19	NDDH
RDE Thyroid clinic – 13 clinics annualised	0.25	RDE
RDE Thyroid or T1DM clinics – 21 clinics annualised	0.30	RDE
RDE T1DM clinic – every 8 weeks	0.38	RDE
Inpatient ward (Capener)	1.0	NDDH
MDT, triaging, advice and guidance	1.25	NDDH / RDE
Inpatient specialist round/inpatient referrals	0.125	NDDH
Administration	1.13	NDDH / RDE
On-call	1.2	NDDH
SPA	1.5 (+0.5 for first year)	NDDH / RDE
Total	**10.4 (+0.5)**	

Post 1 + 2: Example Ward Rota (1 in 4)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Board and full WR (1 PA)	Board and new patient WR (0.5 PA) Admin (0.5 PA)	Board and full WR (1PA)	Board round and new patient (0.5 PA) Endocrine or Diabetes MDT (alt weeks 0.25PA)	Board round and full ward round (1PA)
Afternoon	Admin (1PA) Endocrine clinical cases meeting (0.25PA)	SPA (in in 8: 1PA) New patient clinic (1 in 8 weeks: 1PA)	SPA (1 PA)	Triaging / A&G (0.25PA) Inpatient specialist ward round/inpatient referrals (0.125PA)	Admin (0.5PA)

Post 1 + 2: Example NDDH Clinic Rota (3 in 4 for Job 1; 2 in 4 for Job 2)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	SPA (1 PA)	Antenatal (NDDH) (every 4 weeks) (1PA)	Diabetes pump / general Clinic (1PA)	Endocrine or Diabetes MDT (alt weeks 0.25PA)	Diabetes or Endo clinic (1PA)
Afternoon	Admin (1PA) Triaging / A&G (0.25PA) Endocrine clinical cases meeting (0.25PA)	Clinic (1PA)	Triaging / A &G (0.25PA) SPA (0.5PA)	Endocrine Clinic (1PA)	Triaging / A&G (0.25PA)

Post 2 only: Example NDDH and RDE clinic rota (1 in 4)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	NDDH Endocrine clinic (1PA)	Thyroid clinic (RDE) (13 clinics at 1PA annualised)	Admin (1PA)	RDE T1DM clinic (every 8 weeks) (1PA) Endocrine or Diabetes MDT (alt weeks 0.25PA)	NDDH Diabetes clinic (1 PA)
Afternoon	Endocrine Clinical cases meeting (0.25PA)	SPA (0.5PA + 0.5PA 1st year)	RDE T1DM or RDE thyroid clinic (21 clinics annualised) (0.3PA total)	Triaging / A&G (0.25PA)	SPA (1PA)

+ On call: 1.2 PA

Other options to develop the service:

- ARSAC license to deliver radioiodine for benign disease on NDDH site
- More consultant input to the obesity service
- Community diabetes work
- An endocrine hypertension clinic
- A regional Turner syndrome clinic on NDDH site

Person Specification

Applicants must demonstrate on the application form that they fulfil all essential criteria to be considered for shortlisting. Appointment is subject to pre-employment checks, including occupational health, DBS checks and a minimum of three satisfactory references, including one from your current Responsible Officer.

Requirement	Essential Attributes	Desirable Attributes
Qualifications and Training		
Professional training and memberships	Full GMC registration and licence to practise Eligible for entry on Register or within 6 months of receipt of Certificate of Completion of Training (CCT) in Diabetes and Endocrine and General Internal Medicine (GIM) Success in Intercollegiate Specialty Examination or equivalent	Distinctions, Prizes, Scholarships Additional postgraduate qualifications
Clinical Experience		
Employment	Evidence of completion of a comprehensive broad-based Diabetes and Endocrine training programme at specialty registrar level (or equivalent) or Clear demonstration of equivalent experience, with a minimum of six years at a level comparable with or senior to specialty registrar Evidence of training in Diabetes and Endocrine / General Internal Medicine Career progression consistent with personal circumstances	
Clinical knowledge and skills	Demonstrates ability to fulfil comprehensive general medicine and diabetes/endocrine duties at consultant level. Able to take full and independent responsibility for clinical care of patients and provide an expert clinical opinion on a range of problems (including insulin pumps, diabetes and endocrinology in pregnancy) Demonstrates a clear, logical approach to clinical problems and an appropriate level of clinical knowledge Able to prioritise clinical need Caring approach to patients	Demonstrates awareness of breadth of clinical issues Clinical feedback from colleagues and patients Desirable ARSAC licence
Non-clinical skills		
Teaching	Evidence of previous teaching and training experience. Willingness and ability to contribute to departmental and Trust teaching programmes.	Defined educational roles or qualifications. Evidence of teaching of undergraduates, junior doctors and multi-professional groups.

Requirement	Essential Attributes	Desirable Attributes
Management of change and quality improvement	Demonstrates clear understanding of quality improvement and clinical governance within the NHS. Demonstrates willingness to implement evidence-based practice. Evidence of effective personal contributions to clinical audit, governance, and risk reduction.	Evidence of innovative development and implementation of guidance. Evidence of involving patients in practice development.
Innovation, research, publications and presentations	Understanding of the principles of scientific method and interpretation of medical literature. Demonstrates a critical and enquiring approach to knowledge acquisition. Demonstrates understanding of the research governance framework.	Recent evidence of relevant research, presentations or publications.
Management and leadership experience	Demonstrates familiarity with and understanding of NHS structures, management and current political issues, including an awareness of national strategic plan and constraints. Demonstrates willingness to lead clinical teams and develop an effective specialist clinical service.	Experience of formal leadership roles or training.
Communication and personal skills	Good spoken and written English language skills. Communicates effectively with patients, relatives, colleagues, GPs, nurses, allied health professionals and outside agencies. Evidence of ability to work with multi-professional teams and to establish good professional relationships.	Evidence if patient and colleague feedback. Excellent presentation skills, engages audience.
Other requirements		
Motivation and management of personal practice	Punctual and reliable. Good personal organizational and prioritization skills, achieve deadlines. Takes responsibility for personal practice and is able to cope well with stressful situations. Commitment to continuing medical education and professional development. Flexible and adaptable attitude.	Demonstrates initiative in personal practice. Willingness to undertake additional professional responsibilities at local level.
Commitment to post	Demonstrates enthusiasm for Devon as a place to live and work.	

Main Conditions of Service

Appointment is to the NHS Consultant Contract (2003) under the current Terms and Conditions of Service for Hospital Medical and Dental Staff (England and Wales) and the Conditions of Service determined by the General Whitley Council for the Health Services (Great Britain). These are nationally agreed and may be amended or modified from time to time by either national agreement or local negotiation with the BMA local negotiating committee.

The employer is the Royal Devon University Healthcare NHS Foundation Trust. The appointee will be professionally accountable to the medical director and managerially accountable to the chief executive officer.

The postholder is required to have full registration with a licence to practice with the General Medical Council and to ensure that such registration is maintained for the duration of the appointment.

Salary Scale

This is as described in the Medical and Dental Terms and Conditions, in line with the Consultant Contract (2003). The current full-time salary scale ranges from £93,666 to £126,281 with eight thresholds. Should the on-call option be taken up, the on-call supplement is category A and attracts a supplement of 3% of basic salary.

Leave

Annual leave entitlement is as described in Schedule 18 of the Terms and Conditions of Service: Consultant (England) 2003. Further details are available in the Senior Medical Staff Leave Policy.

Locum cover for leave will not normally be provided. It is expected that consultants within the department will coordinate leave to ensure that an appropriate level of service (emergency, urgent and routine) is maintained.

Domicile

Consultants are expected to reside within a reasonable distance of the main acute hospital to which they are affiliated, normally within 10 miles or 30 minutes. Exceptions must be agreed with the medical director or chief executive. **A relocation package will be considered if relocation is necessary to meet these requirements.**

Duty to be contactable

Subject to the provisions in Schedule 8, consultants must ensure that there are clear and effective arrangements so that the employing organisation can contact a post holder immediately at any time during a period when a post holder is on-call.

Indemnity

The post-holder is not contractually obliged to subscribe to a professional defence organisation but should ensure that they have adequate defence cover for non-NHS work.

Mentoring

New consultants will have access to mentoring and are encouraged to take advantage of this facility. This will be arranged following discussion and mutual agreement between the individual and the medical director.

Professional Performance

The Trust expects all doctors to work within the guidelines of the GMC Guide to Good Medical Practice. You will work with clinical and managerial colleagues to deliver high quality clinical care, within the management structure of the Trust and are expected to follow Trust policies and procedures, both statutory and local, including participation in the WHO surgical checklist.

You will be expected to take part in personal clinical audit, training, quality assessment and other professional activities, including continuing medical education, annual appraisal, job planning and revalidation. It is expected that you will participate in multi-source feedback from both colleagues and patients. You will undertake administrative work associated with management of your clinical and professional practice.

You will be responsible for leadership of junior doctors within the specialty as agreed in your job plan and will be accountable for the effective and efficient use of any resources under your control.

You will also participate in activities that contribute to the performance of the department and the Trust as a whole, including clinical and academic meetings, service development and educational activities. Service developments that require additional resources must have prior agreement from the Trust.

Reporting Concerns

The Trust is committed to providing safe and effective care for patients. There is an agreed procedure that enables staff to report “quickly and confidentially, concerns about the conduct, performance or health of medical colleagues”, as recommended by the chief medical officer (December 1996).

All medical staff practising in the Trust must ensure that they are familiar with the procedure and apply it if necessary.

Serious Untoward Incidents

It is expected that you will report all risks, incidents and near misses in accordance with the Trust governance structure. You will be required, on occasion, to lead or assist with investigation of incidents and implementation of risk-reducing measures to safeguard patients, visitors and staff. You must comply with the Duty of Candour legislation.

Research and Audit

Audit is supported by the clinical audit and effectiveness department and we encourage all levels of staff to undertake quality improvement projects. Research within the Trust is managed in accordance with the requirements of the Research Governance Framework. You must observe all reporting requirement systems and duties of action put in place by the Trust to deliver research governance.

Safeguarding Children and Vulnerable Adults

The Trust is committed to safeguarding children and vulnerable adults and you will be required to act at all times to protect patients. The appointees may have substantial access to children under the provisions of Joint Circular No HC (88) 9 HOC 8.88 WHC (88) 10. Please be advised that, in the event that your appointment is recommended, you will be asked to complete a form disclosing any convictions, bind-over orders or cautions and to give permission in writing for a DBS check to be carried out. Refusal to do so could prevent further consideration of the application.

Rehabilitation of Offenders

Attention is drawn to the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986, which allow convictions that are spent to be disclosed for this purpose by the police and to be taken into account in deciding whether to engage an applicant.

This post is not protected by the Rehabilitation of Offenders Act, 1974. You must disclose all information about all convictions (if any) in a court of law, no matter when they occurred. This information will be treated in the strictest confidence.

Health and Safety

Employees are required to take reasonable care to avoid injury or accident while carrying out their duties, in compliance with the Health and Safety at Work Act 1974, various statutory regulations, Trust and departmental guidelines, policies and procedures. This will be supported by provision of appropriate training and specialist advice.

Infection Prevention and Control

The Trust is committed to reducing hospital-acquired infections. All staff are expected to ensure that infection risks are minimised in line with national and Trust policies and best practice. They are supported in this by the infection prevention and control team.

Our Approach to Inclusion and Diversity

Inclusion is fundamental to our approach to organisational development, culture, service improvement, and public and patient engagement.

It is one of our core values and we have an inclusion lead to provide strategic oversight to the inclusion agenda. Our inclusion steering group is chaired by our interim CEO, Paul Roberts, and reports its progress to the Board of Directors.

Our aim is to create a positive sense of belonging for everyone, regardless of their background or identity, and to value visible and invisible differences, so everybody is respected and valued, and everyone feels comfortable bringing their whole selves to work and able to reach their full potential.

We have staff inclusion champions who provide information to colleagues and promote inclusion opportunities. We also have a range of networks which colleagues can join, including:

- Disability network
- LGBTQ+ network
- Ethnic minority network

Once colleagues join us, we can share with them more information, including how to join any of these groups.

Living in Devon

Devon offers a quality of life few other English counties can match. Where else will you find such a unique landscape that encompasses over 450 miles of dramatic coastline, rugged moorland and gently winding rivers?

Interspersed with vibrant market towns, chocolate-box villages and sleepy hamlets, it is easy to see why we are consistently voted as one of the top places to live in the country.

Devon's outdoor lifestyle is its biggest draw. This natural playground is unsurpassed with over a third of the county designated as Areas of Outstanding Natural Beauty. You'll have over 5,000 km of footpaths and 250km of off-road cycle paths to explore, not to mention endless opportunities to surf along the vast stretch of Atlantic coastline or paddleboard across tidal estuaries.

There are good transport links to the rest of Devon, including the M5 and regular trains to Exeter with its art galleries, museum and theatres. Your taste buds will find plenty to savour here too - Devon is rightly proud of the farmers and producers who make the South West one of the best regions in the UK to enjoy locally produced food and drink. Northern Devon also benefits from an excellent range of community, private schools and colleges for further education.

Whether you fancy surfing or fishing, cycling or climbing, fine dining or hearty pub fare, the county really does have it all.

> **"Never let it be said, it's all work and no play. Not here in Devon."**

Vibrant Cities and Friendly Market Towns

A thriving, forward-looking city, Exeter is home to the world-leading Met Office, boasts the UK's first leisure centre built to ultra-energy-efficient Passivhaus standard and has one of the top 20 universities in the country.

At the very heart of the city is Exeter Cathedral, an architectural gem surrounded by cobbled streets and beautiful old buildings, many of them shops and eateries. In the compact city centre, you can stroll alongside parts of the ancient Roman wall, visit the remains of Rougemont Castle or explore the depths of Exeter's historic Underground Passages. Exeter Phoenix Arts Centre and the Royal Albert Memorial Museum (RAMM), add to the cultural mix, plus you'll have performance venues such as the Northcott Theatre, the Barnfield Theatre and Corn Exchange close to the city centre.

The main shopping area provides a wide range of leading High Street brands alongside an eclectic mix of independent shops, many to be found in the narrow thoroughfares off Cathedral Close and the High Street. Nearby Fore Street is a haven for all things vintage and retro. Exeter also has a historic quayside, a great spot to sit and watch the world go by at one of the many cafes and restaurants with al fresco dining.

Friendly Market Towns

You'll find an array of historic towns across North Devon and Torridge such as Okehampton, famed for its easy access to stunning Dartmoor. Heading towards North Devon, you'll also have delights such as the charming harbour town of Ilfracombe and the riverside port of Bideford.

More information about the area and help with relocating can be found at www.royaldevon.nhs.uk/careers

Great for Families

Outstanding Ofsted-rated primary schools, high-ranking secondaries and proximity to two leading universities are some of the biggest draws to Devon, making this a desired destination for families. Whether you have young children or teenagers in tow, the sheer quality of education and extra-curricular activities available are guaranteed to impress.

Living and travelling

Housing wise, housing stock is diverse, with everything from thatched moorland cottages to Georgian townhouses and contemporary builds. Time and distance are different here, too. Many residents in this – the fourth largest county in the UK – are happy to travel up to an hour or more for work. This means there's a great deal of choice when it comes to finding somewhere to live.

Transport links are also good. The county has more than 8,000 miles of road – the largest road network anywhere in the country, although (it has to be said) many are narrow Devon lanes.

From Exeter's main station, Exeter St David's, there are fast and frequent rail services to Bristol (one hour), London (around two hours to Paddington) and Birmingham (under three hours to Birmingham New Street). Exeter itself has an impressive rail network with no fewer than nine stations serving different parts of the city. There are a number of branch lines providing services to Mid and North Devon, Dartmoor and the Exe Estuary. Exeter International Airport provides flights to numerous destinations throughout the UK, Europe and even North America.

Support with relocation

Our Medical Staffing Team will help you get settled, providing financial relocation support, help with somewhere to live, registration for children at one of the excellent local schools and support for partners seeking employment.

Contacts

The Trust welcomes informal enquiries.
Contact names are detailed below:

Interim Chief Executive Officer
Paul Roberts
Tel: 01271 311349

Chief Medical Officer
Prof Adrian Harris
Tel: 01271 314109

Medical Director
Dr Karen Davies
Tel: 01271 314109

Associate Medical Director for Medicine
George Hands
Tel: 01271 370202

Consultant in Diabetes and Endocrinology
Julia Prague
Email: juliaprague@nhs.net

Lead Diabetes Specialist Nurse
Pauline Budge
Tel: 01271 349105

Service Manager for Diabetes and Endocrinology
Ali Cousins
Tel: 01271 442167

NORTH DEVON DISTRICT HOSPITAL
Raleigh Park
Barnstaple
EX31 4JB
Tel: 01271 322577