



Royal Devon
University Healthcare
NHS Foundation Trust

CONSULTANT INFORMATION PACK

**CONSULTANT GASTROENTEROLOGIST
/ HEPATOLOGIST**

POST REFERENCE:

Northern services: 415-MP601-22

Eastern services: 185-A-22-130384

For more information, please contact:

ndht.medicalstaffingteam@nhs.net (Northern services)

rde-tr.MedicalHR@nhs.net (Eastern services)

 NHSRoyalDevon

 RoyalDevonNHS

www.royaldevon.nhs.uk/join-us

A Warm Welcome

Hi, I'm Suzanne Tracey the Chief Executive 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.

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 Gastroenterology and Hepatology department which is nationally recognised for its multidisciplinary specialist clinical care and research activity. We are committed to the further development of this successful and cohesive team and recognize the importance of bringing the very best clinicians to Devon.

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

Suzanne Tracey

JOB TITLE

Consultant Gastroenterologists
/ Hepatologists

DATE OF VACANCY

Immediate

BASE

North Devon District Hospital
3 Gastroenterology / Hepatology posts

Royal Devon & Exeter Hospital
1 Gastroenterology posts

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.

Chief Executive
Officer
Suzanne Tracey



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 6 months of completion of specialist training at the time of the Advisory Appointments Committee.

Applicants must have completed specialist training in gastroenterology/hepatology and have entered on the GMC Specialist Register prior to taking up the appointment.

Please apply using the standard online application form at NHS jobs online www.jobs.nhs.uk.

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

Introduction

The Royal Devon University Healthcare NHS Foundation Trust is seeking to appoint 4 consultants to its department of Gastroenterology and Hepatology. These include 3 Consultant Gastroenterologists / Hepatologists to its Northern services based at the North Devon District Hospital (NDDH) in Barnstaple and a further 1 Consultant Gastroenterologist to its Eastern services based at the Royal Devon & Exeter Hospital in Exeter. All members of the integrated department deliver face-to-face care at both main sites and provide telephone or video consultations for patients living across the entire population of Northern, Eastern and Mid Devon.

Our combined Gastroenterology department is friendly, successful and ambitious. The Royal Devon is a Trust which encourages and supports innovation, diversity, digital development and research.



Dr Andrew Davis –
Gastroenterologist

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

- **Research and innovation.** We recognise that research active departments deliver better clinical outcomes for patients. We have a large programme of IBD and hepatology investigator led and commercial research studies. The Exeter IBD research is internationally recognised for its programme of multi-site award-winning research and the hepatologists have recently received NIHR funding to deliver the national REDUCE-2 study.

We have a multi-million pound research facility, dedicated research staff and collaborative links with researchers from across the University. Funded time for the development of research proposals is available for interested consultants.

- **Service development.** The Royal Devon is a newly formed Trust supporting a population of more than 615,000 across more than 2,000 square miles of North, East and West Devon. The scale of operation brings opportunities to establish and develop innovative new services to better meet the needs of our patients.
- **Teaching.** The Royal Devon is a university trust that 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 to bring teams from both sites together. These meetings will also provide opportunities for your own CPD.
- **Career progression.** The size and structure of our Eastern team creates a strong framework for progression, whilst the flatter structure within our Northern service means rapid progression to areas of increased responsibility.
- **On-call rotas.** All consultants are expected to participate in the emergency on-call gastrointestinal bleeding rota (approximately 1:9-13) at both centres and to conduct weekend ward rounds of inpatients with gastrointestinal / hepatological problems. There is no requirement to participate in the general medical take at either base hospital unless you wish to do so.
- **Investment.** The Royal Devon has received significant capital investment over the past 12 months which has allowed the implementation of a single electronic patient record (EPR) across the Trust. This investment has allowed expansion of the specialist nursing teams and also expansion of the endoscopy infrastructure at both base hospitals.
- **Location and relocation.** We are fortunate to be based in the beautiful South West of England and you can choose between the hustle and bustle of the city of Exeter, the rolling moors of Exmoor or the stunning beaches of North Devon. Schools, further education colleges and the University of Exeter are good or outstanding, crime rates are low, and transport links and infrastructure investment are also excellent. We can offer you temporary 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.

About Royal Devon University Healthcare NHS Foundation Trust

We are a newly formed NHS Foundation Trust with a vast geographical footprint, serving a population of over 615,000 people and covering more than 2000 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 a workforce of over 15,000 staff.

Our services include two acute hospitals, 17 community hospitals, outpatient clinics, and community teams who care for people within their own homes. We also provide primary care and a range of specialist services, stretching from coastline to coastline, extending our reach throughout the South West Peninsula as far as Cornwall and the Isles of Scilly.

Established in April 2022, the Royal Devon brings together the expertise of Northern Devon Healthcare NHS Trust and the Royal Devon and Exeter NHS Foundation Trust, embracing change and innovation to develop new medical models, new ways of working, ground-breaking research and huge levels of investment into new infrastructure, equipment and facilities. There has never been a better time to join us.

The Royal Devon is committed to support the personal and professional development of our consultant staff and in turn improve the care offered to our patients. This might include developing or introducing innovative services and bringing these to rural patients, teaching the doctors of tomorrow or undertaking award winning clinical research. In 2021 our specialist nurses were recognised in the British Journal of Nursing Awards for their innovations during the COVID pandemic and the Inflammatory bowel disease research team was recognised with the National team award for their contribution to the NIHR portfolio.

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



About the Department

The Trust and service structure

The Royal Devon is governed by a unitary board comprising a chair (Dame Shan Morgan), chief executive officer (Suzanne Tracey), and 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 chief executive officer, chief operating officer (John Palmer), deputy chief executive officer (Chris Tidman), chief medical officer (Adrian Harris), chief nursing officer (Carolyn Mills), chief finance officer (Angela Hibbard), and chief people officer (Hannah Foster).

Our services are based around our two acute hospitals. Our Eastern services are located at the Royal Devon & Exeter (RD&E) Hospital 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 gastroenterology and hepatology also sits within the medicine division.

The medical directors are Dr Karen Davis (Northern services) and Dr Anthony Hemsley (Eastern services).

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.

A full breakdown of the organisation structure and services can be found on the Trust website at www.royaldevon.nhs.uk

“Our services are based around our two acute hospitals in Exeter and Barnstaple”

The gastroenterology department

The Royal Devon gastroenterology/hepatology team comprises 19.5 whole time equivalent (WTE) consultants with 14.5 WTE based in Exeter (1 post recruiting now) and 4 based in Barnstaple (3 posts recruiting now, 1 early 2024).

Consultants deliver face to face care predominantly at their base site and all consultants will provide telephone or video consultations for patients across the entire catchment using a single EPR (EPIC).

The department provides a comprehensive gastroenterology and hepatology service for Devon. It serves a primary population of approximately 615,000 and provides specialist gastroenterology and hepatology services, including intestinal failure, specialist endoscopic services (including small intestinal endoscopy, colon capsule, Barrett's endotherapy, EUS, ERCP and cholangioscopy) to a wider population across the South West Peninsula.

Consultant medical staff

Luminal Gastroenterologists

Dr Shyam Prasad (Eastern services, 2008) is the Lead Clinician of the RD&E department. His interests include specialist endoscopy and research.

Dr Andrew Davis (Northern services) is the Lead Clinician for Endoscopy (NDDH). His interests include endoscopy and hospital management.

Dr Chris Calvert (Eastern services, 2014) is the Lead Clinician for Endoscopy (RD&E). He has particular interests in IBD and Nutrition.

Dr Tariq Ahmad (Eastern services, 2007) is the current lead for IBD and heads the academic department of gastroenterology, which has close links with the University of Exeter.



IBD specialist
nurses and
research nurses at
the RD&E

Dr Tarek Shirazi (Eastern services, 2002) is the lead for bowel cancer screening, and his interests include large polyp resection and endoscopy training.

Dr James Goodhand (Eastern services, 2015) is the departmental lead for audit/morbidity and mortality. His interests include IBD and research.

Dr Nick Kennedy (Eastern services, 2016) has a part academic post with the University of Exeter. He is a Trust clinical information officer. He also has interests in IBD and research.

Dr Ovi Roy (Eastern services, 2018) has interests in IBD and nutrition.

Dr Jonathan Digby-Bell (Eastern services, 2021) has clinical interests in inflammatory bowel disease, intestinal ultrasound and faecal transplantation and research interests in personalised IBD care.

Dr Tawfique Daneshmend (Eastern services, 1990) has retired and returned. He is the Chairman of the Upper GI Cancer MDT, Chair of the Joint Formulary and has particular interests in general and specialist endoscopy.

Dr Alex Moran (Northern services, 1998) has retired and returned in a part time role. His interests include bowel cancer screening and capsule endoscopy.

Dr Reuben Ayres (Eastern services, 1994) has retired and returned in a part time role. His interests include bowel cancer screening.

Hepatologists

Dr John Christie (Eastern services, 2001) is the lead for hepatology. He is also the department's lead for the University of Exeter Medical School undergraduate teaching programme.

Dr Ben Hudson (Eastern services, 2018) has an interest in advanced liver disease and research, and leads the BASL/BSG end-of-life specialist interest group. He is training lead for the department.

Dr Lin Lee Wong (Eastern services, 2018) is a hepatologist. She was research fellow for the UK-AIH national study and has clinical interest in autoimmune liver disease. She currently leads the primary biliary cholangitis operational delivery network (PBC-ODN) meeting for East Devon and is the local PI for the NUT-3 NASH study.

Jane Chalmers (Eastern services, 2020) has an interest in non-alcoholic fatty liver disease and is PI for the NAFLD bioresource. She does a weekly ERCP list and is a regional trainer for gastroscopy.

Dr Christina Levick (Eastern services, 2020) is a hepatologist with a doctorate in non-invasive assessments of liver disease. She has an interest in portal hypertension.

Professions allied to medicine

Our Eastern service department is supported by 6 IBD specialist nurses, 3 hepatology specialist nurses, 2 clinical nurse specialists for upper gastrointestinal cancer and a comprehensive nutrition support team, comprising 3 specialist nurses, a dedicated dietician and a pharmacist.

The consultants at our Northern service are supported by two IBD nurse specialists, two hepatology nurse specialists, a nurse endoscopist, a nutrition nurse specialist and an advanced clinical practitioner.

Our endoscopy units

The main endoscopy unit for our Eastern services is based at the RD&E hospital and comprises five endoscopy theatres. A satellite endoscopy unit operates from Tiverton Hospital. The facilities at both locations will be expanded in 2023. The staffing includes a clinical nurse manager (matron), who oversees a large team of nursing, auxiliary and technical staff. ERCP and fluoroscopic procedures (3 sessions per week) are undertaken in the medical imaging (radiology) department. Three clinical (nurse) endoscopists work in the department with others in training to increase this number to five.

For our Northern services, the endoscopy unit is located at NDDH and comprises 2 endoscopy rooms with plans in place to increase this to 4 rooms. The staffing includes a clinical nurse manager (matron), who oversees a large team of nursing, auxiliary and technical staff. ERCP and fluoroscopic procedures (2 sessions per week) are undertaken in the radiology department. One nurse endoscopist works in the department with others in training to increase this number to 3.

More than 17,500 endoscopic procedures are currently performed each year across all of our endoscopy units. The latest Olympus endoscopy equipment is available in all procedure rooms.

All consultants are expected to contribute to the training of medical and non-medical endoscopy team members.

Advanced endoscopy

A wide range of advanced endoscopic procedures are delivered at the RD&E hospital, including Spyglass cholangioscopy, endoscopic ultrasound, enteroscopy and Barrett's endotherapy.

Inpatient care

At the RD&E a 7-day service is provided by gastroenterology and hepatology teams to approximately 40 inpatients including 27 patients located on our base ward, Okement. A dedicated level 1/2 higher care unit for patients with upper gastrointestinal haemorrhage and severe liver disease is planned.

The team at NDDH manage approximately 12 inpatients based on one shared ward, Capener. Currently a 5-day service is provided with weekend support from the Exeter team. However, there are plans to provide on-site weekend specialist review when consultant numbers allow.

Primary responsibility for inpatients lies with consultants based at each base hospital in order to provide consistent, safe and timely emergency care.

Bowel cancer screening

The Exeter, Mid, East & North Devon Bowel Cancer Screening Service is delivered by the Royal Devon at the RD&E hospital and NDDH. The service is supported by SSPs at both sites. There are twice weekly meetings in the department to discuss patients and 3-monthly governance and audit meetings between the two sites, as well as twice yearly peninsula network meetings.

Inflammatory bowel disease

The Royal Devon inflammatory bowel disease (IBD) service supports more than 6,000 patients across both the RD&E and NDDH sites. The comprehensive team includes excellent support from 8 IBD specialist nurses (including 2 at NDDH), 2 IBD pharmacists, 2 dieticians and a clinical psychologist. There is a weekly joint IBD MDT meeting, several parallel medical-surgical clinics and a dedicated infusion facility based in Exeter. The quality of the service has been demonstrated by 4 rounds of national audit, the '21 GIRFT report and the '19/20 UK IBD standards benchmarking tool and patient survey.

Gastrointestinal surgery

The department works closely with 9 upper gastrointestinal surgeons and 13 colorectal surgeons. Parallel medical-surgical IBD clinics are carried out in Exeter with plans to develop a similar service in Barnstaple.

Nutrition

Both main acute hospital sites have nutrition teams comprising dietician, nurses and pharmacist. The Exeter intestinal failure service delivers specialist care to approximately 360 patients each year including 120 inpatients per year receiving parenteral nutrition (PN) and 70 home PN patients from across the South West peninsula.

The team are proud of their collaborative working, accessibility, data collection, consistent low line sepsis rates and approach to early discharge. There is an established multi-disciplinary pathway for the assessment and management of patients referred for gastrostomy.



Some of the
gastroenterology
multidisciplinary
team

Paediatric gastroenterology

The department works closely with consultant paediatricians with an interest in gastroenterology, Dr James Hart (Eastern services), Dr Christine McMillan (Eastern services) and Dr Tim Mason (Northern Services). A bi-monthly transition clinic is provided in the Department of Child Health. Paediatric endoscopy is currently provided by Dr Tawfique Daneshmend (Eastern services), Dr Tariq Ahmad (Eastern services) and Dr Andrew Davis (Northern services) with full anaesthetic support.

Hepatology

The Royal Devon is accredited by the BSG as a level 2 liver centre. We participate remotely in weekly transplant listing meetings with our partners in King's College, and provide transplant work-up and early post-transplant care locally. TIPS, and loco-regional therapies for HCC are performed in Exeter and we hold weekly cancer MDTs alongside HPB surgical colleagues in Plymouth. We are a hub centre for second line PBC therapies. Alongside a weekly complex case MDT, there is a weekly journal club, a dedicated liver histopathology service and fortnightly biopsy meetings. There is an active patients support group who meet monthly. The unit is working towards full IQILS accreditation.

Gastrointestinal motility laboratory

The GI Motility Laboratory is based in Exeter. This service is delivered by a Medical Physicist and 4 Technicians providing an outpatient service for 24-hour oesophageal pH studies, high resolution manometry, Bravo pH capsule studies and anorectal studies.

Radiology

Excellent links exist with the Department of Medical Imaging and a full range of cross-sectional imaging and interventional procedures are available, including CT colonography, small bowel MRI, a 24/7 emergency Interventional Radiology service, TIPS, targeted therapies of liver lesions, PTC and duodenal / colonic stent insertion.

Departmental meetings

Inflammatory bowel disease MDT meeting (weekly)

Colorectal Cancer MDT meeting (weekly)

Upper gastrointestinal cancer MDT meeting (weekly)

Benign gastroenterology MDT meeting with gastrointestinal surgeons, pathologists and radiologists (weekly)

Liver MDT meeting (weekly)

Liver histology meeting (fortnightly)

Bowel Cancer Screening meeting (weekly)

Audit / M&M meeting (monthly)

Clinical Governance meeting (quarterly)

Departmental business meeting (monthly)

Endoscopy business / users' group meeting (monthly)

Evening educational meeting – F2F with dinner (2-monthly)

Administration and secretarial support

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

The Exeter IBD
Research Group





Supporting professional activities

You will be expected to 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

New consultants at our Northern services receive a further 0.5 SPA sessions for up to one year to facilitate their induction to the organisation, with a reciprocal reduction in direct clinical care (DCC). This will be reviewed after six months with the possibility of a six month extension, following which it will revert to 1.5 SPA sessions.

Barnstaple
Town Centre

17 minutes walk
from NDDH

For these posts, an additional SPA may be available for non-generic work.

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

Investigator-led and clinical trial research has a prominent place in the Royal Devon department of gastroenterology and hepatology service and is supported by 3 full time research nurses. Patients are given the opportunity to participate in a wide number of NIHR gastroenterology and hepatology portfolio studies.

The University of Exeter Medical School has an excellent research reputation from basic biomedical research through to patient-centred research. Dr Ahmad leads a research group supported by the University of Exeter. The Exeter IBD group have led 10 UK NIHR UK-wide portfolio-adopted studies including PANTS, PRED4 and CLARITY IBD. Sample reception, storage and serology testing for these studies has been integrated into the NHS Department of Blood Sciences at the Royal Devon and Exeter NHS Foundation Exeter.

The group includes 3 chief investigators (Ahmad, Goodhand, Kennedy), 3 study coordinators, 2 laboratory technicians and a bioinformatician. We have provided research training to 3 PhD students and 8 visiting fellows.

There is also an ongoing collaboration between the department and the Engineering Faculty of the University of Exeter to develop new modalities for capsule endoscopy.

The Research, Innovation, Learning and Development (RILD) building, based in Exeter is a £27.5m development which consists of the Wellcome Wolfson Centre for Medical Research, the National Institute for Health Research (NIHR) Exeter Clinical Research Facility, and a new Post Graduate Education Centre on the RD&E Hospital site in Exeter. 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 RD&E hospital 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 one of the most successful universities of the 21st century and is a member of the Russell Group of leading research-based universities. Research and education of the highest quality are at the heart of an inspiring community in which to learn, work and live. It has ambitious plans for the future, following a £275 million investment in facilities over the past five years.

The University of Exeter Medical School (UEMS) is the newest College at the University of Exeter (medicine.exeter.ac.uk). Formed from the disaggregation of Peninsula College of Medicine and Dentistry in 2012, it combines the best of the Peninsula Medical School and with the University of Exeter's outstanding global reputation for academic excellence and student experience. The first intake of UEMS students was in Sept 2013 and they graduated in 2018.

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 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 health care 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. Years three and four of the programme are based at the Royal Devon and Exeter Hospital, North Devon District Hospital and at the Royal Cornwall Hospital in Truro and in their surrounding general practices and community health environments. In year five, students are involved in a series of apprenticeship attachments, to consultants and to Principal General Practitioners on a one-to-one basis throughout Devon and Cornwall in Barnstaple, Exeter, Torbay and Truro.

There is great scope for staff in NHS Partner Organisations to become involved in all aspects of the University of Exeter Medical School curriculum for undergraduate education; for example, clinicians may be engaged with UEMS as clinical teachers, clinical skills tutors, and academic tutors.

The consultants in the Gastroenterology Department are all involved in teaching students in phase 2 of the curriculum. There may be additional opportunities for the post holders to become involved with the UEMS by taking on additional specific teaching roles or offering special study units.

Outline job plan

A provisional outline job plan is included, but is subject to modification.

The individual job plan and detailed timetable will be discussed with the successful candidate. Special interests will be accommodated where they are compatible with service requirements. All subspecialty interests will be considered except hepatology and ERCP in the Eastern services (RD&E base).

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.

NDDH base

Consultants support the ward in rotation for 2 weeks at a time. The 'ward' consultant reviews all new patients admitted to AMU, reviews in-hospital referrals, provides telephone advice for local GPs and conducts urgent same day review of unwell patients, to help reduce need for hospital admission. The 'ward' consultant will be supported by an SPR, advanced clinical practitioner and other junior medical staff. Consultants will provide weekend review of inpatients with gastrointestinal and liver problems on Saturday and Sunday mornings approximately 6 times per year, when also rostered on the gastrointestinal bleeding rota.

Specialist cover will be provided remotely by the Exeter team for weekends not covered by NDDH based consultants.

On-call rota for emergency gastrointestinal endoscopy NDDH

This is shared between the consultant gastroenterologists and gastrointestinal surgeons, currently on a 1 in 10 basis (with prospective cover) with approximately 2 callouts per month. The service is delivered with the assistance of a dedicated member of the endoscopy nursing team and with the support of anaesthetic teams where appropriate. Out-of-hours interventional radiology is provided as part of a formal regional network.

On-call rota for medical take NDDH

There is no requirement to join the on-call rota for the undifferentiated medical take. However, we welcome applications from those who would wish to maintain their general medical skills and take part in the general medical rota, which is presently on a 1 in 11 basis. The Trust is expanding its physician workforce with the intention of achieving a better balance of on-call activity and intensity. At present, the on-call commitment attracts 1.2 DCC PAs and a 3% supplement. There will be consideration of time off in lieu for out-of-hours/weekend working. This covers the 5pm – 8pm weekday post-take ward round and weekend on site cover.

A photograph of the North Devon District Hospital, a large multi-story building with a modern facade and a parking area in the foreground. A blue circular graphic with the text "North Devon District Hospital" is overlaid on the image.

North Devon
District Hospital

Ward weeks: 6 blocks of 2 weeks = 12 weeks a year

Ward rounds, referrals, advice & guidance, urgent outpatients	5.0 PA
Weekend ward rounds (6 weekends/year)	2 PA
Endoscopy or clinic	
Clinical admin	1 PA
Supporting activity	1.5 PA
On-call	0.24 PA
MDTs	1 PA
Medical school teaching	0.65 PA
Total	11.4 PA

Off-ward weeks: 33.6 weeks per year (based on 5 consultants)

Outpatients	2 PA
Endoscopy	2 PA
Clinical admin	2.13 PA
Supporting activity	1.5 PA
On-call	0.25 PA
MDTs	1 PA
Travel time to Exeter (if required)	0.75 PA
Total	9.63 PA

Annual Total **10 PA**

Provisional timetable

These timetables are representative and will vary with subspecialist interests, requirement to deliver sessions in Exeter and medical school commitments. The timetable will be agreed with the successful applicant upon appointments.

2-week ward block			Off ward weeks
Monday	0830-1230	Morning report, ward round, referrals, urgent OP	Endoscopy list
	1230-1330	IBD MDT	IBD MDT
	1330-1730		
Tuesday	0830-1230	Morning report, ward round, referrals, urgent OP	Clinic
	1230-1330		
	1330-1730		
Wednesday	0830-1230	Morning report, ward round, referrals, urgent OP	Clinic every other week
	1230-1330	Grand Round 12.30-1.30pm	Grand Round 12.30-1.30pm.
	1330-1730		
Thursday	0830-1230	Morning report, ward round, referrals, urgent OP	
	1230-1330	Liver histology meeting	Liver histology meeting
	1330-1730		
Friday	0830-1230	Morning report, ward round, referrals, urgent OP	Clinic
	1230-1330	MDT 1330-1430	
	1330-1730		

RD&E base

The consultant gastroenterologists operate a "consultant of the ward" based system with two consultants in charge of all inpatients (one luminal and one hepatology consultant) in overlapping two-week blocks. In week 1 the consultant sees all new patients and accept referrals from, and provide Consultant advice to, other wards within the RD&E. In week 2 the consultant looks after the patients admitted in week 1 plus subspecialty patients (luminal or hepatology), as well as having teaching commitments to medical students. Outpatient and endoscopy commitments are significantly reduced during this fortnight to allow appropriate time for inpatient work and student teaching. The ward consultant performs daily ward rounds for 12 consecutive days (i.e. including Saturday and Sunday of the middle weekend of the 2-week block) and a single in-patient endoscopy session on the middle Saturday.

On-call rota for emergency gastrointestinal endoscopy RD&E

The 7-day on-call emergency endoscopy service is delivered by the 2 ward consultants with the assistance of a dedicated member of the endoscopy nursing team and anaesthetic teams where appropriate. Out-of-hours interventional radiology is provided as part of a formal regional network.

General medicine commitments

The gastroenterologists do not have a commitment to the medical take but a consultant gastroenterologist/hepatologist attends the Acute Medical Unit (AMU) daily to review all patients admitted with acute gastrointestinal problems. Once patients are moved from the AMU their care is transferred to the appropriate consultant within a ward-based system. General medical in-patients located on the gastroenterology/hepatology ward (Okement) or on its allied surgical ward are looked after by the gastroenterologists/hepatologists.

For 3.25 weeks per year, general gastroenterology commitments will be cancelled to allow the appointee to support a general medicine ward.

Ward weeks (currently 1 in 8): 3.25 blocks of 2 weeks = 6.5 weeks per year

Ward rounds and referrals	6.5 PA
Weekend ward rounds (4 weekends/year)	2 PA
Endoscopy	0.5 PA
Clinical admin	1.5 PA
Supporting activity	1.5 PA
On-call	0.24 PA
MDTs	1 PA
Medical School teaching	0.65 PA
Total	13.89 PA

Off ward weeks: 32.25 weeks per year

Outpatients	2.5 PA
Endoscopy	2 PA
Clinical admin	2.13 PA
Supporting activity	1.5 PA
On-call	0.24 PA
MDTs	1 PA
Total	9.37 PA

General Medicine weeks (1 in 16): 3.25 weeks per year

Ward rounds and referrals	5 PA
Clinical admin	1.5 PA
Supporting activity	1.5 PA
On-call	0.24 PA
MDTs	1 PA
Total	9.24 PA

Annual Total 10.07 PA

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 Qualifications	Primary Medical Qualification (MBBS or equivalent) Completion of higher specialist training in gastroenterology and General Internal Medicine	An appropriate higher degree or qualification (MD, PhD or equivalent) Qualification in Teaching and Learning
Professional training and memberships	Full GMC registration and licence to practise Entry on Specialist Register for gastroenterology via: <ul style="list-style-type: none"> • CCT (proposed CCT date must be within 6 months of interview date) • CESR • European Community Rights Membership of Royal College of Physicians or equivalent qualification	
Clinical experience		
Employment	Evidence of completion of a comprehensive broad-based 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 gastroenterology and general internal medicine Career progression consistent with personal circumstances	

Requirement	Essential attributes	Desirable attributes
Clinical knowledge and skills	<p>Demonstrates ability to fulfil comprehensive gastroenterology and general medicine 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</p> <p>Demonstrates a clear, logical approach to clinical problems and an appropriate level of clinical knowledge</p> <p>Able to prioritise clinical need</p> <p>Caring approach to patients</p>	<p>Demonstrates awareness of breadth of clinical issues</p> <p>Clinical feedback from colleagues and patients</p>
Non-clinical skills		
Teaching	<p>Evidence of previous teaching and training experience</p> <p>Willingness and ability to contribute to departmental and Trust teaching programmes</p>	<p>Defined educational roles or qualifications</p> <p>Evidence of teaching of undergraduates, junior doctors and multi-professional groups</p>
Management of change and quality improvement	<p>Demonstrates clear understanding of quality improvement and clinical governance within the NHS</p> <p>Demonstrates willingness to implement evidence-based practice</p> <p>Evidence of effective personal contributions to clinical audit, governance and risk reduction</p>	<p>Evidence of innovative development and implementation of guidance</p> <p>Evidence of involving patients in practice development</p>
Innovation, research, publications and presentations	<p>Understanding of the principles of scientific method and interpretation of medical literature</p> <p>Demonstrates a critical and enquiring approach to knowledge acquisition</p> <p>Demonstrates understanding of the research governance framework</p>	Recent evidence of relevant research, presentations or publications
Management and leadership experience	<p>Demonstrates familiarity with and understanding of NHS structures, management and current political issues, including an awareness of national strategic plans and constraints</p> <p>Demonstrates willingness to lead clinical teams and develop an effective specialist clinical service</p>	Experience of formal leadership roles or training

Requirement	Essential attributes	Desirable attributes
Communication and personal skills	<p>Good spoken and written English language skills</p> <p>Communicates effectively with patients, relatives, colleagues, GPs, nurses, allied health professionals and outside agencies</p> <p>Evidence of ability to work with multi-professional teams and to establish good professional relationships</p>	<p>Evidence of patient and colleague feedback</p> <p>Excellent presentation skills, engages audience</p>
Other requirements		
Motivation and management of personal practice	<p>Punctual and reliable</p> <p>Good personal organisational and prioritisation skills, achieves deadlines</p> <p>Takes responsibility for personal practice and is able to cope well with stressful situations</p> <p>Commitment to continuing medical education and professional development</p> <p>Flexible and adaptable attitude</p>	<p>Demonstrates initiative in personal practice</p> <p>Willingness to undertake additional professional responsibilities at local level</p>
Commitment to post	Demonstrates enthusiasm for Devon as a place to live and work	

Royal Devon & Exeter Hospital



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 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 £84,559 to £114,003 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

The Royal Devon University Healthcare NHS Trust is committed to becoming a national exemplar for diversity and inclusion. We aim to create a positive sense of belonging for everyone, to value visible and invisible differences and to create a sense of togetherness. We believe true inclusion takes into account intersectionality and power structures in our systems, and truly embedding change means we must work on eliminating inequity in systems.

We know the best organisations have people who report a high sense of belonging, and that this leads to better job satisfaction and better patient care. Inclusion is therefore a strategic priority which runs through all we do. We are committed to learning and doing more to make things better for both our staff and the people we care for.

Achieving a diverse and inclusive culture requires long term commitment, a willingness to learn and engagement, particularly with people who are seldom heard or at higher risk of being disenfranchised. Recruiting a workforce who understand and embody our vision will enable us to get there.



Exeter Cathedral

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 250 km 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.

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.

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.

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 (1 hour), London (around 2 hours to Paddington) and Birmingham (under 3 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.

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



Exeter Quayside



Contacts

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

Chief Executive Officer
Suzanne Tracey
Tel: 01271 311349

Chief Medical Officer
Prof Adrian Harris
Tel: 01271 314109

Royal Devon and Exeter
Barrack Road
Exeter
EX2 5DW

Tel: 01392 411611

Medical Director
Prof Anthony Hemsley
Tel: 01392 403919

Associate Medical Director
for Medicine
Helen Lockett
Tel: 01392 402895

Divisional director medicine
Andy Burgess
Tel: 01392 402348

Lead Clinician for
Gastroenterology
Dr Shyam Prasad
Tel: 01392 402818

Cluster Manager for
Gastroenterology and
Endoscopy
Rebecca Ody
Tel: 01392 403919

North Devon District Hospital
Raleigh Park
Barnstaple
EX31 4JB

Tel: 01271 322577

Medical Director
Dr Karen Davies
Tel: 01271 314109

Associate Medical Director
for Medicine
George Hands
Tel: 01271 370202

Group Manager for Medicine
Hannah Keightley
Tel: 01271 349579

Lead Clinician for
Gastroenterology
Dr Andrew Davis
Tel: 01271 322734

Cluster Manager for
Gastroenterology and
Endoscopy
Alison Cousins
Tel: 01271 322577
(Ext 2167)