

BETTER TOGETHER



Royal Devon  
University Healthcare  
NHS Foundation Trust

# Consultant Information Pack

Consultant Physician, Healthcare for Older  
People (HfOP)  
with a specialist interest in Perioperative Medicine

 [royaldevon.nhs.uk/careers](https://royaldevon.nhs.uk/careers)  [rduh.medicalstaffing@nhs.net](mailto:rduh.medicalstaffing@nhs.net)

## JOB TITLE

Consultant Physician, Healthcare for Older People (HFOP) with a specialist interest in Perioperative Medicine

## DATE OF VACANCY

April 2025

## BASE

Royal Devon and Exeter Hospital

# A Warm Welcome

Hi, I'm Adrian Harris, Chief Medical Officer at the Royal Devon University Healthcare NHS Foundation Trust. Thank you for the interest you have shown in working with us at what is an exciting time for our organisation. We are one of the largest healthcare Trusts in the country and we have ambitions to be a clinically-led, digitally-enabled teaching organisation.

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 Healthcare for Older People (HfOP) department and the Perioperative Medical Service, which is nationally recognised for its multidisciplinary specialist clinical care and research activity. We are committed to further developing this successful and cohesive team and want to bring 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 pa



## 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 Geriatric Medicine and General Internal Medicine and have entered on the GMC Specialist Register prior to taking up the appointment.

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



# Introduction

The Royal Devon University Healthcare NHS Foundation Trust is seeking to appoint a Consultant Geriatrician with a specialist interest in Perioperative Medicine.

This is an exciting new post held jointly by the departments of Healthcare for Older People (HfOP) and Acute Surgery.

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

## Perioperative medicine service

Building on the success of our Perioperative service (#Periop) within acute surgery, we wish to expand to consolidate and widen our ability to provide medical care for the higher risk surgical patient (including frail older adults) within acute surgery. In addition, we wish to further develop a “silver trauma” service within the Trust. The appointee would be working with a consultant in Intensive care and Perioperative medicine, a consultant Anaesthetist and a consultant in Acute Medicine. We have also recently employed a band 8 ACP with OT expertise in the frail elderly.

The work of this team is challenging and exciting, requiring the breadth of geriatric and general medical skills to provide both proactive and reactive medical management to general, vascular, plastics and urology in-patients. The successful applicant would be expected to work across multidisciplinary medical, geriatric and surgical departments. We have recently joined the NHS elect POPs 2 cohort, which is a shared development program aimed at developing our perioperative service in line with national guidance and other evidence-based models across the country. The appointed candidate would be expected to have a leadership role in this ambitious project, which is well supported at executive level.

This post would be jointly managed between the by the HfOP and Perioperative Medicine departments. This role forms a wider integrated department that includes our Northern services based in Barnstaple.

## Healthcare for Older People (HfOP) Service

Our combined Healthcare for Older People department is a friendly successful and ambitious department proud of our clinical work, teaching and our academic representation at National and Regional levels. The Royal Devon is a Trust which encourages and supports innovation, diversity and digital development and research.

## Highlights of the role

**Research and innovation.** We have a large programme of investigator-led and commercial research studies which have been internationally recognised for their programme of multi-site, award-winning research. Research interests are strongly encouraged and supported. We have a multimillion-pound research facility, dedicated research staff and collaborative links with researchers from across the University of Exeter. Funded time for the development of research proposals is available for interested consultants.

**Training and development.** The emphasis of the clinical element of this post is based on an acute geriatric inpatient ward. However, the post can be flexible and one of the strengths of the department is the opportunity to rotate between geriatric specialties to maintain a broad competence and refresh careers. Outpatient clinics can be arranged again to suit the sub-specialty interest of the successful applicant.]

**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 create opportunities for rapid progression to areas of increased responsibility.

**On-call rotas.** The appointee would join the Geriatricians' out-of-hours rota to cover the HfOP services and contribute to the general medical consultant on call rota.

**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, we are 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](http://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 chief executive officer (Sam Higginson), 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 Healthcare for Older People and Perioperative Medicine services are based at the Royal Devon and Exeter Hospital (Wonford) (RD&E) and North Devon District Hospital (NDDH), and sits within the Medicine (HfOP) and Surgery (Periop) Care Groups.

The medical director is Dr Karen Davies. All permanent medical staff are members of the Medical Staff Committee which has an elected Chairperson who represents the group at the Trust Management Committee.

**More information about our structure and services can be found on the Trust website at [www.royaldevon.nhs.uk](http://www.royaldevon.nhs.uk)**

## Department of Healthcare for Older People

The Healthcare for Older People (HfOP) Department is part of the Medical Services Division. This post is based in the HfOP department at the Royal Devon and Exeter Hospital. The Department comprises:

- 3 wards for the acute assessment and early rehabilitation of elderly patients (Ashburn, Kenn and Bovey wards);
- 1 acute HfOP/movement disorders ward shared with Neurology (Bolham ward)
- 1 direct admission Acute Care of the Elderly (ACE) Frailty Unit (Capener ward)
- 1 acute general medical/ infection control ward (Torridge Ward);
- Orthogeriatric care on the Trauma Unit (Durbin ward), in partnership with the Trauma and Orthopaedic teams;
- The Acute Stroke Unit (ASU; based on Clyst Ward) (28 beds plus 2 direct stroke admission trolleys).
- Allied Health Professional (AHP) consultant-led 12-bedded Stroke Rehabilitation Unit (Yealm 'SRU');
- 3 inpatient units for rehabilitation of frail/older patients are established within the local Devon ICB are in Sidmouth, Exmouth and Tiverton

The Department has over 2,000 admissions annually to its acute geriatric assessment beds. In addition, there are over 1,300 admissions per year to the Acute Stroke Unit of patients with suspected acute stroke

The Department of HfOP provides the acute frailty service, based on the 'Acute Care of the Elderly (ACE) Unit' (Capener Ward) which provides input to AMU and ED. The ACE team comprises a Consultant Geriatrician (morning and afternoon shifts), specialist nurses, therapists, Physician associates, psychiatric liaison nurses and voluntary sector representatives from Age UK. The objective of the ACE unit is admission avoidance and expediting discharge, while delivering Comprehensive Geriatric Assessments CGA for the frail elderly. This work is enhanced by our newly formed Virtual ward for Frailty and Same day emergency care unit for frail older patients.

At present the HfOP Department has five general medical/HfOP clinics at the Royal Devon & Exeter Hospital. In addition, there are regular clinics held at Axminster, Seaton, Sidmouth, Exmouth, Budleigh Salterton, Cullompton, Ottery St Mary, Honiton, Crediton, Tiverton and Okehampton.

Other specialist clinics run by the department include a memory clinic (jointly with the Devon Partnership Trust), movement disorders and falls clinics.

Community rehabilitation units are established within the local Devon ICB area, and these are also run by Royal Devon Community Services division. These units are based at Exmouth, Sidmouth and Tiverton. The aim of the outpatient Community Rehabilitation service is to facilitate rehabilitation and achievement of optimal function and early discharge from hospital Older frail patients





## Consultant medical staff

There are 18 substantive NHS medical Consultants in the Department, two Consultants who have retired but have returned to work in the department, two clinical academics, one Consultant Physiotherapist with a team Speciality Registrars including Academic Clinical Fellow posts and staff grade doctors:

Dr Aisha McClintock – Consultant Physician, HfOP, Medical Lead for HfOP and Training Programme Director (Physician Associates)

Dr Jackie S Stephenson – Consultant Physician, HfOP Deputy medical lead for HfOP and Clinical Lead for Doctors in Training, Medical Services Division

Dr Michael Jeffreys – Consultant Physician HfOP, North Devon Hospital HfOP Clinical Lead

Professor Martin A Jam – Consultant Stroke Physician/ Honorary Clinical Professor (UEMS)

Dr Susie A Harris – Consultant Physician, HfOP

Dr Jane E Sword – Consultant Stroke Physician and Geriatrician and Clinical Director, Medical Services Division

Dr Anthony G Hemsley – Consultant Stroke Physician and Medical Director for Urgent and Emergency Care for the Devon ICB

Dr Paul D Mudd – Consultant Stroke Physician and Geriatrician

Dr Salim P Elyas – Consultant Stroke Physician and Geriatrician/Honorary Clinical Senior Lecturer (UEMS)

Dr Jessica M Kubie – Consultant Stroke Physician and Geriatrician

Dr Nicola C Mason – Consultant Stroke Physician and Geriatrician

Professor Ray P Sheridan – Consultant Physician, HfOP, Director of Medical Education and Associate Clinical Professor (UEMS)

Professor W David Strain – Associate Professor in Cardiometabolic Health/Honorary Consultant in Stroke and General Medicine,

Dr Anna E Hinton – Consultant Physician, HfOP Movement Disorder Specialist

Dr James T Mulcahy – Consultant Physician, HfOP and Orthogeriatrics

Dr Lisa Y Bartram – Consultant Physician, HfOP and Orthogeriatrics (LTFT)

Dr Joe W Butchart – Consultant Physician, HfOP /Honorary Clinical Senior Lecturer (UEMS) Dementia Specialist

Dr Sarah S Jackson – Consultant Physician, HfOP Movement disorder specialist

Dr Suzy V Hope – Consultant Physician, HfOP Research Fellow

Dr Lindsay Jones – Consultant Physician, HfOP Movement disorder specialist, HfOP Governance Lead

Dr Maggie Cairns – Consultant Physician, HfOP Frailty Specialist

Dr Tomoaki Hayakawa – Consultant Physician, HfOP

Professor Jane Masoli – Associate Professor in Geriatrics (UEMS) and Honorary Consultant Physician, HfOP

Dr Angie Logan – Consultant Physiotherapist, Stroke Rehabilitation

### Specialist Registrars

4 posts rotating within the Peninsula Deanery, training jointly in General Medicine and Healthcare for Older People, and 1 post in Stroke Medicine plus 3 academic registrar posts.

### Staff Grades

2 posts

## PROFESSIONS ALLIED TO MEDICINE

Consultants at the Trust have access to an amazing team of specialised support including research fellows, specialist nurses in Frailty, Dementia and Parkinson's Disease, therapists, psychiatric liaison nurses and voluntary sector representatives from AgeUK Exeter.

## Departmental meetings

There is an active program of regular postgraduate education including a weekly Medical Department meeting, monthly 'Schwartz Centre' psychosocial grand round, weekly neuroradiology meeting and weekly HfOP departmental meetings.

## 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 appointee will have shared office accommodation at the RDUH RD&E site.

## Perioperative medicine

The Perioperative Acute surgery service, led by Dr Sheena Hubble, provides inpatient medical management and optimisation for higher risk and elderly patients admitted under acute surgery (chiefly general, vascular, urology, plastics ENT and Maxillo-facial surgery).

We follow patients through their surgical admission, coordinating and delivering both proactive and reactive medical care, rehabilitation and discharge planning. The RDE Perioperative vision statement is in alignment with academic colleges and the Centre for Perioperative care (CPOC) where core patient values and outcomes are pivotal to service delivery and development. It consists of multidisciplinary team comprising 3 consultants (1.4 WTE) with different medical specialty backgrounds, a band 8 ACP with

expertise in occupational therapy, one HfOP senior registrar, and 2 further trainees at F3 and registrar level.

The service was established in 2017 as a pilot project, but having demonstrated multiple positive patient and training outcome benefits, has since been awarded substantial and permanent annual funding. The team is now fully embedded at the RD&E, with established pathways of care, close collaboration with anaesthetic and surgical departments and has a growing national reputation (including a National patient Safety award in 2020) for providing quality care to complex, older surgical patients and patients with isolated chest trauma. The team has expanded to cover all acute surgical subspecialties based at the RDE and to provide foundation year 2, anaesthetic, geriatric, and PA training, in perioperative medicine.

The perioperative team provides medical, anaesthetic and geriatric expertise to higher risk patients within upper GI, colorectal, vascular, urology and plastic surgery with expansion plans to cover ENT and maxillofacial specialties. This service covers 7 surgical wards, and 140 beds. In addition, the successful applicant would be expected to lead the medical management of approximately 300 patients per year with non-operative chest trauma. This requires up to date knowledge and expertise of "Silver trauma" or solid ortho-geriatric experience.

The new post offers an exciting opportunity to join the team to further lead, develop and deliver a seamless service across hospital surgical and community settings, integrating with high risk preoperative clinics, primary care and social services.

The Trust has also recently invested in the NHS Elect POPS strategic mentoring program to provide seminar support, in order to help shape and expand the service further. This has resulted in team expansion to include an NHS Elect advisor, project manager, dedicated Business Intelligence (BI) support, and a close working relationship with experts in the field around the country.

It is considered a popular and positive service from detailed nursing and trainee feedback surveys with a dynamic and enthusiastic senior team.



**SENIOR CLINICAL TEAM MEMBERS:**

Dr Sheena Hubble  
Consultant in Intensive Care and Perioperative  
Medicine lead  
sheena.hubble@nhs.net

Dr Rebecca Matthews  
Consultant in Acute and Emergency Medicine  
r.matthews1@nhs.net

Dr Katherine Haynes  
Consultant Anaesthetist with special interest in  
perioperative and anaesthetic high-risk assessment  
kat.haynes@nhs.net



## 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

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. Patients are given the opportunity to participate in a wide number of studies.

The University of Exeter Medical School has an excellent research reputation from basic biomedical research through to patient-centred research. The group is supported by the University of Exeter and NIHR biomedical research centre and currently provides research training to three PhD students and two visiting fellows.

[The HfOP department has a strong reputation for engagement in research and consistently high recruitment for many studies in the fields of Stroke, Parkinson's disease and Dementia. The clinical research base of the Stroke Department is expected to see continued growth. Five members of the HfOP department (two in Stroke) hold honorary research contracts with the College of Medicine and Health of the University of Exeter Medical School (UEMS), and there are also colleagues within the department who hold both joint University and NHS contracts. The Department has an Honorary Clinical Professor (Prof. Martin James) and a Professor in Diabetes and Vascular Preventative Medicine/Honorary Consultant in Stroke and General Medicine (Professor David Strain), both of whom hold broad research portfolios. Research active departments deliver better clinical outcomes for patients.

Since the inception of the NIHR Stroke Research Network in 2008 the South West Peninsula has seen the greatest increase in Stroke research activity of all the original 8 English Stroke Research Networks. The RD&E now hosts the successor Clinical Research Network for the SW Peninsula, with Prof. Martin James as the regional Clinical Specialty Lead for Stroke.



The recent portfolio of NIHR-adopted clinical research studies in stroke includes hyperacute pharmacological studies (e.g. TASTE, an RCT of Tenecteplase in acute ischaemic stroke with imaging-confirmed penumbra), acute intervention studies (e.g. TWIST) and post-acute/rehabilitation and prevention studies (e.g. PLORAS, SOSTART, CONVINCENCE, OPTIMAS). The Research Network supports three Research Practitioners and a Trials Administrator. There is also an active research programme in dementia, in conjunction with the Devon Dementia Collaboration.

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 National Institute for Health Research (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 RD&E Wonford 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 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.

UEMS 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.

As a department we have a reputation for, and are enthusiastic in, the delivery of high-quality teaching and training. The Department has a substantial commitment to the teaching and training of undergraduate medical students in the University of Exeter Medical School (UEMS) through the provision of ward-based teaching, Special Study Units, lectures and other attachments.

There are rotational responsibilities to undergraduate teaching with this post. During term-time year 3, 4 and year 5 UEMS students are attached to the Stroke Unit and the HfOP wards.

The appointee would be welcome to contribute to an active program of teaching to Doctors in Training (DiT) and shared responsibility for training specialist registrars in General/Acute Medicine, Stroke Medicine and Geriatric Medicine. All Consultants in the department are involved with undergraduate and postgraduate medical education as clinical and educational supervisors.





## Outline job plan

This post will be 50% HfOP / 50% perioperative medicine. The HfOP element of the post will share the inpatient consultant leadership for the medical outliers on a surgical ward with a colleague Geriatrician (already in post) Average 16 medical outliers (more in winter fewer in Summer). The post holder would provide consultant leadership on the ward every Monday and Wednesday and alternate Fridays. The

post holder would provide prospective cover for the whole ward during 10 weeks of annual leave/study leave of their consultant colleague (Given that this post crosses 2 departments there will be flexibility for cross cover of holidays with support from other members of the HfOP team).

The Perioperative element will entail an expectation that the post-holder will lead the daily perioperative ward rounds, complex patient reviews and answer perioperative consults (6-8 per day) as well as manage the perioperative patient list. It is envisaged that the successful candidate would join at least two morning surgical rounds so that patients have simultaneous medical and surgical hands on care. This also helps to improve communication, embed the service, and facilitate reciprocal learning for all team members as well as avoid duplication of work. In the afternoons, the job plan provides time for more detailed patient

reviews, complex shared decision making, case-based conferences as well as teaching and training.

The perioperative service also jointly manages (with general surgery) approximately 300 patients with chest trauma per year. The post holder would be expected to manage both front and back end of patient care in this "Silver trauma" cohort.

Regular attendance at the Monday lunch time general surgical meetings, as well as surgical Morbidity and mortality meetings will also be required.

The post will include opportunities to consider service leadership, develop more subspecialty interest in pre-operative clinics, or post-operative rehabilitation depending on applicant preference and local negotiation.

Service needs will dictate flexibility where possible to cover periop consultant leave as either half or full day sessions. This will need to be worked around HFOP ward duties.

For further information about the Service development ambition and roll out, contact Dr Sheena Hubble, using contact details below.

A further element of the job plan which is under discussion is the possibility of 1 day per month work in North Devon District Hospital supporting the front door frailty service and potentially the perioperative service.

Days at NDDH attract 3PAs to include travel time and clinical administration. This would be offered in addition to the 10PA job plan

The individual job plan and detailed timetable will be discussed with the successful candidate. Special interests in frailty, dementia and delirium care, Parkinson's Disease, Orthogeriatrics, Perioperative Medicine or another sub-specialty within Geriatric Medicine will be accommodated where they are compatible with service requirements.

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.

### ON-CALL ROTA

Integral to this post is participation in the On-call Rota. This attracts a 1% salary supplement. Out-of-hours work comprises midweek general medical evening ward round 1900-2200 and overnight on-call. On-call

duties for HfOP and Stroke are part of this, including remote on-call for Stroke. The Geriatrician team are trained in Stroke thrombolysis as part of this out-of-hours rota.

Weekend on-call duties include General Medicine plus HfOP and Stroke. These consist of ward rounds 0800-1500 plus the overnight on call, including evening and nights remote on-call for Stroke. The frequency of on call duties is low, weekend duties 1 in 9 Weekends

**For weekday evening on call the successful applicant for this post will join consultants on the Physician of the day and HfOP /Stroke OOH rota this equates to 14.5 weekday evening shifts per year of 3 hours on the acute Medical Unit with remote cover overnight for the medical unit and the HfOP wards and Stroke. There is a supplement to cover time that may be spent giving telephone advice for Stroke.**

## Provisional timetable

### Programmed activities 10 PAs:

- Perioperative Medicine: 4.25 DPAs and 0.75 SPA

Perioperative job plan	Description	Number of programmed activities
Programmed activities for direct clinical care:	AM Perioperative consults and Joint consultant surgical ward rounds (including Upper GI, Colorectal and/or vascular and urology)	1.5
	Outpatient activities Including high risk anaesthetic clinic (HRA)	tbc
	PM perioperative list ward round and reactive patient review (board rounds, case-based discussion and complex MDT)	2
	Monday lunchtime acute GI surgical meeting	0.25
	Clinical Admin time (15% DCC)	0.5
SPA:	Job Planning, appraisal, continuing professional development, clinical governance, mandatory training, trainee supervision	0.25
Activities:	Quality improvement for the Perioperative service development/ NHS-Elect POPS	0.5
Perioperative Total		5

- HfOP: 4.25 DPAs and 0.75 SPA

Activity	PAs (inclusive of clinical administration time, 15% for inpatient work)
On call	1.5
Dart ward	2.5
Medical student teaching	0.125
Educational supervision of trainees	0.125

- Supporting professional activities (SPAs) – 1.5 Pas total between split specialities

In all RDUH full-time Consultant job plans, 1.5 SPAs are established for personal development, and ensuring Consultants are up to date and prepared for appraisal, revalidation and can undertake appropriate mandatory and discretionary training. For less than full time Consultants working 7 PAs and below, 1 PA is offered for SPA time.

**Example weekly timetable:**

	Monday	Tuesday	Wednesday	Thursday	Friday
		NWD			
Morning					
8 am			Periop Consults	Joint Surgical WR (CR or UGI) followed by consults	Chest Trauma ward round and consults
8:30-9 am	HfOP Consultant meeting				
9:30am to 12:30	WR Dart and Periop consults		WR Dart and Periop consults		Periop ward round and consults
Lunchtime 12:30-1:30	Surgical M&M		Perioperative meeting		HfOP departmental meeting
Afternoon	SPA/Medical student teaching/ educational supervision	NWD	Periop Consults SPA/Clinical admin	Perioperative consults and teaching WR	Perioperative consults and teaching WR

- One Thursday per month in NDDH if taken up in addition to the 10PA job plan (3PA)
- Flexible working or time shifting will be required to cover Periop Consultant leave where possible

To ensure that the department can meet its clinical service commitments, this timetable may be subject to change after discussion.



# 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
<b>Qualifications and training</b>		
Professional qualifications	<p>Primary Medical Qualification (MBBS or equivalent).</p> <p>Applicants must have completed specialist training in Geriatric Medicine and General Internal Medicine prior to taking up the appointment.</p>	<p>An appropriate higher degree or qualification (MD, PhD or equivalent).</p> <p>Qualification in Teaching and Learning.</p>
Professional training and memberships	<p>Full GMC registration and license to practice.</p> <p>Entry on Specialist Register for GIM and GER via:</p> <ul style="list-style-type: none"> <li>• CCT (proposed CCT date must be within 6 months of interview date)</li> <li>• CESR</li> <li>• European Community Rights</li> </ul> <p>Membership of Royal College of Physicians or equivalent qualification.</p>	<p>Evidence of up to date knowledge and practice in Perioperative medicine (CME, courses, relevant society memberships)</p>
<b>Clinical experience</b>		
Employment	<p>Evidence of completion of a comprehensive broad-based training program at specialty registrar level (or equivalent).</p> <p>or</p> <p>Clear demonstration of equivalent experience, with a minimum of six years at a level comparable with or senior to specialty registrar.</p> <p>Recent Experience and work in the NHS (at least 2 years).</p> <p>Evidence of training in Geriatric Medicine with experience of managing all the problems of frail complex patients with additional social and psychological problems using Comprehensive Geriatric assessment tools</p> <p>Evidence of senior ortho-geriatric experience</p> <p>Experience in ward care and perioperative assessment of acute general, vascular, urology and plastic surgical patients.</p> <p>Management of acutely unwell patients not excluding the younger or non-frail adult.</p>	<p>Experience in medical assessment of surgical and oncological patients</p> <p>Critical care experience</p> <p>Experience of rehabilitation, intermediate care and complex discharge planning</p>

Requirement	Essential attributes	Desirable attributes
	<p>Ability to organise and lead complex patient board rounds and MDT meetings</p> <p>Career progression consistent with personal circumstances.</p>	
Clinical knowledge and skills	<p>Demonstrates ability to fulfil Clinical duties at a 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. Demonstrates a clear, logical approach to clinical problems and an appropriate level of clinical knowledge.</p> <p>Demonstrates awareness of breadth of clinical issues particularly the impact of surgical conditions on medical diseases.</p> <p>Knowledge and experience of perioperative medicine. Familiarity with pre-operative surgical scoring systems, and broad knowledge of general surgical, vascular and urological operations and their expected in-patient course.</p> <p>Solid experience and understanding of post-operative complications in terms of detection and management.</p> <p>Able to prioritise clinical need.</p> <p>Caring and empathic approach to patients.</p>	<p>Clinical feedback from colleagues and patients</p> <p>Evidence of CME in Perioperative medicine</p> <p>Evidence of up to date knowledge and expertise in "Silver Trauma"</p>
<b>Non-clinical skills</b>		
Teaching	<p>Evidence of previous teaching and training experience.</p> <p>Willingness and ability to contribute to departmental and Trust teaching programs.</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> <p>Examples of quality improvement implementation specific to geriatric or perioperative medicine</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>	<p>Recent evidence of relevant research, presentations or publications in geriatric and or perioperative medicine.</p>
Management and leadership experience	<p>Demonstrates familiarity with and understanding of NHS structures, management and current political</p>	<p>Experience of formal leadership roles or training.</p>

Requirement	Essential attributes	Desirable attributes
	<p>issues, including an awareness of national strategic plan and constraints.</p> <p>Certificate of attendance at a relevant leadership or management course</p> <p>Demonstrates willingness to lead clinical teams and develop an effective specialist clinical service.</p>	<p>Evidence of leadership in delivery of change</p>
<p>Communication and personal skills</p>	<p>Excellent 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> <p>Experience in business planning, finance and NHS budgets.</p>
<p><b>Other requirements</b></p>		
<p>Motivation and management of personal practice</p>	<p>Punctual and reliable.</p> <p>Good personal organizational and prioritization skills, achieve 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>
<p>Commitment to post</p>	<p>Demonstrates enthusiasm for Devon as a place to live and work.</p>	



## 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 Chief Medical Officer 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 £105,504 to £139,882. The on-call supplement is category B (low frequency) and attracts a supplement of 1% 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, Sam Higginson, 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
- Neurodiversity 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

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](http://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 People Teams 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:

### Chief Executive Officer

Sam Higginson

Email: penny.manley@nhs.net (PA to Chief Executive and Deputy Chief Executive)

### Deputy Chief Executive Officer

descripEmail: penny.manley@nhs.net (PA to Chief Executive and Deputy Chief Executive)

### Chief Medical Officer

Prof Adrian Harris

Email: rduh.cmooffice@nhs.net

### Medical Director – Northern services

Dr Ms Cheryl Baldwick and Dr Gareth Moncaster

Email: rduh.cmooffice@nhs.net

### Medical Director – Eastern services

Dr Karen Davies

Email: rduh.cmooffice@nhs.net

### Deputy Medical Director, Medicine - Eastern Services

Helen Lockett

Email: helen.lockett@nhs.net

### Clinical Lead - Perioperative Medicine

Dr Aisha McClintock

Email: aisha.mcclintock@nhs.net

### Clinical Lead - HFOP

Dr Jackie Stephenson

Email: j.stephenson2@nhs.net

### Consultant in Intensive Care and Perioperative

Medicine lead

Dr Sheena Hubble

Email: sheena.hubble@nhs.net

### Consultant in Acute and Emergency Medicine

Dr Rebecca Matthews

Email: r.matthews1@nhs.net

### Consultant Anaesthetist with special interest in perioperative and anaesthetic high-risk assessment

Dr Katherine Haynes

Email: kat.haynes@nhs.net

### Operations Manager for Periop

Sophie Hilton

Email: sophie.hilton3@nhs.net

### Senior Operations Manager for Periop

Jo Wreford

Email: joanne.wreford@nhs.net

### Clinical Director for Acute Surgery

David Sanders

Email: dsanders3@nhs.net

### Senior Operations Manager for HfOP

Dan Smith

Email: dansmith1@nhs.net

### People Business Partner, Medicine - Eastern Services

Paddy O'Riordan

Email: p.o'riordan@nhs.net

### Executive and Specialist Recruitment Lead

Emily Simpson

Email: emily.simpson21@nhs.net

Tel: 07958 931414

### ROYAL DEVON AND EXETER HOSPITAL

Barrack Road

Exeter

EX2 5DW

Tel: 01392 411611