

**LOCUM** **CONSULTANT IN VASCULAR SURGERY**

**JOB DESCRIPTION**

**Updated Oct 2024**

**Royal Devon University Healthcare NHS Foundation Trust**

**LOCUM CONSULTANT IN VASCULAR SURGERY**

**1. INTRODUCTION**

The Vascular Network across Exeter and Torbay is looking for a Locum Vascular Consultant Surgeon.

The appointee will be expected to have expertise in the management of common vascular conditions. Renal access and endovascular experience are desirable. The appointee will be expected to undertake vascular emergency on-calls for the Exeter and Torbay vascular network, accepting in-hours and out-of-hours referrals. The post will provide a on call ‘hot week’ cover for the network Emergency Vascular service for Exeter and Torbay. Weekly commitments will consist typically of a combination of MDT, regular inpatient care, CEPOD lists, and review of admissions in the Emergency Department and through the Emergency Surgical Assessment Clinic (ESAC).

You will be supported by a rota of junior doctors ranging from F1 to Registrar.

Across the network there are currently 6 substantive consultants. The network arrangement includes joint MDTs and a Microbiology MDT. All emergency surgery and planned elective arterial surgery is performed in Exeter. The is a dedicated Vascular Theatre covering elective and CEPOD work on weekdays. There is also a CEPOD theatre running 24/7 including weekends accessed by general surgery, vascular, plastics, urology, ENT and max-fax.

The Royal Devon University Healthcare NHS FT now includes the Royal Devon and Exeter Hospital and the North Devon District Hospital. However, vascular work from North Devon is covered by the Taunton and Somerset Vascular Unit.

**2. HOSPITALS AND SERVICES**

The Royal Devon University Healthcare NHS FT serves the mixed urban and rural population of Exeter, east and mid Devon. In addition, patients access specialist services from a wider region including the rest of Devon, Somerset and Cornwall.

The Trust is governed by a unitary board comprising a Chairman, Chief Executive 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, a Director of Transformation and Organisational Development, a Medical Director, a Director of Finance and Business Development and a Chief Nurse /Executive Director of Delivery.

The Non-Executive Directors do not have responsibility for the day to day management of the Trust but share the Board’s corporate responsibility for ensuring that the Trust is run efficiently, economically and effectively.

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.

Clinical services are managed in Care Groups led by a Care Group Director, Associate Medical Director and an Assistant Director of Nursing/Associate Director of Midwifery and Patient Care.

For a full description of the main hospitals and services of the Trust see the Trust website <http://www.rdehospital.nhs.uk/>

**3. THE WORK OF THE DEPARTMENT AND DIRECTORATE**

* + The Vascular Network includes Vascular services at The Royal Devon University Healthcare NHS FT, and Torbay and South Devon Hospital; with Exeter being the arterial HUB. Across the network there are 6 vascular surgeons.  The network shares an emergency on-call rota and joint MDT. All elective arterial surgery is carried out in Exeter. On rare occasions, it may be necessary to travel to Torbay Hospital for emergency cases if unsafe to transfer.
	+ Interventional radiologists work in very close collaboration with the surgeons and a significant proportion of treatment for arterial disease is now done endovascularly.  EVAR is done jointly, in a theatre-specification interventional radiology suite.  Plans for a hybrid operating theatre within the operating theatre complex have been agreed in principle and form part of the strategy for an overall increase in operating theatre capacity in the Trust.
	+ The on-call Vascular rota is 1:6 and the duty surgeon provides a ‘hot’ week Monday morning until Monday morning the following week, during which time they are free of elective clinical commitments. This allows for a daily consultant ward round and prompt attention to acute referrals.
	+ There are weekly MDTs (Monday and Friday), attended by the vascular surgical team, vascular radiologists, vascular anaesthetists, vascular practitioners/nurse practitioners and clinical scientists.  It is administered by a Vascular Coordinator who also oversees contribution to the National Vascular Database.
	+ For the care of diabetics, the vascular surgeons work closely with the medical specialists in diabetes, their podiatrists and their nursing team across the Network.  There is a provision of this service in both Torbay and Exeter. There are joint vascular/diabetes clinics held at both the hub and spoke, with vascular surgeons, diabetologists and their teams in attendance.
	+ There is a close working relationship with the stroke physicians which aims to achieve rapid referral and treatment of patients with symptomatic carotid artery disease and there are quarterly meetings with them and with the clinical scientists.  The clinical scientists provide an experienced service for duplex scanning of arterial and venous problems, separate from the X ray Department in the Clinical Measurements Department (“Vascular Laboratory”).  This is a fully funded service.
	+ Renal Access Services; Exeter provides dialysis access services (haemodialysis and peritoneal dialysis) for North and South Devon and parts of Somerset, in addition to the Exeter locality (1.7 m). There are close working relationships with two Renal Access Clinical Nurse Specialists and the renal physicians.  These physicians provide outreach clinics in all the geographical areas described above. A surveillance programme is in place to detect failing access using Transonic™flow monitoring.  This feeds into timely surgical or radiological correction. All Exeter vascular interventional radiologists are experienced in dealing with vascular access. Renal access surgery is performed at the Royal Devon and Exeter and associated day surgery units.
	+ There are two vascular nurses/practitioners working in Torbay Hospital. We are in the process of expanding this aspect of our service.

#  *Facilities*

# *Royal Devon and Exeter*

# Theatres; There are ten general and specialist operating theatres; and day case theatres on the Heavitree site (half a mile distant).  In addition, many of the surgeons do outpatient clinics and day case operating lists at community hospitals, including Okehampton, Tiverton, Axminster, Honiton, Exmouth and Sidmouth. All main Wonford theatre vascular lists are staffed with dedicated vascular anaesthetists.

# Ward; Exe Ward (19 beds) is the vascular surgical ward, and is staffed by nurses who have particular experience in the management of vascular patients. This includes 7 isolated side rooms. Surgical and nursing staff have excellent working relationships with good staff retention.

# Clinical supporting services; There is a 15 bed Intensive Care Unit/High Dependency Unit. The Directorate of Diagnostic Imaging is equipped with MRI, CT, ultrasound, general radiology and facilities for Nuclear Medicine studies, as well as a common range of laboratory services.  The “Special Procedures” suite used for endovascular work has been described above. The Accident and Emergency and Trauma units receive emergencies by road and air.  There are triage and urgent bypass arrangements regarding the transfer of vascular emergencies from Torbay as required.  The Surgical Triage and Admissions Unit is supported by fast-track emergency diagnostic and intervention service.

# The Royal Devon & Exeter is an early adopter of solely electronic patient records, branded MYCARE, was implemented in October 2020. This is an exciting innovation which will transform patient care.

# *Torbay Hospital*

# Theatres; There are 9 inpatient theatres in Torbay, including a hybrid theatre, and a dedicated day surgery unit of 4 theatres.

4**. THE JOB ITSELF**

**TITLE: Locum Consultant Vascular Surgeon**

**DUTIES OF THE POST**

##### Clinical duties

* + The appointee will be expected to have expertise in the management of standard vascular conditions. Renal access and endovascular experience is desirable. The appointee will be expected to take part in the vascular emergency on-call rota for the Exeter and Torbay vascular network, accepting out-of-hours referrals.
	+ The appointee will undertake administrative duties associated with the running of his/her clinical work during the on call week.

##### Administration

The appointee will undertake administrative duties associated with the running of his/her clinical work.

**Leadership and Management**

* + The appointee will be responsible for the leadership of his/her team as appropriate within the specialty. Specific leadership responsibilities for areas of the service will be agreed on an individual basis and will be detailed in the post-holder’s job plan.
	+ The appointee is expected to be responsible to the Clinical Lead, Clinical Director and Associate Medical Director for the effective and efficient use of resources under his/her control.

**Professional Performance**

The Trust expects all physicians to work within the guidelines of the GMC Guide to Good Medical Practice and the Royal College of Physicians 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. 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 multisource 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 your clinical team 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, supervision of junior staff, departmental management, service development and educational activities. Service developments that require additional resources must have prior agreement from the Trust. The Trust is committed to providing safe and effective care for patients. It is a requirement that if you have concerns about the professional performance (conduct, performance or health) of a member of the medical staff, you have a duty to speak to the person concerned. If the matter is potentially serious, or satisfaction is not obtained with the direct approach, such concerns should be discussed with the Clinical Lead, if satisfaction is again not obtained, concerns should be discussed with the Medical Director.

**Infection 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. Appointees will therefore be expected to attend Infection Prevention and Control learning once a year as a minimum. They are supported in this by the Infection Prevention and Control team.

1. **EXAMPLE TIMETABLE**

Consultant job plans are on a 6-week rolling timetable, with a 1:6 on-call.

*An example job plan is below. Please note this is an example and subject to change.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Weekend** |
| 0830 - Joint MDT with TorbayHandover ward round | Vascular CEPOD list | Inpatient Care1400 - Microbiology MDT | Inpatient Care | 0800 – Vascular MDT1300 - CEPOD List | Inpatient Care |
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**7. MAIN CONDITIONS OF SERVICE**

**Salary Scale**

£105.504 – 139.882

 **Date of Vacancy**

6 months fixed term contract, immediate start

 **Domicile**

Consultants are expected to reside within a reasonable distance of Exeter, normally within 10 miles or 30 minutes. Exceptions to this rule will need to be discussed with the Medical Director.

**8. ACADEMIC FACILITIES**

**University of Exeter Medical School**

The University of Exeter is one of the most successful universities of the 21st century. 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, including a £275 million investment in facilities over the next five years. The University has recently accepted an invitation to join the prestigious Russell Group of leading research-led universities and was named the “Times University of the Year” in 2012/2013.

The University of Exeter Medical School (UEMS) is the newest College at the University of Exeter (<http://www.exeter.ac.uk/medicine/>). 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 will be in Sept 2013 and the final cohort of PCMD students will graduate in 2018. Both the University of Exeter and Plymouth University will continue work together to ensure that joint students benefit from the highest quality of education and are prepared for rewarding careers as doctors.

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. Our 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 andlay the scientific foundations for the future years of the course. There is clinical contact from year oneand 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 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 Medical School curriculum for undergraduate education; for example, clinicians may be engaged with PMS as clinical teachers, clinical skills tutors, and academic tutors.

The National Health Service (NHS) has been closely involved in the development of medical education in the South West and is the major UK employer of healthcare professionals. Significant growth in the number of doctors and the development of medical education, both pre- and post-qualification, contributes to the essential modernisation required to deliver the government’s NHS Plan.

The NHS in Devon and Cornwall has worked with the school to ensure that its services and facilities offer the right environment to support the way doctors, scientists, educators and researchers are trained.

**9. CANVASSING**

Candidates are asked to note that canvassing of any member of the Advisory Appointments Committee will disqualify {see Statutory Instrument 1982 No. 276 paragraph 8(1)(b)}. This should not deter candidates from seeking further information relevant to the post from those members of the Trust detailed below and, further, this should not deter candidates from making informal visits to the Trust which are encouraged.

**10. ACCESS TO CHILDREN AND VULNERABLE ADULTS**

The person appointed to this post may have substantial access to children and to vulnerable adults. Applicants are, therefore, advised that in the event that your appointment is recommended and in line with Trust policy, you will be asked to undertake an Enhanced disclosure check with the CRB prior to commencement of employment. Refusal to do so could prevent further consideration of the application. 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.

**11. REHABILITATION OF OFFENDERS**

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.

**12. DATA PROTECTION ACT 1998**

Candidates are informed that the information given by them in application for the post will be used only for the recruitment and selection process. For successful candidates this will then form part of their personal file, and for unsuccessful candidates the information will be destroyed. The information is stored both in hard copy form and minimally on a database. This information is held and administered in line with the Data Protection Act and the Trust’s confidentiality procedure.

**13. DIVERSITY AND EQUALITY**

The Trust is committed to recruiting and supporting a diverse workforce and so we welcome applications from all sections of the community, regardless of age, disability, sex, race, religion, sexual orientation maternity/pregnancy, marriage/civil partnership or transgender status.  The Trust expects all staff to behave in a way which recognises and respects this diversity, in line with the appropriate standards

**14. FURTHER INFORMATION**

The Trust welcomes informal enquiries; the relevant people to speak to are as follows:

Chief Executive: Mr Sam Higginson

Chief Executive

 Tel 01392 402357

Medical Director: Mrs Karen Davies

 Medical Director

Associate Medical Director: Mr Gareth Moncaster

 Consultant in Critical Care

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Clinical Director: Mr David Sanders

Consultant Upper GI and Abdominal Wall Surgeon

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Clinical Lead: Mr Tom Hardy

 Consultant Vascular Surgeon

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Care Group Director: Mrs Nicola Du’Gay

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