

TRUST SPR (ST3+) IN COLORECTAL SURGERY

ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST

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1. INTRODUCTION

The Exeter Gastrointestinal Surgery department at the Royal Devon is a dynamic tertiary referral unit and offers all of the major colorectal sub-specialty services from screening to advanced/recurrent disease.

This 12 month post will allow a senior candidate to experience all facets of patient management from diagnostics through the MDT process and on to treatment and follow up. In addition to the usual colorectal services, Exeter has a number of specialist services including treatment of advanced rectal cancer in conjunction with our colleagues in Urology and Gynae-oncology. The unit provides a regional Anal SCC MDT as part of this service.

The unit has a major abdominal wall reconstruction service for complex abdominal and parastomal hernia provided with our plastic surgical colleagues. There is a separate IBD / complex polyp MDT each week. IBD, pelvic floor and TEMs services also run within the unit. The department works within a JAG accredited endoscopy unit and training or service can be provided to the candidate depending on their level of experience. The unit is equipped with the Da Vinci Robotics platform and an increasing number of colonic and rectal resections are being performed using this MIS approach.

The department is well supported by a perioperative service lead by anaesthetic and medical consultants. There will also be the opportunity to engage in relevant ongoing research and quality improvement projects.

2. HOSPITALS AND SERVICES.

The Royal Devon comprises all acute District General Hospital facilities and is managed day to day by a Trust Executive which includes Clinical Directors (with management contracts), a Chief Executive, a Medical Director and Directors of capital planning, finance and information, human resources, nursing, operations, and, (ex officio) the chairman of the Medical Staff Committee. There is a Medical Staff Committee of which all consultants in the Trust are members. The Committee provides a forum for the discussion of any matters of interest to consultants. The Chairman is elected and provides advice to the Trust Executive which is independent of the clinical directors.

For a full description of the main hospitals and services of the Trust see the Trust website

3. **THE SURGICAL SERVICES DIRECTORATE**

The Surgical Services Directorate is based in the Royal Devon Hospital, Wonford.

The Acute Surgical Services Cluster within this is composed of 22 surgeons providing the sub-specialities of: Upper GI, Colorectal, Urology and Vascular. These arrangements are set out in the table below.

Team	Consultants	Surgical interests	STR/Reg	CT/F2	F1
A	Mr Wajed Mr. Manzelli Mr Di Mauro Mr Reece-Smith Ms Jones Mr Lunt	Upper GI	4 STR	1 CT 2 F2	3 F1
B	Miss Boorman Mr Mansfield Mr Chambers Mr Bethune Prof Smart Mr McDermott Mr Keogh Lt-Col Berry Mr Narang Mr B Rossi Mr Sehgal Ms Schembri	Colorectal	6 STR 2 Post CCT Fellows	2 CT 1 Periop F2 3 QI Fellows 1 Simulation Fellow	6 F1
C	Mr. Stott Mr. Crundwell Mr. McGrath Miss Waine Miss Walton Miss Cottrell Mr Goldstraw Mr Parsons Mr Dutton Mr Evans (locum)	Urology	4 STR	1 CT 1 F2	3 F1
D	Mr Hardy Ms Welchman Mr Birchley Miss Guy Ms Travers	Vascular	2 STR	1 CT 1 F2	3 F1
E	Various	Peri Op	1 STR	1 FY3 1 FY2	

The Colorectal Team

The Exeter Colorectal Unit provides a full range of colorectal services. The following subspecialties are therefore covered:

- Core colorectal surgery and diagnostics
- Laparoscopic and Robotic colorectal surgery
- Advanced Pelvic oncology
- Functional bowel disease/Pelvic Floor Disease
- Intestinal failure and complex inflammatory bowel disease including pouch surgery.
- Problem stomas
- Complex abdominal wall reconstruction surgery
- TEMS

Emergency General/ GI Surgery

The Emergency General Surgery service has recently been substantially modernised and will now comprise exclusively of GI surgeons, with a dedicated Surgical Triage and Assessment Unit (STAU). On-call weekdays are fixed, with rotation through weekends. There is a dedicated CEPOD theatre, with all day list for Acute General/GI surgery. All members of the acute on-call team (F1, CT/F2, ST/CF, Consultant) of the day are exempt from routine clinical commitments.

Theatres

There are ten general and specialist operating theatres on the main Wonford site and an endoscopy unit with 4 suites in close proximity to the surgical wards. There are three further theatres in the Children and Women's Health unit (on site) and further ophthalmic and orthopaedic theatres in the Princess Elizabeth Orthopaedic Centre (home of the Exeter Hip).

Wards

Current configuration of the wards are:

Mere	Upper GI/Emergency
Exe	Vascular/Emergency
Dart	Urology
Lyme	Colorectal
Knapp	Elective admissions/Daycase
Abbey	Surgical Triage and Assessment Unit

Clinical supporting services

The supporting services include a 14 bedded Intensive Care Unit/ High Dependency Unit and Renal Dialysis Unit. Pelvic function floor function tests are available in Clinical Measurements. The Directorate of Diagnostic Imaging is equipped with MRI, CT, ultrasound, general and interventional radiology and facilities for Nuclear Medicine studies, as well as a common range of laboratory services. The Accident and Emergency and trauma units receive emergencies by road and air and there is a sub-regional Plastic Surgery service.

There are ten consultant gastroenterologists providing a full range of endoscopy services and a dedicated Nutrition Service.

Several Acute surgeons have commitments in the community with out-patient or operating sessions at community hospitals in Heavitree, Tiverton, and Exmouth.

Continuing Education and Audit

There is a rolling programme of monthly half-day audit and educational meetings. Sub-specialities are encouraged to develop their own audit programmes and report their activities to the Department of Clinical Audit. The Department participates in the National Enquiry into Perioperative Deaths (NCEPOD).

4. THE JOB ITSELF

TITLE: Trust SpR (ST3+) IN COLORECTAL SURGERY

RELATIONSHIPS:

The Trust SpR will join the Colorectal team at the ST3+ (registrar) level. The post-holder will be expected to take on duties and commitments at the level of a ST3+ registrar, and higher levels of responsibility may be offered by mutual agreement.

The employer is the Royal Devon University Healthcare NHS Foundation Trust. The post is based on a whole time appointment for a 12+month period. The postholder will take a full time slot on the 1:14 on-call General Surgery rota. This year we have been able to support all our Trust SpR posts to gain National Training numbers.

DUTIES OF THE POST

Clinical Commitments

The post holder will have a full slot on the 1:14 on-call registrar rota as well as being assigned to theatres, clinics, endoscopy etc.

Education and Training

The appointee will be expected to play a full part in the educational activities of the department. This will include trainees of all grades as well as medical students. The post-holder will be assigned an educational and clinical supervisor, and expected to agree a personal development plan. Satisfactory progression will be assessed at regular intervals, and the post-holder is encouraged to register with the ISCP or similar body for validated authorisation of training evidence

Research

University of Exeter Medical School (UEMS)

Since September 2013, the UEMS formed following the division of the Peninsula College of Medicine and Dentistry, with approximately 120-130 students being admitted per year. The Royal Devon and Exeter NHS

Foundation Trust is one of the NHS partners of the UEMS and the Department has responsibility for part of the clinical undergraduate teaching programme. Time for teaching and preparation is arranged by mutual agreement with the Clinical Director within the Trust's annual job planning and appraisal process.

Emergency On-call and Cover for Colleagues

The post-holder will be expected to arrange mutually acceptable swaps of on-call responsibilities with other colleagues on the on-call rota at the same level, during absence for annual and study leave, with appropriate adjustment of clinical commitments. The post-holder and other Colorectal ST3+ trainees will be expected to mutually cover each other's essential commitments for leave.

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 for their level. The appointee will be responsible to the Consultant Colorectal surgeons, for the effective and efficient use of resources

Professional Performance

The appointee will have continuing responsibility for the proper function of the work. It is a requirement that if the employee has concerns about the professional performance of a member of the medical staff, they 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 Associate Medical Director.

Infection Control

All medical and dental staff have a duty to practice safe medicine in relation to infection control and other issues. Appointees will therefore be expected to attend infection control learning opportunities once per year as a minimum, and also to comply with Trust Infection Control policies and guidelines.

Leave

Annual and study leave will be granted to the maximum extent allowable by the Medical & Dental Whitley Council regulations, but, in accordance with the Trust's leave policy.

6. TIMETABLE

For more information on timetables, please contact Mr Sunil Narang

7. MAIN CONDITIONS OF SERVICE

Salary Scale

£61,825 plus allowances

Annual Leave

6 weeks + 2 days per year (+day off in lieu for each Public Holiday worked)

Study leave

30 working days over period of three years

Date of Vacancy

October 2025 until October 2026 initially but may be extended. We would also consider an earlier start date also.

8. ACADEMIC FACILITIES

The Peninsula Medical School / University of Exeter Medical School

The Peninsula Medical School was founded on a unique partnership between the Universities of Exeter and Plymouth and the NHS within Devon and Cornwall. The school was established on 1 August 2000 and commenced delivery of the Undergraduate Programme in Autumn 2002. From September 2013, the Universities of Exeter and Plymouth have had their own, independent schools with approximately 125 medical student being allocated to the new UEMS.

This is supported by a major investment in research and teaching with the construction of a Research, Learning, Innovation and Development facility on the RDE site, adjacent to the current Peninsula Medical School Building.

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 UoEMS as Clinical Skills Tutors, SSU Providers, and Academic Mentors.

The Institute of Biomedical and Clinical Science has developed several core “platform” technologies, accessed by a range of clinician scientists. These include: molecular genetics; clinical micro-vascular research; cell and molecular biology laboratories. Research in the field of diabetes and micro-vascular science is particularly strong with the University of Exeter being awarded a Queen’s Anniversary Prize for Higher Education in 2005 for the work of Professor Andrew Hattersley and his team entitled “Using genetics to improve clinical care for diabetic patients”. The Institute of Health and Social Care Research possesses core skills in epidemiology (including genetic epidemiology), health technology assessment, concordance, access to services and systematic reviews.

The Research and Development Support Unit (RDSU)

The Trust holds a contract from the Department of Health to host a Peninsula wide Research and Development Support Unit to facilitate NHS R&D in the implementation of Evidence Based Practice in the research community. This Peninsula Unit, which was formed from three highly successful units, involves networks throughout the Peninsula

9. RESEARCH GOVERNANCE

All research undertaken must comply with Trust policy on Research & Development. Trust policy and guidelines are available on the Trust's Intranet site and specific compliance with the Research Governance Framework for Health and Social Care.

10. 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.

11. 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 a disclosure check and a POCA (Protection of Children) list 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.

12. 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.

13. 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.

14. **FURTHER INFORMATION**

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

Clinicians in Speciality:

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