

BETTER TOGETHER

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Royal Devon
University Healthcare
NHS Foundation Trust



Consultant Information Pack

Consultant Gastroenterologist

JOB TITLE

Consultant Gastroenterologist

DATE OF VACANCY

Immediate

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 Gastroenterology and Hepatology department, 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 pack.



Application and Advisory Appointments Committee

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

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

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

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

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



Introduction

The Royal Devon University Healthcare NHS Foundation Trust is seeking to appoint a consultant gastroenterologist to join the department of Gastroenterology and Hepatology for its Eastern services, based at the Royal Devon and Exeter Hospital in Exeter.

These roles form part of a wider integrated department that includes our Northern services based in Barnstaple, and which jointly provide telephone or video consultations for patients living across Northern, Eastern and Mid Devon.

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

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

Highlights of the Role

Research and innovation. Research active departments deliver better clinical outcomes for patients. We have a large programme of IBD and hepatology investigator-led and commercial research studies which have been internationally recognised for their programme of multi-site, award-winning research. Our hepatologists have also recently received NIHR funding to deliver the national REDUCE-2 study. 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.

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 opportunities for rapid progression to areas of increased responsibility.

On-call rotas. All consultants are expected to participate in the emergency on-call gastrointestinal bleeding rota (approximately 1:13) and to conduct weekend ward rounds of inpatients with gastrointestinal / hepatological problems. There is no requirement to participate in the general medical take at either base hospital unless you wish to do so.

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.



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 (Suzanne Tracey), 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 Gastroenterology and Hepatology services are based at the Royal Devon and Exeter Wonford Hospital (RD&E) and North Devon District Hospital (NDDH), and sit within the medicine division.

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

More information about our structure and services can be found on the Trust website at www.royaldevon.nhs.uk

The Gastroenterology and Hepatology Department

The Royal Devon Gastroenterology and Hepatology team comprises 15 whole time equivalent (WTE) consultants with 13 WTE based in Exeter and two based in Barnstaple.

Consultants deliver face to face care predominantly at their base site and will provide telephone or video consultations for patients across the entire Trust catchment.

The department provides a comprehensive Gastroenterology and Hepatology service. Its core service supports a population of approximately 615,000 and specialist Gastroenterology and Hepatology services - including intestinal failure, specialist endoscopic services (including small intestinal endoscopy, colon capsule, Barrett's endotherapy, EUS, ERCP and cholangioscopy) – are provided to a wider population across the South West Peninsula.

Consultant Medical Staff

LUMINAL GASTROENTEROLOGISTS

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

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

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

Dr Tariq Ahmad (Eastern services, 2007) is the current lead for IBD and heads the academic department of gastroenterology.

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

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

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

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

Dr John Rogers (Eastern services, 2022) has clinical interests in endoscopy training and nutrition.

HEPATOLOGISTS

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

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

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

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

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

PROFESSIONS ALLIED TO MEDICINE

The consultants at the RD&E are supported by academic Fellows, IBD nurse specialists, hepatology nurse specialists and non-medical endoscopists.

Our Endoscopy Units

The main endoscopy unit for our Eastern services is based at the RD&E hospital and comprises five endoscopy theatres. A satellite endoscopy unit operates from Tiverton Hospital. A major expansion at Tiverton Hospital is expected to be completed by 2024. The staffing includes a clinical nurse manager (matron), who oversees a large team of nursing, auxiliary and technical staff. ERCP and fluoroscopic procedures (three sessions per week) are undertaken in the medical imaging (radiology) department. Four clinical (nurse) endoscopists work in the department with others in training to increase this number to six.

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

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

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

Advanced Endoscopy

A wide range of advanced endoscopic procedures are delivered at the RD&E Wonford hospital, including Spyglass cholangioscopy, endoscopic ultrasound, enteroscopy, Barrett's endotherapy, large polyp resection, capsule endoscopy and POEM.

Skills in advanced endoscopy and endoscopy training are welcomed. Skills in ERCP and endoscopic ultrasound are not required for this position.

Inpatient Care

Gastroenterology patients are nursed on a dedicated gastroenterology ward comprising 27 beds (Okement Ward), plus outlying patients on allied surgical wards. This provides facilities for the investigation and management of acute and elective patients with gastroenterological problems. A Higher Care Unit for patients with upper gastrointestinal haemorrhage and severe liver disease is proposed to be incorporated into the ward. The Consultant Gastroenterologists operate a "consultant of the ward" based system with two consultants in charge of all inpatients (one luminal and one hepatology consultant) in overlapping two-week blocks. In week 1 the consultant sees all new patients and referrals and in week 2 looks after the patients admitted in week 1 plus subspecialty patients (luminal or hepatology), as well as having teaching commitments to medical students. Outpatient and endoscopy commitments are significantly reduced during this fortnight to allow appropriate time for inpatient work and student teaching. The ward consultant performs daily ward rounds and a single inpatient endoscopy session on the middle weekend between their first and second week on ward duty.

Bowel Cancer Screening

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

Inflammatory Bowel Disease

The Royal Devon inflammatory bowel disease (IBD) service supports more than 6,000 patients across both the RD&E Wonford and NDDH sites. The comprehensive team includes excellent support from eight IBD specialist nurses (including two at NDDH), two IBD pharmacists, two dieticians and a clinical psychologist. There is a weekly joint IBD MDT meeting, several parallel medical-surgical clinics and a dedicated infusion facility based in Exeter.

The quality of the service has been demonstrated by four rounds of national audit, the '21 GIRFT report and the '19/20 UK IBD standards benchmarking tool and patient survey.

Gastrointestinal Surgery

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

Nutrition

Both main acute hospital sites have nutrition teams comprising dietician, nurses and pharmacist. The teams are proud of their collaborative working, accessibility, data collection, consistently low line sepsis rates and approach to early discharge. There is an established multi-disciplinary pathway for the assessment and management of patients referred for gastrostomy.

Paediatric Gastroenterology

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



Hepatology

The Royal Devon is accredited by the BSG as a level 2 liver centre. We participate remotely in weekly transplant listing meetings with our partners in King's College, and provide transplant work-up and early post-transplant care locally. TIPS, and loco-regional therapies for HCC are performed in Exeter and we hold weekly cancer MDTs alongside HPB surgical colleagues in Plymouth. We are a hub centre for second line PBC therapies.

Alongside a weekly complex case MDT, there is a weekly journal club, a dedicated liver histopathology service and fortnightly biopsy meetings. There is an active patient support group which meets monthly. The unit is working towards full IQILS accreditation.

Gastrointestinal Motility Laboratory

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

Radiology

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

Departmental Meetings

- Inflammatory bowel disease MDT meeting (weekly)
- Colorectal Cancer MDT meeting (weekly)
- Upper gastrointestinal cancer MDT meeting (weekly)
- Benign gastroenterology MDT meeting with gastrointestinal surgeons, pathologists and radiologists (weekly)
- Liver MDT meeting (weekly)
- Liver histology meeting (fortnightly)
- Bowel Cancer Screening meeting (weekly)
- Audit / M&M meeting (monthly)
- Clinical Governance meeting (quarterly)
- Departmental business meeting (monthly)
- Endoscopy business / users' group meeting (monthly)
- Evening educational meeting – F2F with dinner (2-monthly)

Administration and Secretarial Support

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



Supporting Professional Activities

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

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

An additional SPA may be available for:

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

Further details are published in the job planning policy.

Continuing Professional Development

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

Revalidation

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

Research

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

The University of Exeter Medical School has an excellent research reputation from basic biomedical research through to patient-centred research. The Exeter IBD research group includes three chief investigators (Ahmad, Goodhand, Kennedy), three study coordinators, two laboratory technicians and a bioinformatician. 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 Exeter IBD group have led 10 UK NIHR UK-wide portfolio-adopted studies including PANTS, PRED4 and CLARITY IBD.

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

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.

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



Outline Job Plan

A provisional outline job plan is included but is subject to modification. The individual job plan and detailed timetable will be discussed with the successful candidate. Special interests will be accommodated where they are compatible with service requirements.

All subspecialty interests in luminal gastroenterology will be considered. Skills in hepatology, ERCP and endoscopic ultrasound are not required for this position. 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 FOR EMERGENCY GASTROINTESTINAL ENDOSCOPY

This is shared between the consultant gastroenterologists and hepatologists, currently on a one in thirteen basis (with prospective cover). The service is delivered with the assistance of a dedicated member of the endoscopy nursing team and with the support of anaesthetic teams where appropriate. Currently, the on-call commitment attracts a 3% salary supplement.

GENERAL MEDICINE

There is no requirement to join the on-call rota for the undifferentiated medical take. For 3.25 weeks per year, general gastroenterology commitments will be cancelled to allow the appointee to support a general medicine ward.

Provisional Timetable

These timetables are representative and will vary with subspecialist interests. The timetable will be agreed with the successful applicant upon appointment.

General gastroenterology weeks – 32.25 weeks per year

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

Ward weeks (1 in 8) – 6.5 weeks per year

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

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

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

Annual Total

10.07 PA

Person Specification

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

Requirement	Essential Attributes	Desirable Attributes
Qualifications and Training		
Professional qualifications	<p>Primary Medical Qualification (MBBS or equivalent).</p> <p>Completion of higher specialist training in gastroenterology and General Internal Medicine.</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 licence to practise.</p> <p>Entry on Specialist Register for gastroenterology via:</p> <ul style="list-style-type: none"> • CCT (proposed CCT date must be within 6 months of interview date) • CESR • European Community Rights <p>Membership of Royal College of Physicians or equivalent qualification.</p>	
Clinical Experience		
Employment	<p>Evidence of completion of a comprehensive broad-based training programme 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>Evidence of training in gastroenterology and general internal medicine.</p> <p>Career progression consistent with personal circumstances.</p>	
Clinical knowledge and skills	<p>Demonstrates ability to fulfil comprehensive gastroenterology and general medicine duties at consultant level. Able to take full and independent responsibility for clinical care of patients and provide an expert clinical opinion on a range of problems.</p> <p>Demonstrates a clear, logical approach to clinical problems and an appropriate level of clinical knowledge.</p> <p>Able to prioritise clinical need.</p> <p>Caring approach to patients.</p>	<p>Demonstrates awareness of breadth of clinical issues</p> <p>Clinical feedback from colleagues and patients</p>

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

Main Conditions of Service

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

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

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

Salary Scale

This is as described in the Medical and Dental Terms and Conditions, in line with the Consultant Contract (2003). The current full-time salary scale ranges from £88,364 – £119,133 with eight thresholds. Should the on-call option be taken up, the on-call supplement is category A and attracts a supplement of 3% of basic salary.

Leave

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

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

Domicile

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

Duty to be contactable.

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

Indemnity

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

Mentoring

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

Professional Performance

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

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

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

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

Reporting Concerns

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

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

Serious Untoward Incidents

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

Research and Audit

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

Safeguarding Children and Vulnerable Adults

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

Rehabilitation of Offenders

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

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

Health and Safety

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

Infection Prevention and Control

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

Our Approach to Inclusion and Diversity

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

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

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

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

- Disability network
- LGBTQ+ network
- Ethnic minority network

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





Living in Devon

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

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

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

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

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

“Never let it be said, it’s all work and no play. Not here in Devon.”

Vibrant Cities and Friendly

Market Towns

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

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

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

Friendly Market Towns

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

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



Great for Families

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

Living and travelling

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

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

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

Support with relocation

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

Contacts

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

Chief Executive Officer

Suzanne Tracey
Tel: 01271 311349

Chief Medical Officer

Prof Adrian Harris
Tel: 01271 314109

ROYAL DEVON AND EXETER HOSPITAL

Barrack Road
Exeter
EX2 5DW
Tel: 01392 411611

Medical Director

Prof Anthony Hemsley
Tel: 01392 411611

Associate Medical Director for Medicine

Helen Lockett
Tel: 01392 402895

Divisional Director Medicine

Andy Burgess
Tel: 01392 402348

Lead Clinician for Gastroenterology

Dr Shyam Prasad
Tel: 01392 402818

Lead clinician for IBD and academic department of gastroenterology

Tariq Ahmed
Email: tariq.ahmad1@nhs.net

Cluster Manager for Gastroenterology and Endoscopy

Jo Orchard
Tel: 01392 403919

NORTH DEVON DISTRICT HOSPITAL

Raleigh Park
Barnstaple
EX31 4JB
Tel: 01271 322577

Medical Director

Dr Karen Davies
Tel: 01271 314109

Associate Medical Director for Medicine

George Hands
Tel: 01271 370202

Group Manager for Medicine

Hannah Keightley
Tel: 01271 349579

Lead Clinician for Gastroenterology

Dr Andrew Davis
Tel: 01271 322734

Cluster Manager for Gastroenterology and Endoscopy

Alison Cousins
Tel: 01271 322577 (Ext 2167)

Executive and Specialist Recruitment Lead

Emily Simpson
Email: Emily.simpson21@nhs.net
Tel: 07958 931414