



ROYAL DEVON UNIVERSITY HEALTHCARE
NHS FOUNDATION TRUST

**CONSULTANT IN
COLORECTAL SURGERY**

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CONSULTANT COLORECTAL SURGEON**

1. INTRODUCTION

This post has been created to further develop the Colorectal Surgery services in Exeter. The post will be for 1 year and is suitable for a candidate with specialist interests in colorectal cancer, particularly focussing on low / middle rectal cancer and anal cancers. Candidates with experience of minimally invasive / open multi-visceral and exenterative surgery would be favourable. (please see person specification at end of job description)

2. HOSPITALS AND SERVICES.

The Royal Devon University Healthcare NHS Foundation Trust (Eastern) 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 <http://www.rdehospital.nhs.uk/>

3. THE WORK OF THE DIVISION AND DEPARTMENT

The Department of Surgery comprised of the Acute Surgical Cluster of Services (Upper GI, Lower GI, Urology and Vascular) which is part of the Surgical Services Care Group, and is based in the Royal Devon & Exeter Hospital, Wonford.

The Acute Surgical Services Cluster is composed of 35 surgeons providing the sub-specialties of:

Upper GI (Mr Wajed, Mr Manzelli, Mr Di Mauro, Mr Reece-Smith, Miss Jones, Mr Lunt).

Lower GI (Miss Boorman, Mr Chambers, Mr Daniels, Mr Mansfield, Mr Bethune, Mr Smart, Mr Mansfield, Mr Keogh, Mr Berry, Mr Narang, Mr McDermott, Mr Sehgal and Miss Schembari (locum)).

Urology (Mr Stott, Mr Crundwell, Miss Waine, Mrs Walton, Mr Goldstraw, Miss Cottrell, Mr Dutton, Mr Parsons, Mr Campain, Mr Donaldson).

Vascular (Mr McCarthy, Mr Cowan, Mr Birchley, Miss Guy, Miss Welchman, Mr Hardy, Miss Travers).

Team	Consultants	Surgical interests	STR/Reg	CT/F2	F1
A	Mr Wajed Mr. Manzelli Mr. Di Mauro Mr Reece-Smith	Upper GI	1 SpR 1 CF	2 CT	3 F1

	Miss Jones Mr Lunt				
B	Mr Sehgal Miss Boorman Mr Chambers Mr Daniels Mr Mansfield Mr Bethune Mr Smart Mr Mansfield Mr Keogh Mr Berry Mr Narang Mr McDermott Miss Schembari	Colorectal	2 STR 1 CF	2 CT 1 F2	5 F1
C	Mr. Stott Mr Crundwell Miss Waine Mrs Walton Mr Goldstraw Miss Cottrell Mr Dutton Mr Parsons Mr Campaign Mr Donaldson	Urology	2 STR	1 CT	2 F1
D	Mr McCarthy Mr Cowan Mr Birchley Miss Guy Miss Welchman Mr Hardy Miss Travers	Vascular	1 STR 1 CT	2 SHOs	2 F1

Theatres

There are twenty operating theatres on the main Wonford site. The ten theatres in the main suite include an Integrated Operating System (Olympus) used by the Upper and Lower GI services, a dedicated Emergency (CEPOD) theatre, and all modern facilities and equipment including several HD (Storz and Stryker) videoscopic stacks. There are 5 theatres in a separate orthopaedic suite and three in Children's and Women's health. There are two ophthalmic theatres in the West of England Eye Unit.

A Da Vinci Xi operating robot has also been installed for urology use with a second Xi robot having been delivered and implemented for ENT, colorectal and gynaecology use since June 2023. A modern (Olympus) endoscopy unit is directly adjacent to the theatre complex close proximity to the surgical wards

There are also a further 3 theatres on the day surgery unit site at Heavitree Hospital. There are 4 community day-case theatres at Axminster, Exmouth, Sidmouth and Tiverton.

Wards

The STAU is established on Abbey ward and this comprises of an admission area, a rapid assessment and diagnostic facility, and a consulting room (to formulate the “hot clinic”). There are approximately 20 in-patient beds available for short-stay emergency patients. There is a strong culture towards ambulatory care with the unit achieving rates above the national recommendations for admission avoidance.

Acute Surgery utilises over 100 beds across a four main wards, each of which has a dedicate speciality interest. The Upper GI ward (Mere) offers PN for the active management of acute patients as well as specialist in-patients.

Elective admissions and Day Case patients are managed on a further specialist ward (Knapp)

Mere Upper GI
Exe Vascular
Dart Urology
Lyme Colorectal

Abbey Surgical Triage and Assessment Unit
Knapp Day Surgery and Elective Admissions

Clinical supporting services

Supporting services include a 14 bedded Intensive Care Unit/ High Dependency Unit.

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 STAU will be supported by fast-track emergency diagnostic and intervention service.

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 offer the acute GI bleed Service.

Secretarial support and office space

The post-holder will be provided with secretarial support and suitable office space.

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).

The Acute Surgery Cluster holds quarterly Governance meetings and there is a weekly GI team meeting on a Monday.

4. POSITION OF CONSULTANTS UNABLE FOR PERSONAL REASONS TO WORK FULL-TIME

Any Consultant who is unable for personal reasons to work full-time will be eligible to be considered for the post. The Trust is committed to flexible working arrangements including job-sharing. Such arrangements will be discussed with any shortlisted candidate on a personal basis.

5. THE JOB ITSELF

TITLE: Consultant on a Fixed Term Contract in Colorectal Surgery

RELATIONSHIPS:

The Exeter Colorectal Service sits within the Surgical Services Care Group at the Royal Devon and Exeter Hospital (Wonford) (RD&E) and comprises of the post-holder and the existing lower GI surgeons, in collaboration with the North Devon District Hospital (NDDH) team.

There is a close relationship with the Upper GI surgeons who currently complement the emergency general surgery rota.

The employer is the Royal Devon University Healthcare (E) NHS Foundation Trust.

The post is based on a whole-time appointment for a 12-month fixed term contract.

DUTIES OF THE POST

Clinical Commitments

The post is required to help formulate the current Acute General / GI surgical rota and support the specialist service provided by the Upper GI and Colorectal surgeons.

Emergency Service

The consultant is free of elective commitments and based on the Surgical Triage and Assessment Unit during their on-call. A dedicated Emergency list is available during the on-call period. The post-holder will be expected to provide opinions and deal with specialist referrals for all General Surgical conditions.

Elective Services

There are currently three colorectal surgeons delivering sub-specialist care for patients with rectal cancer and anal cancer. RDUH-Eastern hosts the regional anal cancer MDT. The post holder would join the pelvic colorectal oncology team. Experience with the management of low/ mid rectal cancer and anal cancer is essential. Post holders with experience of minimally invasive and open approaches to multi-visceral resection/exenterative surgery would be looked on favourably.

This is in addition to the normal activity of attending MDT, reviewing patients in clinic and offering endoscopy including watch and wait patients (Oncore). We also jointly operated with other specialties including gynaecology and urology for complex pelvic oncology.

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.

Research

The Colorectal Unit has a proven track record of successful research, including multiple grants from national awarding bodies / charities. The unit has a track record of successful recruitment to NIHR portfolio studies and research collaborative observational studies. There is a fully funded and integrated Colorectal surgical research fellowship. There is a purpose-built research facility (Health Education Sciences Research Unit, HESRU), with state-of-the-art video-conferencing facilities including linkage to the integrated theatre. This space is also used as a minimally invasive simulation training lab. A major research and post-graduate teaching facility (RILD Building), has been opened on site. This is part of a recently established NIHR Exeter Biomedical Research Centre (BRC). It provides state-of-the-art facilities for scientific and clinical research, teaching and training, in conjunction with the University of Exeter Medical School.

University of Exeter Medical School (UEMS)

From 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. These numbers have expanded and the RDUH 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

In addition to providing emergency cover for the absent consultant colleague, it is expected that the consultant(s) providing cover will also provide clinical supervision to junior staff caring for elective inpatients and day cases. Locum cover will not normally be provided.

Administration

The appointee will undertake administrative duties associated with the running of his/her clinical work. The hospital utilises the EPIC electronic patient record and the applicant will be required to undertake training to become proficient with this system.

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 postholder's job plan.

The appointee is expected to be responsible to the Lead Clinician for the effective and efficient use of resources under his/her control, to contribute to the planning and development of the service and to participate in Care Group/departmental meetings.

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 Director, if satisfaction is again not obtained, concerns should be discussed with the 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.

Staff and office

The appointee will have office accommodation, secretarial support and access to their own PC and the Internet

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

It is expected that the locum post will attract a 10PA job plan plus on-call. The contract will be flexible for sessions, but will include theatres, Endoscopy and clinic.

7. MAIN CONDITIONS OF SERVICE**Salary Scale**

£105,504.00 – £139,882.00 (Dependant on Experience and point on scale)

Annual Leave

6 weeks + 2 days per year (+day off in lieu for each Public Holiday worked) rising to 6 weeks and 4 days after 7 years service pro rata. Five weeks of entitlement to be taken in full weeks. Part time staff may elect to take public holidays as they fall or a pro rata entitlement.

Study leave

30 days over a three-year period or 10 days per year

Date of Vacancy

Immediate for 12 months duration

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 Associate Medical Director.

8. ACADEMIC FACILITIES**University of Exeter Medical School**

From September 2013, the University of Exeter has had its own, independent school medical school with approximately 125 medical students being allocated to the new UEMS.

This move is being 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 UEMS 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 UEMS 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. 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:

Chief Executive:	Mr Sam Higginson Chief Executive Royal Devon University Healthcare NHS Foundation Trust Barrack Road Exeter EX2 5DW Tel: 01392 402357
Medical Director (Interim):	Dr Karen Davies Medical Director Royal Devon University Healthcare NHS Foundation Trust Barrack Road Exeter EX2 5DW Tel: 01271 349563
Clinical Lead Colorectal:	Mr Will Chambers Royal Devon University Healthcare NHS Foundation Trust Barrack Road Exeter EX2 5DW Tel: 01392 403942
Colorectal Cancer MDT lead:	Mr Frank McDermott Royal Devon University Healthcare NHS Foundation Trust Barrack Road Exeter EX2 5DW f.mcdermott@nhs.net
Acute Surgery Cluster Manager:	Jo Wreford Royal Devon University Healthcare NHS Foundation Trust Barrack Road Exeter EX2 5DW Tel: 01392 406987
Surgical Services Care Group Director:	Nicola DuGay Royal Devon University Healthcare NHS Foundation Trust Barrack Road Exeter EX2 5DW

15. PERSON SPECIFICATION

Qualifications

Essential

- Full GMC registration with a licence to practise
- FRCS or equivalent
- Entry onto specialist register at time of application

Desirable

- Higher degree/postgraduate thesis – PhD strongly preferred, but MD acceptable. If thesis still being written, should aim to be submitted within 12 months of appointment.

Clinical Experience

Essential

- Entry on the GMC specialist register via CCT, CESR or European Community Rights
- Evidence of a post-CCT colorectal fellowship with a substantiation proportion devoted to complex rectal & pelvic cancer surgery
- Trained in General surgery and able to manage common surgical emergencies

Desirable

- Post-CCT robotic resectional experience of more than 50 cases as primary surgeon.
- Post-CCT fellowship experience in pelvic exenteration surgery – minimum duration 12 months. Robotic pelvic exenteration experience would be looked upon very favourably.
- Evidence of international colorectal fellowship will be looked upon favourably.

Clinical Skills

- Demonstrable skills and experience of a breadth of colorectal surgery and emergency general surgery and evidence of a commitment to areas to be developed as part of this post.
- Ability to perform minimally invasive rectal and pelvic cancer surgery, including abdominoperineal excisions for low rectal and anal cancer. It is anticipated that the applicant will have post-CCT experience of > 50 such procedures as primary surgeon.
- Ability to manage perineal reconstructive techniques as part of a multidisciplinary team with plastic surgeons.
- Ability to provide stoma creation service and manage complex stoma problems for cancer patients.

Knowledge

- Able to demonstrate appropriate level of clinical knowledge, especially with regard advanced rectal and pelvic cancer.
- Knowledge and use of evidence-based practice, especially evidence synthesis.
- IT skills

- Effective, confident presentation ability

Other (Desirable)

- Evidence of participation in audit and quality improvement projects – preferably published in peer reviewed journals.
- Up to date Good Clinical Practice certification to demonstrate commitment to recruitment to NIHR portfolio studies.
- Evidence of recruitment of patients to clinical studies – NIHR or equivalent.
- Good oral and written communication skills as evidenced by presentations at International meetings of learned societies.
- Publications in peer reviewed journals (Q1 in Surgery in Clarivate's Journal Citation Report)
- Awards, prizes and honours – national and international.
- Positions of responsibility with learned societies, academic institutions or in scholarly publishing.