



**Royal Devon University Healthcare NHS Foundation  
Trust**

**Trust grade (ST3+/StR equivalent)  
in Perioperative Medicine**

**6 months**

**Directorate of Surgery  
Updated September 2023**

## **Introduction**

Perioperative medicine is an emerging specialty endorsed by all the academic colleges. It is defined as the medical care of patients from the time of contemplation of surgery through the operative period to full recovery, but excludes the operation or procedure itself. Senior Perioperative care may be provided by an Anaesthetist, Intensivist, or general physician working alongside surgical colleagues. In reality, the aims of perioperative medicine are to ensure that the individual needs of complex patients are carefully co-ordinated from the decision to offer surgery, through to the weeks and months after the procedure. Perioperative medicine teams lead the assessment and preparation of patients for surgery to optimise the treatment of coexisting medical disease. Teams plan care in hospital, provide advice and support during the days after surgery, and review patients in clinic when they return home to ensure all harmful consequences of surgery are fully resolved.

In this hospital, outside trauma and orthopaedics, the perioperative team consists of the anaesthetists who are largely responsible for the pre-operative planning and operative stages, followed by a ward based team led by Dr. Sheena Hubble (a former intensive care consultant), Dr Rebecca Matthews (an Acute Medicine consultant), Dr Kat Haynes (Consultant Anaesthetist ) and Debbie Cheeseman (a senior nurse consultant in elderly care). Dr Rebecca Appelboam (Consultant Intensivist) will also be joining the team later in the year. It is an evolving and expanding team who work with the foundation doctors and a F3 to provide broad based cover to elective and emergency surgical specialties. The RDE is one of the few Trusts in the country with dedicated, funded in-patient perioperative support, and this service has been associated with improved patient outcomes in multiple domains, in many different surgical groups. Junior doctor training within the firm based team, is varied, challenging, multidisciplinary and well supported. This is reflected in positive Deanery feedback and high numbers requesting perioperative placements as part of future career planning. This particular role will suit someone with medical / GP/ anaesthetic / intensivist training who wishes to develop an interest in perioperative medicine. It is a relatively new post with lots of opportunities to expand various links in the perioperative pathway and develop key skills. This can be personalized to the applicants personal experience and future career plans.

## **Hospital Profile**

The Royal Devon & Exeter NHS Foundation Trust 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 and some SAS Grades 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.

Named consultants	Surgical Interests	No of STs	No of F2/CTs	No of F1s
Andrew Cowan David Birchley Alison Guy Teun Wilmink Robert McCarthy	Vascular	2	2	2
Ian Daniels William Chambers Patricia Boorman Steve Mansfield Robert Bethune Neil Smart Frank McDermott Kenneth Keogh James Berry Sunil Narang	Colorectal	6 + 1 QI Dr	2 + 1 QI Dr	5
Douglas Ferguson Sisse Olsen Rachel Tillett	Breast / Upper GI	1	1	1
Sajed Wajed Antonio Manzelli Davide Di Mauro Alex Reece-Smith	Upper GI	2	3	2
Elizabeth Waive John McGrath Mark Stott Malcolm Crundwell Melanie Walton Angela Cottrell Miles Goldstraw Thomas Dutton Brian Parsons	Urology	2	2 + 1 F2 Academic Dr	2
Sheena Hubble Rebecca Matthews Debbie Cheeseman Kat Haynes	Peri-operative Medicine			

On-call rota for StR	To be determined /discussed.
Details of rota	These will be discussed in more detail.

### **General Information**

The post is envisaged for 6 months initially and maybe extended.

The Terms and Conditions of Employment (including those related to leave and sick pay) are in accordance with the nationally agreed Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales) and General Whitley Council Conditions of Service currently in

force and as amended from time to time.

## **Duties**

### **Academic**

The post holder will be expected to complete a peri-operative service quality improvement project. There are opportunities to run other surgical, anaesthetic or medical improvement projects and also to be involved in research through the Health Surgical Researches Unit (HeSRU). Academic supervision by consultant will depend on the project.

### **Clinical**

The post holder would be part of the perioperative team and supervised by consultants with a specialist interest in perioperative medicine.

Perioperative referrals are taken from general, urology, and vascular surgery. Work is similar to the role a medical/anaesthetic StR would undertake, ie medical review, problem solving and planning. The Job plan includes at least one perioperative grand round per week which is both service provision and educational. In addition, the post holder will be expected to join surgical ward and board rounds, and either joint or independent perioperative patient review throughout the day. The post holder will often be part of the post-take ward round and will review acutely unwell emergency admissions as a representative of the peri-operative team. This reduces the requirement for ad hoc medical registrar review as well as providing more timely and relevant general medical support. The post holder will support the maintenance of a patient list for use by the perioperative team, as well as taking referrals from the surgical teams and supporting the transition to white board referrals as this progresses. The post holder will also be specifically involved in supporting the care of patients with chest trauma, assisting in the provision of consistent, early medical review and ensuring further review by senior members of the perioperative team as appropriate. Broadly, throughout the role, the trust doctor will be representing the perioperative team and deputizing as required. Escalation will be to senior members of perioperative team.

There is a perioperative team meeting once per week for feedback, strategic planning and professional development. Approximately once per week there will be a structured MDT for individual case based discussion and planning. Teaching is formally timetabled; one hour per week as well as ad hoc at the bedside. Provision will be made to ensure SLE's are completed to evidence attainment of the curriculum for relevant colleges.

During the rotation, there is the opportunity to experience +/- contribute to other components of the perioperative pathway. Chiefly, observing emergency anaesthesia and attendance of a preoperative high-risk clinic. This would be consultant anaesthetist delivered.

Annual and Study Leave is with prior arrangement.

Educational and clinical supervision would be provided by the Perioperative Consultants.

### **Rota**

Currently we do not cover weekends or bank holidays. However, this could change during the post. This will be for weekends and bank holidays only though. There is no night time on-call commitment. In emergencies and exceptional circumstances, the StR may be expected to provide cover for the absences of colleagues in their base speciality, provided the resulting increase in workload is reasonable. All Doctors will be expected to prospectively cover colleagues in the normal run of his/her duties within his/her contract. Work outside normal contracted hours performed under these circumstances will be payable at standard duties and in line both with current and or Junior Doctor Contract if and when this is implemented.

### **Salary**

Equivalent to grade

### **Academic facilities**

The Postgraduate Medical School of the University of Exeter, which is based on the RD&E site, was the first Postgraduate Institute of its kind in a university outside London. The research and educational activities are of the highest calibre as evidenced by the Queen's Anniversary Prize for higher and further education awarded to the University of Exeter, reflecting the work of the School in 1996 and the award of the highest numerical grade 5 in the 1996 Research Assessment Exercise under the Hospital based clinical subjects unit of assessment.

The school is currently being expanded and restructured into three main divisions comprising: Clinical (biomedical) science, and interdepartmental initiative linking basic scientists and clinical scientists; Community health sciences; and an Education Division embracing primary and secondary care, medical and allied professional education and training.

The Clinical Science Division embraces 8 key centres or units: Cancer Cell and Molecular Biology; Histopathology; Medical Physics; Clinical Microvascular Research; Molecular Genetics; Biological Chemistry; Clinical Physiological Measurement and Exercise Science. The Community Health Division involves the Institute of General Practice; Complementary Medicine; Mental Health; The Centre for Evidence based social care; Child Health; The Institute of Population Studies.

In addition to these main divisions the school is subcontracted by the Trust to provide a research and

development support unit funded by the regional directorate of research and development to facilitate NHS R&D and the implementation of evidence based practice in the surrounding geographical area. The school currently has 42 members of senior academic staff, with chairs in General Practice, Clinical Histopathology, Vascular Medicine and Complementary Medicine and Readerships in Vascular Physiology and medicine.

The Postgraduate Medical School and Postgraduate Medical Centre occupy buildings to the North West of the hospital site. Facilities include seminar rooms, meeting rooms, a lecture theatre and a library as well as biomedical science laboratories.

### **Disclosure of Criminal Background**

This position is exempt from the Rehabilitation of Offenders Act 1974. This means that you must declare all criminal convictions, including those that you would otherwise be considered “spent”.

Where the appointment involves substantial access to children and /or vulnerable adults, the appointment is subject to a police check. The Criminal Records Bureau will be asked to verify that you have no convictions and cautions or pending prosecutions, convictions, cautions and bind-over orders. This will include local police force records in addition to checks with the Police National Computer and the government departments lists held by the Department of Health for Education and Employment, where appropriate.

Police checks will only be requested for candidates recommended for appointment and will be carried out by the employing Trust.

### **Medical Clearance**

Offers of employment to the rotation will be subject to satisfactory medical clearance including Hepatitis B status.

Medical checks will only be requested for candidates recommended for appointment and will be carried out by the employing Trust.

### **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 of confidence.

### **Access to children**

The person appointed to this post may have access to children, under the provisions of Joint Circular No. HS (88) 9 HOC8/88 WHC (88)10. Applicants are therefore 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 policy check to be carried out. 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 be taken into account in deciding whether to engage an applicant.

### **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 purposes. 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 and minimally on a database. This information is held and administered in line with the Data Protection Act and the Trust's confidentiality procedure.

### **Further information**

The Trust welcomes informal enquiries:

Dr Kat Haynes  
Perioperative Consultant (Anaesthetics)  
Email: [kat.haynes@nhs.net](mailto:kat.haynes@nhs.net)

Dr Rebecca Matthews  
Perioperative Consultant (Medicine)  
Email: [rmatthews1@nhs.net](mailto:rmatthews1@nhs.net)

Dr Sheena Hubble  
Perioperative Consultant  
Tel: 01392 411611  
Email: [sheena.hubble@nhs.net](mailto:sheena.hubble@nhs.net)