

CONSULTANT IN OTOLARYNGOLOGY, HEAD AND NECK SURGERY

JOB DESCRIPTION

Royal Devon University Healthcare NHS Foundation Trust and Torbay and South Devon NHS Foundation Trust

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1. INTRODUCTION

The ENT departments in Torbay and Exeter have been working together to provide a seamless and effective service for the management of Head & Neck cancer patients for a number of years with the development of a joint MDT which also includes North Devon and Taunton. To integrate services further between trusts, an exciting opportunity for a new post has been created where the post holder will be contracted to work across both sites for the benefit of patients.

The Head and Neck Cancer Multidisciplinary Team (MDT) meeting is held face to face in Exeter each Monday morning. Members of the team from Taunton and Torbay attend. In addition to Maxillofacial and ENT surgeons attending, there are two Plastics Head and Neck Reconstructive surgeons who are part of the MDT. The team also includes specialist oncology, speech and language therapy, radiology and pathology input. The specialist Head and Neck clinic is held immediately after the MDT, each Monday afternoon.

It is expected that the post will include a Thyroid and Parathyroid practice with membership and contribution to the local and joint Thyroid and Endocrine MDTs.

The clinical duties will include the provision of elective and emergency care including acute on-call duties in a non-residential rota. Elective activity will be across the main Royal Devon and Exeter Hospital and Torbay Hospital sites as well as in community clinics and in North Devon District Hospital. Travel between sites should be expected. The post's employer will be the Royal Devon University Healthcare NHS Foundation Trust and the post's base will be the Royal Devon and Exeter Hospital, Barrack Road, Exeter, EX2 5DW.

The Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) now includes the Royal Devon and Exeter Hospital and the North Devon District Hospital.

2. HOSPITALS AND SERVICES

The Royal Devon serves the mixed urban and rural population of Exeter, East and Mid Devon. In addition, patients access specialist services from a wider region including the rest of Devon, Somerset and Cornwall.

The Trust is governed by a unitary board comprising a Chairman, Chief Executive and both Executive and Non-Executive Directors. The Executive Directors manage the day to day operational and financial performance of the Trust. These consist of the Chief Executive Officer, a Director of Transformation and Organisational Development, a Medical Director, a Director of Finance and Business Development and a Chief Nurse / Executive Director of Delivery.

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

All permanent medical staff are members of the Medical Staff Committee which has an elected Chairman who represents the group at the Trust Management Committee.

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

For a full description of the main hospitals and services of the Trust see the Trust website; <https://royaldevon.nhs.uk/>

3. THE WORK OF THE DEPARTMENT AND DIRECTORATE

- The ENT department is based in the Royal Devon and Exeter Hospital in Exeter. This site hosts our inpatients. Otter Ward has 26 beds and is shared with OMFS and Plastic Surgery. There is a general paediatric ward with attached HDU.
- We also provide ENT outpatient clinics and day case surgery services in North Devon District Hospital, Barnstaple.
- Peripheral clinics are active throughout East and Mid Devon.
- The on-call rota in Exeter is currently 1:7 with a non-residential cover to include 24 hour shifts Mon-Thurs and then a 72 hour weekend from Fri-Sun. It is expected that the post holder will cover on-call at Torbay at a weekend which is currently 1:6 on-call Friday to Sunday but with recruitment should move to a 1:7 weekends.
- The department in Exeter covers all aspects of ENT medicine with weekly H&N and thyroid MDTs, specialist audiology, voice and 'neck lump' clinics. We welcome innovation in working practices and support the development of multi-disciplinary or technology assisted clinics.
- The majority of operations are performed at the RD&E hospital in Exeter with a smaller proportion of day case surgery being possible at North Devon District Hospital.
- The senior medical team in Exeter comprises of 7 consultants employed directly by the Trust with an 8th who job shares with us from Taunton. We have an Associate Specialist and 2 Specialty Registrars who hold training numbers. The middle grade on-call rota is shared with a neighbouring trust, Torbay and South Devon NHS Trust but the Consultant level on-call is not shared.
- As an innovative employer we have developed Advanced Clinical Practitioners who work alongside our Foundation doctors to provide junior level cover and inpatient care.
- The ENT department has a close working relationship with our audiology departments including excellent provision of audio-vestibular assessment.

Torbay Structure

- The ENT Department at Torbay currently has 6 substantive consultants with one Associate specialist and a GPSI
- Specialist clinics are provided in the following areas
 - Head and Neck Cancer MDT
 - Two week wait clinic

- Voice – including videostroboscopy, jointly with Speech and Language Therapy
- Complex Vestibular – including electronystagmography, electrocochleography
- Paediatric
- Thyroid MDT and clinic – jointly with endocrinologist
- Bone anchored hearing aids

Facilities

Royal Devon and Exeter Hospital

- Theatres; There are ten general and specialist operating theatres, in addition to 5 orthopaedic theatres, 3 theatres in the Centre for Women's Health and 2 ophthalmic theatres. Three day case theatres are located on the Heavitree site (half a mile distant)
- Ward; Otter Ward (26 beds) is the ENT surgical ward, and is staffed by nurses who have particular experience in the management of ENT patients. This includes 4 isolated side rooms. Surgical and nursing staff have excellent working relationships with good staff retention.
- The ENT department enjoys its own dedicated outpatient clinic set up with adjacent audiology
- Clinical supporting services; There is a 15 bed Intensive Care Unit/ High Dependency Unit. The Directorate of Diagnostic Imaging is equipped with MRI, CT, ultrasound, general radiology and facilities for Nuclear Medicine studies, as well as a common range of laboratory services. The Royal Devon is an early adopter of solely electronic patient records, branded MYCARE, was implemented in October 2020 in Exeter and in July 2022 in Northern Devon. This is an exciting innovation which will transform patient care.

North Devon District Hospital

- Theatres; we currently offer ENT day case surgery in North Devon and are looking to expand this provision.
- The ENT clinic in North Devon enjoys its own dedicated area with on-site audiology support

Torbay Hospital

- Theatres – The Trust offers ENT surgery in both the dedicated Day Surgery complex and main theatre complex. This is an exciting time for the Trust as has already led nationally in developing an integrated approach to healthcare but is about to embark on an exciting major transformation (Estates & IT: '*Building a brighter future*') that will take it to the forefront in the delivery of care in the 21st century. This will entail a geographically separated planned care unit as well as a new acute medical facility. The first step towards this is two new day surgery theatres in November 2023
- Audiology testing facilities are co-located with the ENT clinic rooms. Audiology take direct referrals from GP of all patients with hearing loss or tinnitus (including unilateral).
- The Trust has a Balance Assessment Team, including audiologists and a physio, who again see almost all patients referred direct from GP

- There is also a Voice Therapists' service which run parallel, independent voice clinics, again with direct GP referral

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 ENT, Head and Neck Surgeon

DUTIES OF THE POST

Clinical duties

- The appointee will be expected to have expertise in the management of standard emergency and acute ENT conditions. The appointee will be expected to take part in the ENT emergency on-call rota accepting out-of-hours referrals with a frequency of 1 in 7 during the week and 1:6 weekends.
- The appointee will be expected to provide elective outpatient care across a range of ENT specific conditions but with a particular interest in Head and Neck conditions.
- The appointee will undertake administrative duties associated with the running of their clinical work and will be job planned to do so.
- Additional recognised responsibilities which come with their own PA allocation will be reflected within the job plan.

Education and Training

- The appointee will be expected to play a full part in the educational activities of the department. This will include teaching postgraduate trainees of all grades and medical students. This will be job planned and protected.

Emergency On-call and Cover for Colleagues

- In emergency situations the post holder may be asked to support with emergency on-call service provision.

Clinical Audit

- In Exeter, there is a rolling programme of monthly half-day audit and educational meetings, with ENT having its own sub-specialty meeting. This meeting will include M&M, clinical governance, and education. Sub-specialities are encouraged to develop their own audit programmes and report their activities to the Department of Clinical Audit. We encourage involvement with national audit programmes.

- The ENT department in Exeter holds bi-monthly Governance meetings which link into the Divisional governance meetings.

SPA

- All full-time consultants have 1.5 SPA within their job plan. 2/3rds of this is expected to be delivered in a regular and timetabled way, on site. This will be reflected in the job planning process.

Research

- The appointee will be encouraged to participate in clinical research and service innovation. The Trust hosts the National Institute of Health Research Clinical Research Network (South West Peninsula) and the appointee will be expected to identify suitable patients for clinical trials. There are opportunities for candidates to act as a Principal Investigator for NIHR clinical trials with the support from R&D as well as develop their own portfolio of research as a Chief Investigator with support from the Research Design Service.
- All research undertaken must comply with Trust policy on Research & Development. Trust policy and guidelines are available on the Trust's Intranet site and specify compliance with the Research Governance Framework for Health and Social Care.
- The successful candidate will be expected to participate in, and in some cases lead on, improvement and innovation activity. Where such activity creates potential new intellectual property, this must comply with Trust policy on Innovation and Intellectual Property.

Administration

The appointee will undertake administrative duties associated with the running of their clinical work.

Leadership and Management

- The appointee will be responsible for the leadership of their team as appropriate within the specialty. Specific leadership responsibilities for areas of the service will be agreed on an individual basis and will be detailed in the post-holder's job plan.
- The appointee is expected to be responsible to the Clinical Lead, Clinical Director and Associate Medical Director for the effective and efficient use of resources under their control, to contribute to the planning and development of the service and to participate in directorate/departmental meetings.
- This department welcomes and encourages innovation and the development of new ways of working and support would be provided to allow service changes where such changes could lead to improvements in patient care.

Professional Performance

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

You will be responsible for leadership of your clinical team within the specialty as agreed in your job plan and will be accountable for the effective and efficient use of any resources under your control. You will also participate in activities that contribute to the performance of the department and the Trust as a whole, including clinical and academic meetings, supervision of junior staff, departmental management, service development and educational activities. Service developments that require additional resources must have prior agreement from the Trust. The Trust is committed to providing safe and effective care for patients. It is a requirement that if you have concerns about the professional performance (conduct, performance or health) of a member of the medical staff, you have a duty to speak to the person concerned. If the matter is potentially serious, or satisfaction is not obtained with the direct approach, such concerns should be discussed with the Clinical Lead, if satisfaction is again not obtained, concerns should be discussed with the Medical Director.

Infection Control

The Trust is committed to reducing hospital acquired infections. All staff are expected to ensure that infection risks are minimised in line with national and Trust policies and best practice. Appointees will therefore be expected to attend Infection Prevention and Control learning once a year as a minimum. They are supported in this by the Infection Prevention and Control team.

Leave

Annual leave entitlement is as described in Schedule 18 of the Terms and Conditions Service Consultant (England) 2003.

- 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.
- 5 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.

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.

6. JOB PLAN

Consultant job plans are on a 4 week rolling timetable, with a 1:6 on-call. Typically in a 10 PA job, a consultant will have one all day theatre list and around 4 outpatient clinics per week. In addition to this, there is dedicated admin time as well as 1.5 SPAs.

On-call availability supplement

Current agreed on-call rota:

1 in 6

Agreed category:

A

On-call supplement:

5%

7. MAIN CONDITIONS OF SERVICE

Salary Scale

£88,364 - £119,133 per annum pro rata

Date of Vacancy

Immediately

Domicile

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

8. ACADEMIC FACILITIES

University of Exeter Medical School

The University of Exeter is one of the most successful universities of the 21st century. Research and education of the highest quality are at the heart of an inspiring community in which to learn, work and live. It has ambitious plans for the future, including a £275 million investment in facilities over the next five years. The University has recently accepted an invitation to join the prestigious Russell Group of leading research-led universities and was named the "Times University of the Year" in 2012/2013.

The University of Exeter Medical School (UEMS) is the newest College at the University of Exeter (<http://www.exeter.ac.uk/medicine/>). Formed from the disaggregation of Peninsula College of Medicine and Dentistry in 2012, it combines the best of the Peninsula Medical School and with the University of Exeter's outstanding global reputation for academic excellence and student experience.

The Medical School's cutting-edge research is driven by important clinical questions. It focuses on translational and applied research in areas of greatest health burden and greatest opportunity for scientific advance, principally: diabetes, cardiovascular risk, and ageing; neurological disorders and mental health; environment and human health; and health services research. It spans basic through clinical science to clinical trials and health policy.

UEMS delivers two highly-regarded and innovative undergraduate degrees: the BSc in Medical Sciences and Bachelor of Medicine, Bachelor of Surgery (BMBS). In addition, the Medical School offers a range of postgraduate programmes and courses.

The curriculum reflects today's evolving models of care and patient experience in acute, primary and community care settings. Building on the excellent educational reputation of Peninsula College of Medicine and Dentistry and using problem-based learning in small groups, the BMBS programme reflects the belief that doctors need to adopt a socially accountable approach to their work and to understand the human and societal impact of disease as well as the community-wide context of contemporary health care provision. Our graduates will be both capable and

confident, whether they are clinicians, managers, educators or researchers and will be committed to life-long scholarship.

Years one and two of the BMBS programme are based at the St Luke's Campus in Exeter 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. Years three and four of the programme are based at the Royal Devon and Exeter Hospital and at the Royal Cornwall Hospital in Truro and in their surrounding general practices and community health environments. In year five, students are involved in a series of apprenticeship attachments; to consultants and to Principal General Practitioners on a one-to-one basis throughout Devon and Cornwall in Barnstaple, Exeter, Torbay and Truro.

There is great scope for staff in NHS Partner Organisations to become involved in all aspects of the Medical School curriculum for undergraduate education; for example, clinicians may be engaged with PMS as clinical teachers, clinical skills tutors, and academic tutors.

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

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

9. CANVASSING

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

10. ACCESS TO CHILDREN AND VULNERABLE ADULTS

The person appointed to this post may have substantial access to children and to vulnerable adults. Applicants are, therefore, advised that in the event that your appointment is recommended and in line with Trust policy, you will be asked to undertake an Enhanced disclosure check with the CRB prior to commencement of employment. Refusal to do so could prevent further consideration of the application. Attention is drawn to the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions)(Amendment) Order 1986, which allow convictions that are spent to be disclosed for this purpose by the police and to be taken into account in deciding whether to engage an applicant.

11. REHABILITATION OF OFFENDERS

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

12. DATA PROTECTION ACT 1998

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

13. DIVERSITY AND EQUALITY

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

14. FURTHER INFORMATION

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

Chief Executive:	Ms Suzanne Tracey Chief Executive Royal Devon University Healthcare NHS FT Barrack Road Exeter, EX2 5DW Tel 01392 402357
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Medical Director:	Dr Anthony Hemsley Medical Director Royal Devon University Healthcare NHS FT Barrack Road Exeter, EX2 5DW Tel: 01392 403984
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Associate Medical Director:	Dr Nicholas Batchelor Consultant Anaesthetist Royal Devon University Healthcare NHS FT Barrack Road Exeter, EX2 5DW
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ENT Head and Neck team:

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