

#### **JOB TITLE**

Consultant Physician in HealthCare for the Older Person and Stroke Medicine

#### BASE

Royal Devon & Exeter Hospital

#### **DATE OF VACANCY**

16/09/2025

# A Warm Welcome

Hi, I'm Vanessa Purday, Chief Medical Officer at the Royal Devon University Healthcare NHS Foundation Trust. Thank you for your interest in joining us. Having recently returned to the Royal Devon, where I began my consultant career, I can confidently say this is a Trust shaped by outstanding people, a positive culture, and a clear vision for the future.

It's an exciting time to be part of our journey. We have ambitious plans to meet the needs of our communities through a clinically led, digital-first approach. Innovation and research sit at the heart of this—from being the first Trust in the country to implement EPIC in the community to pioneering robotic surgery, our record speaks for itself.



Vanessa Purday

The Royal Devon is a special place to work. As one of the largest healthcare Trusts in the country, we combine scale with a family-like feel, fostering both creativity and personal care. Our agility and forward-thinking approach ensure we can adapt to the evolving NHS landscape, deliver the best care for our patients and provide excellent career progression for colleagues.

We are especially proud of our Stroke Medicine department, nationally recognised for its multidisciplinary expertise and research. We are committed to building on this success and are seeking exceptional clinicians to join our dynamic and inclusive team here in Devon.

Good luck with your application and I look forward to meeting you soon.

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 Stroke Medicine and have entered on the GMC Specialist Register prior to taking up the appointment.

"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 Physician with a specialist interest in Stroke Medicine to join the Stroke Medicine team, which sits within Healthcare for Older People department, for its Eastern services, based at Royal Devon & Exeter Hospital

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

Successful candidates will be given autonomy and time to undertake supporting professional activities including training and teaching or to pursue sub-speciality interests.

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

"Inclusion is one of our core values, and we take pride in having a diverse workforce and a culture that respects everybody."

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### Highlights of the role

Research and innovation. Our Stroke team is passionate about clinical research. We have a large programme of investigator-led and commercial research studies which have been internationally recognised for their programme of multi-site, award-winning research. Research interests are strongly encouraged and supported. RDUH has a multimillion-pound research facility, dedicated research staff and collaborative links with researchers from across the University of Exeter.

Training and development. There is good access to educational resources to enable pursuit of subspecialty interests and continued professional development. The Trust encourages involvement with research, quality improvement work and national clinical audit. There are ample opportunities for teaching and training throughout the Trust and the region. All our Stroke Physicians actively participate in a range of undergraduate, post-graduate and multidisciplinary training programmes.

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 create opportunities for rapid progression to areas of increased responsibility.

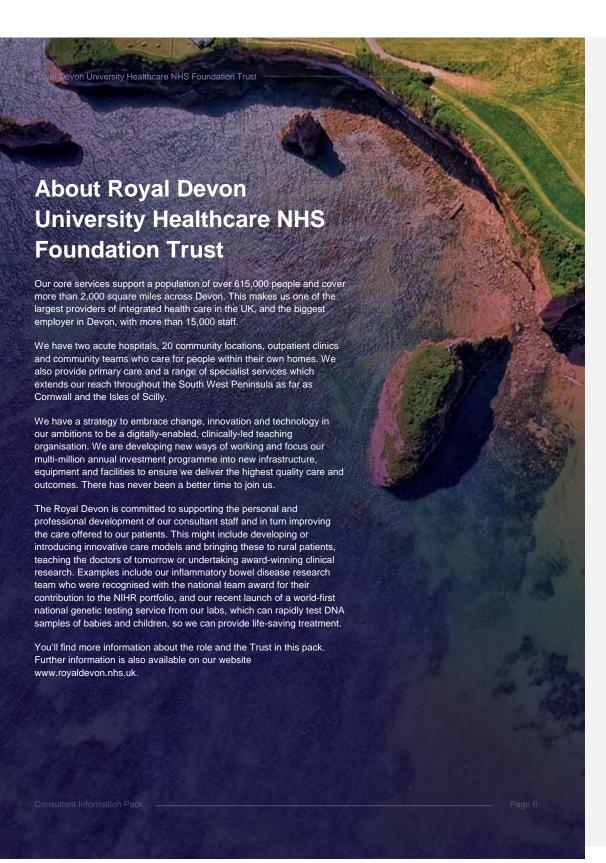
#### On-call rotas.

On-calls will be undertaken according to CCT specialties. There will be an expectation to participate in Stroke on calls combined with a choice of Healthcare for Older People, Neurology, General and Acute Medicine on call rotas. Applicants can enquire regarding on call commitments relevant to their CCT. On calls would typically total up to 1.5PAs.

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 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 (Sam Higginson), deputy chief executive officer (Chris Tidman), chief medical officer (Vanessa Purday), chief nursing officer (Carolyn Mills), Interim chief operating officer (Phil Luke), chief finance officer (Angela Hibbard), and chief people officer (Hannah Foster).

Stoke Medicine services are based at the Royal Devon and Exeter Hospital (Wonford) (RD&E) and North Devon District Hospital (NDDH), and sit within the Medicine Division.

Our Trust wide operational service structure is divided into five care groups, each with a medical director, a care group director and a director of patient care. For Medicine, the medical director is Karen Davies, the care group director is Karen Donaldson and the director of patient care is Nolween Luke. All permanent medical staff are members of the Medical Staff Committee which has an elected Chairperson 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

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## The Department of Healthcare for Older People & Stroke Medicine

#### Consultant medical staff

[The Stroke Medicine team sits within the Healthcare for Older People (HfOP) Department, part of the Medical Services Division, Royal Devon and Exeter Hospital. The Department comprises:

- Acute Stroke Unit (Clyst Ward 'ASU'); 28 beds plus 2 direct stroke admission trolleys. The service is supported by a dedicated specialist ward team including Advanced Care Practitioners (ACPs) and the Stroke Practitioner team who coordinate the hyperacute management of patients. ASU has its own dedicated therapy gym, kitchen, day room and garden and operates as an inter-disciplinary unit.
- Stroke Rehabilitation Unit (Yealm 'SRU'); 12 beds Allied Health Professional (AHP) consultant-led. It is located close to ASU but has its own distinct geographical space and therapy space, although the therapy and medical teams are well integrated across the whole service.

BULLET Integrated Community Stroke Services (ICSS) virtual ward; this Consultant-led multidisciplinary team covers the whole catchment area providing early supported discharge and stroke rehabilitation.

 Acute Frailty Unit (Capener ward) and Frailty Same Day Emergency Care (Frailty-SDEC); direct admissions services delivered by a multidisciplinary team of Acute Frailty Specialists

BULLET Frailty Acute Hospital At Home virtual ward (Frailty AHAH); Specialist multidisciplinary care in the community to support earlier discharge and admission avoidance

 Movement disorders HfOP ward shared with Neurology (Bolham ward) BULLET Three wards for the acute assessment and early rehabilitation of older patients including specialist care for delirium and dementia (Ashburn, Kenn and Bovey wards)

Acute general medical/ infection control ward (Torridge Ward);

BULLET Orthogeriatric care on the Trauma Unit (Durbin ward), in partnership with the Trauma and Orthopaedic teams

BULLET General Healthcare for Older People ward (Dart Ward) with a Consultant with a specialty interest in Perioperative Care.

Three inpatient units for rehabilitation of frail/older patients are established within the local Devon ICB are in Sidmouth, Exmouth and Tiverton.
 The aim of the outpatient Community Rehabilitation service is to facilitate rehabilitation and achievement of optimal function and early discharge from hospital Older frail patients

The Department has over 2,000 admissions annually to its acute geriatric assessment beds. In addition, there are over 800 confirmed strokes, as well as mimics, admitted to Acute Stroke Unit annually.

At present the HfOP Department runs regular general medical/HfOP/ Stroke outpatient clinics at the Royal Devon & Exeter Hospital. In addition, there are regular clinics held at Axminster, Seaton, Sidmouth, Exmouth, Budleigh Salterton, Cullompton, Ottery St Mary, Honiton, Crediton, Tiverton and Okehampton.

Rapid Access Stroke & TIA clinics run daily Monday-Friday, assessing over 1,000 patients annually. Other specialist clinics run by the HfOP department include a memory clinic (jointly with the Devon Partnership Trust), movement disorders and falls clinics.

Our Northern Site comprises of: Stroke Unit (Staples Ward) which is a combined acute and rehabilitation unit. An acute care of older patients with dementia ward (Fortescue ward). Acute assessment and early rehabilitation of older patients (Alex ward).

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#### Consultant medical staff

There are 23 substantive NHS medical Consultants in the H fOP Department at Eastern site. Seven Consultant Physicians have a sub-specialist interest in Stroke Medicine plus one Consultant Physiotherapist and one Associate Specialists. The senior team also comprises Speciality Registrars including Academic Clinical Fellow posts and Advanced Clinical Practitioners:

Consultants in Healthcare for Older People Eastern Team:

Dr Aisha McClintock

Consultant Physician, Consultant Physician Geriatrician, Medical Lead for HfOP and Training Programme Director (Physician Associates)

Dr Jackie S Stephenson

Consultant Physician Geriatrician; Deputy Medical Lead for HfOP; Clinical Lead for Doctors in Training, Medical Services Division

Dr Nicola C Mason

Consultant Stroke Physician and Geriatrician; Deputy Medical Lead for HfOP (Stroke Medicine Lead)

Dr Jane E Sword

Consultant Stroke Physician and Geriatrician; Clinical Director, Medical Services Division

Dr Lindsay Jones

Consultant Physician Geriatrician, Movement disorder specialist; HfOP Governance Lead

Professor Martin A James

Consultant Stroke Physician and Geriatrician, Honorary Clinical Professor (UEMS)

Dr Anthony G Hemsley

Consultant Stroke Physician and Geriatrician; Medical Director

Dr Paul D Mudd

Consultant Stroke Physician and Geriatrician

Dr Salim P Elyas

Consultant Stroke Physician and Geriatrician/Honorary Clinical Senior Lecturer (UEMS)

Professor Ray P Sheridan

Consultant Physician Geriatrician; Director of Medical Education and Associate Clinical Professor (UEMS)

Professor W David Strain

Associate Professor in Cardiometabolic Health/Honorary; Consultant Stroke Physician and Geriatrician

Dr Anna E Hinton

Consultant Physician Geriatrician, Movement Disorder Specialist

Dr James T Mulcahy

Consultant Physician Geriatrician, Orthogeriatrics

Dr Lisa Y Bartram

Consultant Physician Geriatrician, Orthogeriatrics

Dr Joe W Butchart

Consultant Physician Geriatrician /Honorary Clinical Senior Lecturer (UEMS), Dementia Specialist

Dr Sarah S Jackson

Consultant Physician Geriatrician, Movement Disorder Specialist

Dr Suzy V Hope

Consultant Physician Geriatrician

Dr Maggie Cairns

Consultant Physician Geriatrician

Professor Jane Masoli

Associate Professor in Geriatrics (UEMS) and Honorary Consultant Physician

Dr Felicity Thompson, Consultant physician Geriatrician

Dr Angie Logan

Consultant Physiotherapist, Stroke Rehabilitation

Dr David Burberry

Consultant in HfOP & Peri-operative Medicine

Dr Victoria Keevil Honorary Consultant Physician HfOP

Consultants in Healthcare for Older People Northern Team:

Dr Jon Baird Consultant Physician, Stroke Physician and Geriatrician

Dr Thet Soe, Consultant Physician HfOP

Dr Mike Jeffreys, Consultant Physician Geriatrician/General Medicine

Emma Cork
Consultant AHP Neuro Rehabilitation

Dr Riaz Latif, Associate Specialist in Stroke Medicine

Dr Julia Saunders, Associate Specialist in Community Geriatrics

Dr Aye Nay Win, SAS in Neurology and Stroke Medicine

Fiona Duncan, Associate Specialist HfOP

#### PROFESSIONS ALLIED TO MEDICINE

Consultants at the Trust have access to a diverse team of specialised support including research fellows, specialist nurses in Frailty, Dementia and Parkinson's Disease, therapists, psychiatric liaison nurses and voluntary sector representatives from AgeUK Exeter.

#### **Departmental meetings**

There is an active program of regular postgraduate education including a weekly Medical Department meeting (Grand Round), monthly 'Schwartz Centre' psychosocial grand round, weekly Neuroradiology meeting, weekly regional Neurointerventional MDT, monthly PFO MDT and weekly departmental meetings.

## Administration and secretarial support

The appointee 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.



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## 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 full-time consultants receive 1.5 core 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

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. Patients are given the opportunity to participate in a wide number of studies.

The University of Exeter Medical School has an excellent research reputation from basic biomedical research through to patient-centred research. 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 HfOP & Stroke department has a strong reputation for engagement in research and consistently high recruitment for many studies in the fields of Stroke, Parkinson's disease and Dementia. The clinical research base of the Stroke Department is expected to see continued growth. Five members of the HfOP department (two in Stroke) hold honorary research contracts with the College of Medicine and Health of the University of Exeter Medical School (UEMS), and there are also colleagues within the department who hold both joint University and NHS contracts. The Department has an Honorary Clinical Professor (Prof. Martin James) and a Professor in Diabetes and Vascular Preventative Medicine/Honorary Consultant in Stroke and General Medicine (Professor David Strain), both of whom hold broad research portfolios. Research active departments deliver better clinical outcomes for patients.

Since the inception of the NIHR Stroke Research Network in 2008 the South West Peninsula has seen the greatest increase in Stroke research activity of all the original 8 English Stroke Research Networks. The RD&E now hosts the successor Clinical Research Network for the SW Peninsula, with Salim Elyas as the regional Clinical Specialty Lead for Stroke.

The recent portfolio of NIHR-adopted clinical research studies in stroke includes hyperacute pharmacological studies (e.g. TASTE), acute intervention studies (e.g. TWIST) and post-acute/rehabilitation and prevention studies (e.g. PLORAS, SOSTART, CONVINCE, OPTIMAS). The Research Network supports three Research Practitioners and a Trials Administrator.

There is also an active research programme in dementia, in conjunction with the Devon Dementia Collaboration. 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.

As a department we have a reputation for, and are enthusiastic in, the delivery of high-quality teaching and training. The Department has a substantial commitment to the teaching and training of undergraduate medical students in the University of Exeter Medical School (UEMS) through the provision of ward-based teaching, Special Study Units, lectures and other attachments.

There are rotational responsibilities to undergraduate teaching with this post. During term-time year 3, 4 and year 5 UEMS students are attached to the Stroke Unit and the HfOP wards.



The appointee would be welcome to contribute to an active program of teaching to Doctors in Training (DiT) and shared responsibility for training specialist registrars in General/Acute Medicine, Stroke Medicine and Geriatric Medicine. All Consultants in the

department are involved with undergraduate and postgraduate medical education as clinical and educational supervisor.

#### Outline job plan

We would be happy for the successful applicant to participate in on-call commitments. The details of these will be dependent on the appointee's specialty areas of interest (Geriatrics, Neurology, Acute Medicine).

In all RDUH full-time job plans, 1.5 SPAs are established for personal development, and ensuring Associate Specialists are up to date and prepared for appraisal, revalidation and can undertake appropriate mandatory and discretionary training.

To ensure that the department can meet its clinical service commitments, this timetable may be subject to change after discussion. A less than full time appointment will involve appropriate pro-rata adjustment of the above typical weekly programme.

## **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		I
Professional qualifications	Primary Medical Qualification (MBBS or equivalent).	An appropriate higher degree or qualification (MD, PhD or equivalent).
		Qualification in Teaching and Learning.
Professional training and memberships	Full GMC registration and license to practice.	Evidence of up to date knowledge and practice in Stroke medicine (CME, courses, relevant society memberships).
	Entry on Specialist Register for Stroke Medicine via:	
	CCT (proposed CCT date must be within 6 months of interview date)	
	• CESR	
	Membership of Royal College of Physicians or equivalent qualification.	
Clinical experience		
Employment	Evidence of completion of a comprehensive broad- based training programme at specialty registrar level (or equivalent).	
	or	
	Clear demonstration of equivalent experience, with a minimum of six years at a level comparable with or senior to specialty registrar.	
	Evidence of training in Stroke Medicine.	
	Career progression consistent with personal circumstances.	
Clinical knowledge and skills	Demonstrates ability to fulfil duties at a consultant level.	Demonstrates awareness of breadth of clinical issues Evidence of feedback from colleagues and patients
	Able to take full and independent responsibility for clinical care of patients and provide an expert clinical opinion on a range of problems.	
	Demonstrates a clear, logical approach to clinical problems and an appropriate level of clinical knowledge.	
	Able to prioritise clinical need.	
	Caring approach to patients.	

Non-clinical skills

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Requirement	Essential attributes	Desirable attributes
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, resident 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	Evidence of innovative development and implementation of guidance.  Evidence of involving patients in practice development.  Examples of quality improvement
Innovation, research, publications and presentations	audit, governance, and risk reduction.  Understanding of the principles of scientific method and interpretation of medical literature.	implementation specific to Geriatric / Stroke Medicine  Recent evidence of relevant research, presentations or publications.
	Demonstrates a critical and enquiring approach to knowledge acquisition.  Demonstrates understanding of the research governance framework.	
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.	Experience of formal leadership or management roles.
	Demonstrates willingness to lead clinical teams and develop an effective specialist clinical service.	
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 extablish and professional relationships.	Evidence of patient and colleague feedback.  Excellent presentation skills, engages audience.
Other requirements	and to establish good professional relationships.	
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.	

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#### 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 Chief Medical
Officer 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 £109,725 to £145,478 with five thresholds. The on-call supplement is category B and attracts a supplement of 1% 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.

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.

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.

#### Research and audit

#### **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 interim CEO, Sam Higginson, 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
- Neurodiversity 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.

"Devon didn't just top our rankings, it blew away the competition. Simply put, it has everything."

The Telegraph: England's 48 counties ranked from best to worst

#### Vibrant cities

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, highranking 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 People Teams 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**

Sam Higginson

Email: penny.manley@nhs.net (PA to Chief Executive and Deputy Chief Executive)

#### **Deputy Chief Executive Officer**

Chris Tidman

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#### **Chief Medical Officer**

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#### **Executive and Specialist Recruitment Lead**

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