



JOB DESCRIPTION

Trust Doctor in Paediatrics

1. INTRODUCTION

This is an exciting opportunity to join our dedicated multi-disciplinary team in Exeter. The post is fixed term for 12 months.

The post holder will work at tier 1 (junior grade rota – ST1-3 equivalent) on a full-shift basis.

During the day the post holder will work in either general or neonatal paediatrics, covering the inpatient and emergency responsibilities for those areas. Out of hours the post holder will cross-cover between general and neonatal paediatrics. They will also be involved with assessment of children for child protection reviews.

The consultants in both clinical areas work service weeks to provide continuity of care. Out of hours there is a senior decision maker doctor on site for PAU until 2200h Monday-Friday (Consultant or Staff Grade). There are always two consultants providing non-resident cover out of hours (One for General Paediatrics and one for Neonates). At weekends the post is supported by one tier 1 doctor 0900-2200 in Bramble ward and another tier 1 doctor covering PAU from 0900-1700 and 1 tier 1 doctor on NNU. Overnight there is 1 tier 1 doctor 2200-0900 on each side.

There are excellent learning opportunities in the plethora of specialist clinics run on site which include Endocrinology/Diabetes, Oncology, Epilepsy, Allergy, Cardiology, Gastroenterology, and Rheumatology. There is also an active simulation programme running.

Royal Devon is a teaching hospital attached to the University of Exeter Medical School – the postholder will have the opportunity to develop teaching skills and contribute to undergraduate education.

2. HOSPITALS AND SERVICES

Royal Devon was established in April 2022 bringing together the expertise of both the Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust. Stretching across North, East and Mid Devon including Torrington and Exeter, our workforce of over 17,000 staff serves a population of almost one million people, extending our reach as far as Cornwall and the Isles of Scilly.

We deliver a wide range of emergency, specialist and general medical services through North Devon District Hospital and Wonford Hospital. Alongside our two acute hospitals, we provide integrated health and social care services across a variety of settings including community inpatient hospitals, outpatient clinics, and within people's own homes. Our hospitals are both renowned for their research, innovation and links to universities.

Royal Devon Eastern Services are managed day-to-day by a Trust Executive which includes a Medical Director, two Deputy Medical Directors, three Associate Medical Directors (with management contracts), a Chief Executive, 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 Medical Staff Committee chair also chairs the consultant senate which is attended by consultants who are nominated by and represent all the clinical departments. The trust has a large number of Speciality Doctors across all divisions with support provided by a lead consultant for Specialty Doctors – Dr Lauren Barker.

3. THE WORK OF THE DEPARTMENT AND DIVISION

Neonatology

The Neonatal Unit (NNU) is a Local Neonatal Unit (LNU) providing Level 2 neonatal medical care for sick newborn infants for the Exeter, Mid and East Devon districts (approximately 4,500 births per annum). This includes deliveries at The Centre for Women's Health at Wonford Hospital and the Tiverton, Honiton and Okehampton community midwifery units. Neonatal and maternity services moved to the Wonford Hospital site in 2007 to the purpose-built Centre for Women's Health.

Started by the late Professor Freddie Brimblecombe and the late senior nurse, Jean Boxall, the Neonatal Unit established a national reputation with the publication of much original work, particularly related to innovative practice in infection control, the role of parents and transitional care.

The unit is well known nationally for work on vitamin K deficiency bleeding, the physiology of feeding and swallowing, cup feeding practices and visual habituation in infancy. Recent research includes involvement in multi-centre randomised controlled trials including ELFIN (enteral lactoferrin in neonates) and SIFTS study (speed of increasing feeds in neonates) in addition to a discharge intervention study and research on the use of video laryngoscopy. We are currently recruiting to the FEED1 and SURFON studies. Exeter was the top recruiting site in the southwest of England in SIFT (speed of increasing feeds trial) and NeoClear study. We

are actively involved in regular quality improvement projects like NeoThermal project which is a current BAPM Quality improvement project.

In 2020, Exeter LNU became the UK's first and only unit to achieve both Bliss Baby Charter accreditation and UNICEF's Baby Friendly Initiative's prestigious Gold Award. These frameworks place families at the centre of their baby's care to build close and loving relationships promoting optimal neuro behavioural development of their baby. This success has seen a cultural shift in the thought processes of healthcare staff through education, reflection, simulation of delivery room cuddles, improved parental communication, and recognition that parents are their baby's primary caregiver. We have driven forward family centred care by actively engaging parents and healthcare professionals, encouraging parental presence, advocating skin to skin care, and fostered strong family units by facilitating siblings to stay. Here, we present integral factors for increased parental presence forming the cornerstone of this cultural change. By enabling parents to be resident 24/7, we learnt the complexity and needs of individual families, with medical and nursing interventions tailored around the family.

Orientation to the breastfeeding policy is provided for all new neonatal staff by the Infant Feeding Co-ordinators within one week of commencement of employment.

The unit has 4 ICU and 4 HDU cots in addition to a large low dependency and dedicated transitional care ward with a combined maximum occupancy of 26 cots total.

The South West Neonatal services are managed by the South West Neonatal Operational Delivery Network (ODN). As an LNU we look after all singletons born after 27 weeks gestational age or twins after 28 weeks. Any babies who are expected to have birthweight below 800g, those with significant multi-organ failure or those that require total body therapeutic hypothermia are cared for in the regional neonatal intensive care unit at Derriford Hospital, Plymouth and surgical cases in Bristol in their early weeks of life.

The Unit is well equipped with 4 Dräger VN500 ventilators and a range of CPAP, BiPAP and High Flow drivers. Phillips monitoring equipment with telemetry is installed in ITU and HDU

and the unit has paperless capability. The Unit has equipment to initiate therapeutic hypothermia and two Cerebral Function Monitors and a nitric oxide delivery system. The dedicated GE Vivid E95 cardiology ultrasound machine has the capacity to link with the tertiary unit in Bristol and the Samsung cranial ultrasound machine is DICOM enabled allowing images to be stored on the hospital PACS server.

The Unit has been submitting data to the Vermont Oxford Network (VON) since 2007 and generally provides data approximately 50 infants born below 30 weeks gestation and/or 1500g birth weight. VON outcome data compares favourably with other UK units and has been used as the basis for local quality improvement programmes.

There is a strong multi-disciplinary team which includes; Specialist Developmental Physiotherapists, Specialist Speech & Language Therapy (Dysphagia), Paediatric Dietician, Infant Feeding Specialists, Counsellor and Paediatric Pharmacist who all visit the unit at least weekly and where appropriate provide follow up after discharge. High risk infants all receive a 6 month and 2-year Bayleys III assessment performed by the specialist physiotherapists.

The Unit currently employs 3 Advanced Neonatal Nurse Practitioners (ANNPs) who contribute to the tier 1 rota and occasionally support the tier 2 rota and there are plans to enhance the ANNP team. Many nurses on the unit undertake extended roles including cannulation, blood sampling and nurse prescribing.

There is 24-hour neonatal consultant cover in addition to the Acute Paediatric Consultant. The Neonatal Consultants participate in weeks on service during which they have no other clinical duties and a 1 in 6 on call rota covering nights and weekends. There is a Consultant led ward round 7 days a week.

The Tier 1 rota for NNU is a 7-person rota consisting of paediatric ST trainees, Trust Doctors and ANNPs covering the Neonatal Unit. There is a dedicated registrar during weekdays (9am to 5pm) but out of hours the registrar covers both the Neonatal Unit and the Paediatric Inpatient Ward.

Nursing staff recruitment and retention is excellent.

Name	NHS sessions	Main description of post	Special interest & responsibilities
Dr Chris Moudiotis	FT	Acute Paediatrics	Diabetes / Endocrinology Clinical Director Paediatrics
Dr Richard Tomlinson	FT	Community Child Health & Acute Paediatrics	Neurodisability, Acute General Paeds, MyCare
Dr Rachel Howells	FT	Acute Paediatrics	Neurology / Epilepsy Lead for Medical Appraisal
Prof Stuart Logan	LTFT	Outpatient Paediatrics	Epidemiology Evidence Based Practice
Dr Corinne Hayes	FT	Acute Paediatrics	Paediatric Oncology, Hearing Impairment Associate Medical Director
Dr Simon Parke	FT	Acute Paediatrics	Paediatric Oncology, Benign Haematology
Dr Rebecca Franklin	LTFT	Acute Paediatrics	ED liaison Immunology and infectious diseases
Dr Beth Enderby	FT	Acute Paediatrics	Respiratory, Cystic Fibrosis
Dr Emily Bell	LTFT	Acute Paediatrics	Respiratory, Cystic Fibrosis
Dr Hannah Cottis	LTFT	Acute Paediatrics	Nephrology UEMS lead
Dr Sian Ludman	LTFT	Acute Paediatrics	Allergy & Immunology
Prof. David Mabin	LFT	Cardiology	Cardiology

Dr James Hart	FT	Acute Paediatrics & Neonatology	Gastroenterology, Metabolic disorders Neonatology
Dr Nigel Osborne	LTFT	Acute Paediatrics	Cardiology
Dr David Bartle	FT	Neonatology & Acute Paediatrics	Peninsula deanery programme director ST4 -8 and Trust Simulation Lead
Dr Nagendra Venkata	FT	Neonatology & Acute Paediatrics	Cardiology, Neurodevelopment Neonatal Clinical lead
Dr David McGregor	FT	Neonatology & Acute Paediatrics	Diabetes and Endocrinology Clinical lead - Neonatology
Dr Nichola O'Shea	LTFT	Neonatology & Acute Paediatrics	Neonatology Neurodevelopment College Tutor
Dr Helen Brewer	LTFT	Community Child Health	Community Child Health, Neurodisability Community Paediatrics Lead
Dr Eleanor Thomas	LTFT	Community Child Health	Community Child Health, Neurodisability Designated doctor for Child Death Review
Dr Leighton Phillips	LTFT	Community Child Health	Community Child Health, Neurodisability, Children in Care, Designated Doctor CIC
Dr. Rowan Stanbury	LTFT	Community Child Health & Acute Paediatrics	Community Child Health, Neurodisability, Acute General Paeds
Dr. JP Smith	FT	Acute Paediatrics	Named Doctor for Safeguarding Rheumatology
Dr. Christine McMillan	FT	Acute Paediatrics	Gastroenterology
Dr. Emily Chesshyre	LTFT	Acute Paediatrics	Infectious diseases
Dr Harriet Aughey	LTFT	Neonatology & Acute Paediatrics	Neonatology Governance lead for Neonatology
Dr Gillian Forward	LTFT	Neonatology & Acute Paediatrics	Neonatology
Dr Justin Thuraisingham	FT	Neonatology & Acute Paediatrics	Cardiology

Staff Grade, Specialty Doctors, Specialists & Associate Specialists	
General Paediatrics & PAU	Cystic Fibrosis Hearing Impairment
General Paediatrics & PAU	Diabetes
General Paediatrics & PAU	Adolescent health
Oncology	
Community Child Health, Neurodisability	CCG Designated Doctor for SEND
Community Child Health, Neurodisability	

Acute Paediatrics

Bramble Ward in Wonford Hospital is staffed for 30 children's inpatient beds to provide for all children in the district. Included in this is the Paediatric High Dependency Unit (PHDU), which consists of a three-bedded bay and an isolation cubicle. In addition, Bramble has a 6-bedded bay for surgical daycase and a 5-bedded bay for ambulatory daycases. There is also a 5-bed Paediatric Oncology Day Case Unit and a 6-space Paediatric Assessment Unit located beside ED. Bramble is situated adjacent to the emergency medicine and X-ray departments with the intensive care unit and main theatres above.

The paediatric outpatient suite adjoins Bramble ward and has seven large consulting rooms and its own paediatric waiting area with specially-designed play facilities. There are additional outpatient facilities at Heavitree Hospital where the department of clinical genetics is situated.

Paediatric intensive care is provided jointly with the anaesthetists in the general ITU where there is a designated paediatric cubicle. Exeter is one of three units providing Level 2 PICU in

the region. All cases are discussed with specialists of the regional unit in Bristol who undertake retrieval if appropriate. The 4-bedded PHDU facility on Bramble ward provides non-invasive respiratory support (including high flow humidified oxygen and CPAP) and elective complex post-operative surgery care (including spinal, orthopaedic and thoracic surgery).

The consultant neonatal and general paediatric rotas are separate so there is 24 hour dedicated consultant cover for both general paediatrics and neonatology. All consultants with acute responsibilities participate in the admission arrangements and provide consultant cover for the unit when on service or when on-call. Current arrangements have a 7 day a week Consultant-led general paediatric ward round with junior doctor support.

Acute assessment of children with suspected non-accidental injuries and necessary acute liaison with partner agencies forms part of the responsibilities of the on-call team. The department has a vision to work towards a separate child protection rota. Child sexual abuse services in the absence of acute physical injury are provided out of Wonford Hospital.

While all the consultants take general paediatric cases, they each have special interests (see table above) and cross referral of complex patients is part of normal practice. The department has strong sub-speciality provision and the post-holder would look to bring or develop in post a sub-speciality interest complementary to the department.

There are a number of joint clinics conducted by regional specialists and combined clinics with local adult clinicians.

Research

There is a longstanding and active research background within the Paediatric department at Royal Devon.

Exeter CF centre is one of 27 Clinical Trials Accelerator Programme (CTAP) centres in the UK CTAP clinical trials network. Financed by the UK CF Trust, this network provides 89% of the UK CF population access to clinical trials. Our CF trial co-ordinators support CF trial set up and delivery. This enables us to be an early phase centre, enabling our patient cohort to participate in national trials and so access novel therapies.

The Peninsula Medical College of Medicine and Dentistry (PCMD) and the University of Exeter Medical School (UEMS) has brought opportunities for academic and teaching development to consultants in the department. Professor Stuart Logan is Director of the Institute of Health and Research (NIHR) and is the also Director of the NIHR Peninsula Collaboration for Leadership in Applied Health Research and Care (PenCLAHRC) based in Exeter. He has specific interests in evidence based child health, paediatric epidemiology and has experience of teaching postgraduate studies in Community Child Health. He also has a weekly general paediatric clinic.

Safeguarding & Child Protection

All paediatricians at the Royal Devon take part in assessments and examinations of children who may have been abused. The assessment and management of children with suspected child abuse is currently the responsibility of the Acute Bramble Consultant and team. There is no separate Child Protection rota.

Named Personnel for Safeguarding at the Royal Devon are Caroline Holt, Nurse Consultant, and Dr JP Smith, Named Doctor.

Assessment services for children with suspected sexual abuse are provided separately by an independent provider, G4S.

Social and Educational Paediatrics

All paediatricians provide reports to the local authority to assist in the assessment and support of children with additional needs. Those in the CCH team have a particular responsibility to support the learning communities and to work with public health nurses / school nurses.

Junior and Middle Grade Staff

6 Specialty registrars, 1 staff grade, and 2 clinical Fellows provide middle grade cover. The rota is New Deal and EWTD compliant. There are always 2 consultants on-call for acute paediatrics and neonatology, when the service is busy and at weekends they liaise and support each other in the service delivery.

There are 10 F2/ST1-2 doctors (4 of whom are GPVTS) on the Acute Paediatric Ward and 8 F2/ST1-2 doctors on the Neonatal Unit.

Clinical Genetics

There are 7 consultant clinical geneticists who provide a Peninsula wide service from their base at the Heavitree hospital site in Exeter. The department is completed by 2 SpRs and a team of specialist clinical genetics nurses.

A DNA laboratory was established in 1995 ,in conjunction with an adult physician, Professor Andrew Hattersley, and Prof Sian Ellard, molecular geneticist.

Exeter Genomics Laboratory works in partnership with the Bristol Genetics Laboratory offering state-of-the-art technology and clinical expertise to deliver high quality testing for a wide range of inherited and acquired genetic disorders.

Governance

The Governance Support Unit provides support to clinicians. There are two divisional governance managers and a divisional complaints lead. Audit and risk management are discussed regularly at monthly paediatric, neonatal and community business meetings. There are monthly divisional meetings attended by lead clinicians, business managers and governance managers.

Undergraduate, Postgraduate and Continuing Medical Education and Audit

There is an active teaching programme for junior staff with a number of joint teaching activities with other directorates including the emergency department. This fulfils the RCPCH syllabus for the junior staff and contributes a robust internal CPD program for established Consultants. The RCPCH college tutor is Dr Nicola O'Shea and the year 4-5 training programme director for the peninsula is Dr Dave Bartle.

The Hospital hosts APLS, NLS, PLS and PILS courses and several consultants are instructors and course directors for these events.

The department actively participates in the delivery of undergraduate teaching of medical students from the University of Exeter Medical School (UEMS). The routine delivery of the Child Health UEMS curriculum is shared amongst departmental staff and this is reflected in the job planning process. Some consultants provide special study placements for small groups

of students and some act as academic tutors, supervising the academic development of undergraduates. These activities are supported by regular training days and updates provided by UEMS staff.

4. CONDITIONS OF SERVICE

Salary Scale

£TBC

Annual Leave

27 Days rising to 32 days if 5 years NHS Service has been completed

Study Leave

up to 10 days per year pro rata

Date of Vacancy

Fixed term for a 12-month period in the first instance

5. FURTHER INFORMATION

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

Clinical Lead for Neonatology:

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