



**Royal Devon
University Healthcare**
NHS Foundation Trust

Full/Part-Time post for

GP with SPECIALIST INTEREST IN

ACUTE MEDICINE

(SAS Doctor)

ROYAL DEVON UNIVERSITY HEALTHCARE NHS TRUST

GP WITH SPECIALIST INTEREST IN ACUTE MEDICINE

1. INTRODUCTION

Acute Medicine at the Royal Devon University Healthcare NHS Trust (RDUH) is ambitious with a clear focus of delivering quality care; this is represented in our CQC rating which is outstanding for our caring attitude to patients. We are constantly looking to develop our service and adapt to the evolving challenges of a growing population. We would like to diversify our workforce and see great benefit in the recruitment of General Practitioners to the team to improve the delivery of care and move towards a more integrated care approach. To achieve this goal, we hope to recruit to aid devolvement of our Acute Hospital at Home (AHAH) service and Same Day Emergency Care (SDEC). These already cross over into community division and provide a transition point for patients stepping and up into secondary care and stepping down.

The AHAH has now been running for over 3 years and has been very successful in delivering an alternative to hospital management. Patient feedback is extremely high and it is well regarded by clinicians in being able to deliver essential care for patients who would otherwise be admitted to hospital. The service is consultant run with daily MDTs and integrates with the community teams to deliver the excellent care needed. Currently AHAH delivers acute care for a wide range of conditions requiring oxygen, IV drugs, home monitoring, rhythm monitoring and MDT assessment. We want to develop a greater frailty support together with Pathfinder and UCR teams to help people stay at home and avoid deconditioning. We see GPs joining our team as an essential part of this development.

SDEC has developed successfully over the last few years receiving regional and national recognition for its high-level performance. It is consultant led and utilises a wide MDT to target the care needed for patients in a timely manner. This service is growing and reflecting the changing need of the population. We recognise having experienced GPs in the team would help to broaden the approach taken to ensure patients receive the best care they can.

We are a forward-thinking unit in a well-managed hospital. There are great non-clinical opportunities here. We are keen that every senior doctor has the opportunity to develop a diverse portfolio that represents their special interests and career goals. Current special interests with allocated PAs include education, leadership, service improvement, gastroenterology, diabetes, nephrology and peri-operative medicine. We also have clinicians with interests in ultrasound and palliative medicine. We would welcome other specialty interests that could enhance our service and will work with successful candidates to incorporate these into their job plans.

Our consultant body consists of fourteen young, enthusiastic and friendly colleagues, most with young children and a focus on ensuring good work-life balance. This balance is recognised in job plans and working patterns.

Exeter is a brilliant place to live. We have two of the most famous national parks on our doorstep and the beautiful Devon coastline. Outdoor activities are a major attraction with good surfing, kite surfing, road and mountain-biking, kayaking and hiking. The city itself has been voted one of the UK's most desirable places to live with a great selection of shops and independent restaurants mixed with the local farming it's a foodies dream.

Exeter has excellent transport connections to Bristol and London and a local airport serving Europe. The city is very family orientated with great schools and offers a vast number of family-focused activities and events making it an ideal place to bring up children.

2. HOSPITALS AND SERVICES

The RDUH is a great place to work. We are a large trust with a full complement of medical specialty departments and have approximately 800 beds over 30 wards. The trust has invested in a state of the art fully electronic patient management system (MY CARE/EPIC) which went live in October 2020.

The RDUH was one of the first UK trusts to gain foundation status and is presently ranked good by the CQC and outstanding in our caring attitude to patients. We are consistently ranked amongst the top trusts as a place our staff would recommend to friends and family. Training programmes are highly rated by trainers and junior doctors alike – frequently having been top ranked nationally.

We remain pro-active about managing the increasing attendances to unscheduled care and are developing services to meet the challenge. We are not a trust that stays still. Urgent Care and particularly SDEC are high on the trust's list of priorities.

The trust is managed day to day by a Trust Executive which includes a Chief Executive, Medical Director, Chief Nurse and Executive Director of Delivery, Director of Finance, Director of Operations, and (ex officio) the chairman of the Medical Staff Committee. The Medical Staff Committee which provides a forum for the discussion of any matters of interest to consultants. All consultants are encouraged to participate. The Chairman is elected and provides advice to the Trust Executive which is independent of the Associate Medical Directors.

For a full description of the main hospitals and services of the trust see the trust website <http://www.rdehospital.nhs.uk/>.

As part of our engagement in the work of the Devon Sustainability and Transformation Partnership, the trust is working increasingly closely with local provider organisations in a networked approach to clinical service delivery. North Devon Hospital has been approved for merging with the RD&E providing an opportunity to develop Acute Medicine at both sites.

3. THE WORK OF THE DEPARTMENTS AND DIVISION

In the RDUH the Acute Medical Unit (AMU) is situated on the main hospital site. Currently we have fourteen consultant physicians staffing the unit.

We operate over a variety of shifts which are annualised according to PA's worked. Three consultant's complete morning rounds commencing at 08:00. The afternoon's work seeing new referrals sees three/four consultants covering conventional admissions and those patients suitable for SDEC.

SDEC currently accounts for 30% of the take but we would like to increase this. It is a dynamic space offering point of care ultrasound, same day procedures, rapid access radiology and infusions. The wider ambulatory offering includes an Acute Hospital at Home service by way of a virtual ward, community links and ongoing review service all managed from Acute Medicine. The AHAM service was one of the first to set up a covid virtual ward in the UK. It contains the OPAT service and has arrhythmia ESD. We are keen to develop this offering and explore technological routes to improve care.

AMU at RDUH occupies an area of two full medical wards and is divided into the following parts:

1. The Medical Triage Unit (MTU): All patients referred to the Medical Take are triaged and directed to SDEC or initially assessed on MTU. MTU consists of 6 fully-monitored beds.
2. AMU: Is the ward for acute and short-stay admissions, it consists of 44 beds in total. This includes 8 side rooms and 12 beds for the most unwell patients requiring higher levels of surveillance and care. The ward is fully monitored.

4. POSITION OF GPs NOT WISHING TO WORK FULL-TIME

The trust is committed to flexible working arrangements including job-sharing. Nearly all Acute Medicine consultants contribute to the unit part-time or in conjunction with other roles.

The hospital's management structure and links with Exeter University deliver a large number of non-clinical roles. The sessional nature of urgent care gives itself to building a portfolio of clinical and non-clinical work. We view this portfolio style of working very positively – it increases our diversity as a consultant group and makes the clinical work sustainable.

We welcome applications for part-time working.

5. THE JOB ITSELF

TITLE: General Practitioner with Special Interest in Acute Medicine

We will consider altering the number of PAs to meet the needs of successful candidates. For illustrative purposes, we have included a full time job plan.

RELATIONSHIPS:

The employer is the Royal Devon University Healthcare NHS Trust.

DUTIES OF THE POST

Clinical Commitments

At present we do not have acute GPs in post so there is the recognition that there may need to be some reasonable adaptations to working to establish best practice.

Mornings

At 09:00 team briefing with Acute Medical Specialist Nurses (AMSN); ambulatory registrar and advanced care practitioner/physician associate. Work through urgent reviews, planned calls, new referrals and MDT meetings. 12 midday consultant MDT to review and discuss all patients.

Afternoons

Consultant cover for SDEC runs from 13:00 to 18:00, the acute GP will join the consultant at 14:00. Patients are triaged at point of referral. We accept patients from SWASFT, GPs and the Emergency Department. SDEC is supported by a dedicated nursing team and junior doctor, registrar and advanced care practitioners. There is also input from pharmacy and other allied health teams to ensure all aspects of patient care are supported.

Weekends and Bank Holidays

This role doesn't specifically include weekend working though it is desired. If this is of interest to you we would be keen to discuss in more detail as we want to develop greater weekend cover for both SDEC and Acute Hospital at Home.

Management

The appointee is expected to be responsible to the Clinical Lead, Clinical Director and Associate Medical Director (AMD) for the effective and efficient use of resources under his/her control, to contribute to the planning and development of the service and to participate in divisional/departmental meetings.

University of Exeter Medical School

The trust has a great relationship with the University of Exeter. AMU delivers parts of the clinical undergraduate teaching programme. Time for teaching and preparation is arranged by mutual agreement with the AMD within the trust's annual job planning and appraisal process.

Links to the University bring PA opportunities in every aspect of undergraduate support, clinical and managerial. Two of our AMU colleagues hold senior roles in the Medical School. There are numerous opportunities locally to advance skills and credentials with educational roles in mind.

Clinical Audit

We have a very successful Quality Improvement "School" engaging and encouraging junior doctors to get involved. This feeds into a local and regional QI conference. Supporting our trainee colleagues in QI and audit is an important senior role.

We participate in national audits such as SAMBA.

The trust wide adoption of EPIC in 2020 will provide great opportunities for audit and QI work.

Research and Innovation

The appointee will be expected 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 Research and Development 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 participate, 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 his/her clinical work.

Professional Performance

It is a requirement that if the employee has concerns about the professional performance of a member of the medical staff, they have a duty to speak to the person concerned. If the matter is potentially serious, or satisfaction is not obtained with the direct approach, such

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

The appointee will be expected to take part in professional, audit, training and quality assessment activities.

The appointee will have continuing responsibility for the proper function of the service.

Infection Control

All medical and dental staff have a duty to practice safe medicine in relation to infection control and other issues. Appointees will therefore be expected to attend infection control learning opportunities once per year as a minimum, and also to comply with trust Infection Control policies and guidelines.

Leave

Annual and study leave will be granted to the maximum extent allowable by the Medical and Dental Terms and Conditions of Employment, but, in accordance with the trust's leave policy.

Emergency On-call and Cover for Colleagues

Locum cover will not normally be provided.

In addition to providing emergency cover for absent colleagues it is expected that the post holder providing cover will also provide clinical supervision to junior staff caring for inpatients and day cases.

6. **TIMETABLE**

It is anticipated that in an average week (based on an RDUH week), the new appointee will have a job plan consisting of the following (part time job plan to be agreed as requested):

Full Time Post

Day	Time	Location	Work	Categorisation Direct Care / Supporting
Monday - Friday	09:00-12:00	AHAH	Morning ward reviews	DCC
	12:00-13:00	AHAH	MDT	DCC
	13:00-13.30	AHAH	Admin	DCC
	14:00-18:00	SDEC	In-take management	DCC

Job Plan

PROGRAMMED ACTIVITY SUMMARY	TOTAL
Direct clinical care	10.00
Admin time to support DCC	1.25
Supporting professional activities (including research)	1.50
TOTAL PROGRAMMED ACTIVITIES	12.75

7. **MAIN CONDITIONS OF SERVICE**

SALARY SCALE:	Specialist Doctor Salary Scale
ANNUAL LEAVE:	Five weeks and 2 days rising to six weeks and 3 days after completing of a minimum 7 years NHS service.
STUDY LEAVE:	30 working days over period of three years
DATE OF VACANCY:	Immediate
COVER ARRANGEMENTS:	Colleagues; locum cover will not normally be provided

Entry Criteria to the Grade

A doctor appointed to this grade:

- Shall have full registration and a Licence to Practice with the General Medical Council; and
- Shall have completed a minimum of 12 years' medical work (either continuous period or in aggregate) since obtaining a primary medical qualification of which a minimum of six years should have been in a relevant specialty in the Specialty Doctor and/or closed SAS grades. Equivalent years' experience in a relevant specialty from other medical grades including from overseas will also be accepted.
- Shall meet the criteria set out in the Specialist grade generic capabilities framework.

8. **ACADEMIC FACILITIES**

The University of Exeter Medical School (formerly part of the Peninsula Medical School) is founded on a unique partnership between the University of Exeter and the NHS in Devon. All teaching is underpinned by a strong research base with research focused in the Institute of Biomedical and Clinical Science, Institute of Health and Social Care and the Institute of Clinical Education.

Years one and two of the Bachelor of Medicine, Bachelor of Surgery degree programme lay the scientific foundations for the future years of the course. Students are introduced to clinical methods and begin acquisition of a range of transferable skills, learning science within a clinical context. The 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. The curriculum is structured around the human life cycle and the first year student studies human physical and psychological development from birth through to death. 70% is “core”, providing the knowledge and abilities essential for entry into the Pre-registration House Officer year and 30% is comprised of Special Study Units, which allow students to select areas of interest to study in depth.

In the second year students revisit the human life cycle, this time with an emphasis on disease and the pathological and psychological impact of illness. The Years 3 and 4 programme moves away from the traditional curriculum model to reflect today's evolving models of care. Known as ‘Pathways of Care’, Years 3 and 4 reflects the patient experience of care in acute, primary and community care settings. Learning is patient centred. In year five students learn the job of medicine and start to develop their understanding of principles of practice in the NHS. Students are involved in a series of apprenticeship attachments; to consultants across the South West and to Principal General Practitioners on a one-to-one basis throughout Devon.

There is great scope for staff in NHS Partner Organisations to become involved in all aspects of the University of Exeter medical school curriculum for undergraduate education; for example, clinicians may be engaged as Clinical Skills Tutors, SSU Providers, and Academic Mentors.

The Institute of Biomedical and Clinical Science has developed several core “platform” technologies, accessed by a range of clinician scientists. These include: molecular genetics; clinical microvascular research; cell and molecular biology laboratories; the peninsula MRI facility on the St Luke's Campus. Research in the field of diabetes and microvascular science is particularly strong with the University of Exeter being awarded a Queen's Anniversary Prize for Higher Education in 2005 for the work of Professor Andrew Hattersley and his team entitled “Using genetics to improve clinical care for diabetic patients”. The Institute of Health and Social Care Research possesses core skills in epidemiology (including genetic epidemiology), health technology assessment, concordance, access to services and systematic reviews.

The Research and Development Support Unit (RDSU)

The trust holds a contract from the Department of Health to host a Peninsula wide Research and Development Support Unit to facilitate NHS R&D in the implementation of Evidence Based Practice in the research community of the Health Authority area. This new Peninsula Unit, which has been formed from three highly successful units, will involve networks throughout the Peninsula embracing both Primary and Secondary Care and will support all professional groups.

FURTHER INFORMATION

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

Acute Medicine/AHAH/ SDEC Clinical Leads: Dr Simon Patten/Dr Bill Lusty
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