

## JOB DESCRIPTION

### Specialty Doctor in Neonatology

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## **1. INTRODUCTION**

This is an exciting and unique opportunity to join our dedicated multi-disciplinary team within the Exeter Local Neonatal Unit. The post will be entirely dedicated to the Neonatal Service and will offer the successful candidate the opportunity to develop an area of special interest. The post is substantive and offers an opportunity to enhance medical staffing on the Neonatal Unit.

## **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 Torridge 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 speciality 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 Dragger 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 full time equivalent 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. The Neonatal Specialty doctors (Tier 2 level) cover some evening and weekend shifts.

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
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
Dr Simon Parke	FT	Acute Paediatrics	Paediatric Oncology, Benign Haematology <b>Clinical Director Paediatrics</b>
Dr Laura Doherty		Acute Paediatrics	Paediatric Oncology
Dr Rebecca Franklin	LTFT	Acute Paediatrics	ED liaison Immunology and infectious diseases
Dr Beth Enderby	FT	Acute Paediatrics	Respiratory, Cystic Fibrosis Designated doctor for Child Death Review
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
Dr David McGregor	FT	Neonatology & Acute Paediatrics	Diabetes and Endocrinology Clinical Perinatal Director
Dr Nicola O'Shea	LTFT	Neonatology & Acute Paediatrics	Neurodevelopment Neonatal Clinical lead
Dr Helen Brewer	LTFT	Community Child Health	Community Child Health, Neurodisability <b>Community Paediatrics Lead</b>
Dr Eleanor Thomas	LTFT	Community Child Health	Community Child Health, Neurodisability Named Doctor for Safeguarding
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 College Tutor

Dr. JP Smith	FT	Acute Paediatrics	Rheumatology Paediatric Clinical lead
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		
Dr Rachel Elderkin	General Paediatrics & PAU	Cystic Fibrosis Hearing Impairment
Dr Susan Hellewell	General Paediatrics & PAU	Diabetes
Dr Jess Pales	General Paediatrics & PAU	Adolescent health
Dr Rachel Wajed	Oncology	
Dr Jane Dunlop	Community Child Health, Neurodisability	CCG Designated Doctor for SEND
Dr Clare Howard	Community Child Health, Neurodisability	
Dr Leigh Martens	Neonates	
Dr Katie Whittaker	Neonates	Renal

## 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.

### **Community Paediatric services**

Community paediatric and neurodisability medical services in Exeter and Eastern Devon are provided by doctors employed by Royal Devon. Collaborative working takes place with the CAMHS and Education and Social Care.

Each Paediatrician in the community team covers a geographical patch, with a degree of cross cover of cases; this allows better development of community working relationships. Community clinics are held in Tiverton, Crediton, Cullompton, Okehampton, Exmouth and Honiton. Children from Exeter city are seen either at Royal Devon (Wonford), Royal Devon (Heavitree) or Honeylands Specialist Child Assessment Centre. Community Paediatricians provide medical assessment and management of children showing symptoms or signs that suggest a neurodevelopmental or neurodisabling condition, and the management of medical conditions associated with social, developmental or educational impairment. Those children with more significant difficulties and who attend special schools are seen in clinics delivered by the Community Paediatricians in school. There are also joint clinics with physiotherapists and orthopaedics at Vranck House School and Therapy Centre.

Children with concerns suggestive of an Autism Spectrum Disorder are assessed by the ASD assessment team, provided by Children and Family Health Devon. Paediatricians are integral to this pathway, providing opinion on differential diagnosis and assessment for medical co-morbidities. Children with suspected ADHD without co-morbid mental health needs are seen by either community paediatricians.

Emotional, mental health support and psychiatry services are led by the Child and Adolescent Mental Health Service which is provided by Children and Family Health Devon. Regular joint clinical meetings with CAMHS clinicians take place and joint clinics when necessary.

Multidisciplinary assessments for preschool children with developmental concerns take place at Honeylands Specialist Child Assessment Centre. The service is currently run by Children and Family Health Devon. Therapeutic services including Physiotherapy, Speech and Language, Occupational, and Music therapy are provided for pre-school children.

### **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**

9 Full time equivalent resident doctors providing 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 ANNPF2/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 Rowan Stanbury.

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. POSITION OF DOCTORS WISHING TO WORK LESS THAN FULL-TIME**

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**

Specialty Doctor in Neonatology

### **Relationships**

The employer is Royal Devon. Clinical services are provided in part by block contract with NHS Devon Clinical Commissioning Group. Key working relationships will be with the Neonatal MDT and the perinatal team.

### **Duties of the post:**

### **Clinical commitments:**

The successful candidate will contribute to the development of a dedicated team providing dedicated Tier 2 Neonatal care between the busiest periods (09:00 – 22:00) 7 days a week to support compliance with National BAPM standards. The post holder will be expected to cover shifts during these hours and will not be expected to cover night shifts. The long term aim of the department is to create a separate rota of colleagues including an expansion of Speciality Doctors and ANNPs. There will be the opportunity to develop an area of interest within the Neonatal team depending on interest and experience of the candidate. Such areas of interest could include governance, clinical audit or any medical speciality such as clinical genetics, renal, neurology, cardiology etc..

### **Education and Training**



The post-holder will be expected to participate in junior staff education. They will be enrolled with the RCPCH for CPD and undertake appraisal as per Trust policy.

### **University of Exeter Medical School**

Royal Devon is one of the NHS partners of the UEMS. It is expected that the post-holder will contribute to the delivery of the teaching as per job plan. Flexibility exists within this allocation and changes can be made by mutual agreement with the Lead Clinician within the Trust's annual job planning and appraisal process.

### **Clinical Audit & Research**

To contribute to the development of Clinical Quality Standards through service development and appraisals of service delivery. The successful candidate will be expected to participate in the design and completion of audit projects leading to improvements in practice.

### **Administration**

The appointee will undertake administrative duties associated with the running of his/her clinical work with the support of the secretarial team within the unit.

### **Management**

The appointee will be responsible to the Lead clinician and Associate Medical Director 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 directorate/departmental meetings.

### **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 lead clinician; if satisfaction is again not obtained, concerns should be discussed with the Associate medical director or Medical Director.

### **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.

### **Staff and office**

The appointee will have shared office accommodation and secretarial support

### **Leave**

Annual and study leave will be granted to the maximum extent allowable by the Medical & Dental Whitley Council regulations in accordance with the Trust's leave policy. The post holder will coordinate leave with the other consultants as per departmental policy.

### **Supporting Activity Time (SPAs).**

Core SPA activity should comprise of activities necessary for appraisal, revalidation and to keep up to date with contemporary clinical practice. This should include mandatory training, personal clinical audit and performance review and participation in divisional audit, governance and departmental meetings.

Additional SPA activity such as educational supervision to allocated trainees and the support research activity will attract additional SPAs on an individual basis in line with Trust Policy.

## **6. TIMETABLE**

Job planning is based on an annualised contract based on 42 weeks pro-rata. The 42 weeks takes into consideration annual, study and professional leave requirements. Over a 12 month period (42 weeks) the post holder will provide the following number of commitments:

One fixed long day per week 09:00 – 21:00 per week dedicated to the Neonatal service  
There will be 1:6 weekend long days 09:00 – 21:00 dedicated to the Neonatal service

The other clinical commitments will be flexible and allow the opportunity for the successful applicant to develop an area of interest to support Neonatal services. There will be SPA time included in the job plan in accordance with the job plan policy.

There will be a degree of flexibility in planning around the fixed commitments outlined above.

## **7. CONDITIONS OF SERVICE**

**Salary Scale**  
**£TBC**

**Annual Leave**  
Pro-rata 32 days (6 weeks + 2 days) per year (+day off in lieu for each Public Holiday worked)

**Study leave**  
Pro-rata 30 working days over period of three years.

**Date of Vacancy**  
Fixed term for a 12 month period in the first instance

## **8. ACADEMIC FACILITIES**

### **The Peninsula Medical School / Exeter Medical School**

The Peninsula College of Medicine and Dentistry (PCMD) was founded on a unique partnership between the Universities of Exeter and Plymouth and the NHS within Devon and Cornwall. The Peninsula Medical School was established in August 2000 and began delivery of the Undergraduate BMBS Programme in autumn 2002. Changes in governance of PCMD led to the establishment of two new medical schools, the University of Exeter Medical School (UEMS) based in Exeter, with the Plymouth University Peninsula School of Medicine, based in Plymouth.

The University of Exeter Medical School (<http://medicine.exeter.ac.uk/>) exemplifies the best of the Peninsula Medical School and combines it with the University of Exeter's outstanding global reputation for academic excellence and student experience. UEMS operates across the South West giving students the choice of living and working in locations such as Exeter,

Torbay, Barnstaple and Truro, experiencing the best of Devon and Cornwall healthcare services.

UEMS builds on Peninsula's highly regarded innovative curricula of the Bachelor of Medicine, Bachelor of Surgery (BMBS) and the BSc Medical Science degrees to produce doctors and clinical scientists who are able to address the health and social care challenges of the 21st century. The BMBS curriculum provides a clinical focus that is innovative and meets the need of students who want to work as doctors in an increasingly integrated, internationalised health environment. UEMS also offers postgraduate taught and research degrees.

Undergraduate medical student teaching is consultant-led and it is anticipated that the successful candidate will share an equal part of the teaching and will be encouraged to be actively involved in the paediatric department's contribution to the medical school. This activity will be reflected in job plans.

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 must adopt a socially accountable approach to their work and understand the human and societal impact of disease. 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 Foundation Programme and 30% comprises Special Study Units, which allow students to select areas of interest to study in depth. In Year 2 students revisit the human life cycle, this time with an emphasis on disease and the pathological and psychological impact of illness. The programme then moves away from the traditional curriculum model to reflect today's evolving models of care. Learning is patient centred and, using so-called 'Pathways of Care', Years 3 and 4 reflect the patient experience of care in acute, primary and community care settings. In year five students learn the job of medicine and 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 and Cornwall. The paediatric department is involved in all years of the programme.

## **9. RESEARCH**

All research undertaken must comply with Trust policy on Research & Development. Trust policy and guidelines are available on the Trust's Intranet site and specific compliance with the Research Governance Framework for Health and Social Care.

The Trust holds a Department of Health contract to host a peninsula-wide Research and Development Support Unit encouraging Evidence Based Practice in the research community. This Peninsula Unit, formed from three highly successful units, involves networks throughout the peninsula and supports all professional groups in both primary care and secondary care.

## **10. 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.

## **11. 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 a disclosure check and a POCA (Protection of Children) list 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.

## **12. 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.

## **13. 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.

#### 14. FURTHER INFORMATION

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

Clinical Perinatal Director      Dr David McGregor  
Consultant Paediatrician  
Royal Devon University Healthcare NHS Foundation Trust  
Barrack Road, Exeter.  
EX2 5DW.  
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Clinical Lead for Neonatology:      Dr Nicola O'Shea  
Consultant Paediatrician  
Royal Devon University Healthcare NHS Foundation Trust  
Barrack Road, Exeter.  
EX2 5DW.  
Tel: 01392 406637  
E-mail: [nicola.oshea@nhs.net](mailto:nicola.oshea@nhs.net)