 ROYAL DEVON UNIVERSITY HEALTHCARE

NHS FOUNDATION TRUST

## CONSULTANT in

## colorectal surgery

**ROYAL DEVON UNIVERSITY HEALTHCARE**

## CONSULTANT colorectal surgeon

**1. INTRODUCTION**

This post has been created to further develop the Colorectal Surgery services in Exeter. The post will be for 1 year and is suitable for a candidate with specialist interests in abdominal wall reconstruction, diverticular disease and Inflammatory bowel disease. Experience of working in regional or national intestinal failure units at post CCT level would be a considerable advantage as we look to build our links to regional services.

**2. HOSPITALS AND SERVICES.**

The Royal Devon University Healthcare NHS Foundation Trust (Eastern) comprises all acute District General Hospital facilities and is managed day to day by a Trust Executive which includes Clinical Directors (with management contracts), a Chief Executive, a Medical Director and Directors of capital planning, finance and information, human resources, nursing, operations, 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 Committee provides a forum for the discussion of any matters of interest to consultants. The Chairman is elected and provides advice to the Trust Executive which is independent of the clinical directors.

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

**3. THE WORK OF THE DIVISION AND DEPARTMENT**

The Department of Surgery comprised of the Acute Surgical Cluster of Services (Upper GI, Lower GI, Urology and Vascular) which is part of the Surgical Services Division, and is based in the Royal Devon & Exeter Hospital, Wonford.

The Acute Surgical Services Cluster is composed of 20 surgeons providing the sub-specialities of:

Upper GI (Mr Wajed, Mr Manzelli, Mr Di Mauro, Mr Reece-Smith, Miss Jones, Mr Kanchustambam (Locum);

Lower GI (Mr Daniels, Miss Boorman, Mr Chambers, Mr Mansfield, Mr Bethune, Mr Smart, Mr Mansfield, Mr Keogh, Mr Berry, Mr Narang, Mr McDermott, Mr Rossi (Locum))

Urology (Mr Stott, Mr Crundwell, Mr McGrath, Miss Waine, Mrs Walton, Mr Goldstraw, Miss Cottrell, Mr Dutton, Mr Parsons, Mr Campain, Mr Donaldson.

Vascular (Mr McCarthy, Mr Cowan, Mr Birchley, Miss Guy, Miss Welchman, Mr Hardy, Miss Travers).

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| --- | --- | --- | --- | --- | --- |
| **Team** | **Consultants** | **Surgical interests** | **STR/Reg** | **CT/F2** | **F1** |
| A | Mr WajedMr. ManzelliMr. Di MauroMr Reece-SmithMiss JonesMr Kanchustambam | Upper GI | 1 SpR1 CF | 2 CT  | 3 F1 |
| B | Mr DanielsMiss BoormanMr ChambersMr MansfieldMr BethuneMr SmartMr MansfieldMr KeoghMr BerryMr NarangMr McDermott | Colorectal | 2 STR1 CF | 2 CT1 F2 | 5 F1 |
| C | Mr. StottMr. CrundwellMr. McGrathMiss WaineMrs WaltonMr GoldstrawMiss CottrellMr CampainMr Donaldson  | Urology | 2 STR | 1 CT | 2 F1 |
| D | Mr McCarthyMr CowanMr BirchleyMiss GuyMiss WelchmanMr HardyMiss Travers | Vascular | 1 STR1 CT | 2 SHOs | 2 F1 |

# Theatres

There are twenty operating theatres on the main Wonford site. The ten theatres in the main suite include an state-of the-art Integrated Operating System (Olympus) used by the Upper and Lower GI services, a dedicated Emergency (CEPOD) theatre, and all modern facilities and equipment including several HD (Storz and Stryker) videoscopic stacks. There are 5 theatres in a separate orthopaedic suite and three in Children’s and Women’s health. There are two ophthalmic theatres in the West of England Eye Unit.

A Da Vinci Xi operating robot has also been installed for urology use with a second Xi robot having been recently delivered and implemented for ENT, colorectal and gynaecology use. A modern (Olympus) endoscopy unit is directly adjacent to the theatre complex close proximity to the surgical wards

There are also a further 3 theatres on the day surgery unit site at Heavitree. There are 4 community day-case theatres at Axminster, Exmouth, Sidmouth and Tiverton.

**Wards**

The STAU is established on Abbey ward and this comprises of an admission area, a rapid assessment and diagnostic facility, and a consulting room (to formulate the “hot clinic”). There are approximately 20 in-patient beds available for short-stay emergency patients. There is a strong culture towards ambulatory care with the unit achieving rates above the national recommendations for admission avoidance.

Acute Surgery utilises over 100 beds across a four main wards, each of which has a dedicate speciality interest. The Upper GI ward (Mere) offers PN for the active management of acute patients as well as specialist in-patients.

Elective admissions and Day Case patients are managed on a further specialist ward (Knapp)

Mere Upper GI

Exe Vascular

Dart Urology

Lyme Colorectal

Abbey Surgical Triage and Assessment Unit

Knapp Day Surgery and Elective Admissions

# Clinical supporting services

Supporting services include a 14 bedded Intensive Care Unit/ High Dependency Unit

Directorate of Diagnostic Imaging is equipped with MRI, CT, ultrasound, general and interventional radiology and facilities for Nuclear Medicine studies, as well as a common range of laboratory services. The STAU will be supported by fast-track emergency diagnostic and intervention service.

The Accident and Emergency and Trauma units receive emergencies by road and air and there is a sub-regional Plastic Surgery service.

There are ten consultant gastroenterologists providing a full range of endoscopy services and offer the acute GI bleed Service.

Secretarial support and office space

The post-holder will be provided with secretarial support and suitable office space.

# Continuing Education and Audit

There is a rolling programme of monthly half-day audit and educational meetings. Sub-specialities are encouraged to develop their own audit programmes and report their activities to the Department of Clinical Audit. The Department participates in the National Enquiry into Perioperative Deaths (NCEPOD).

The Acute Surgery Cluster holds quarterly Governance meetings which links into a monthly Divisional meeting. There is a weekly GI team meeting on Monday.

**4. POSITION OF CONSULTANTS UNABLE FOR PERSONAL REASONS TO WORK FULL-TIME**

Any Consultant who is unable for personal reasons to work full-time will be eligible to be considered for the post. The Trust is committed to flexible working arrangements including job-sharing. Such arrangements will be discussed with any shortlisted candidate on a personal basis.

**5. THE JOB ITSELF**

**TITLE: Consultant on a Fixed Term Contract in Colorectal Surgery**

**RELATIONSHIPS:**

The Exeter Colorectal service will comprise of the post-holder and the existing lower GI surgeons. There is a close relationship with the Upper GI surgeons who currently complement the emergency general surgery rota.

The employer is the Royal Devon University Healthcare (E) NHS Foundation Trust.

 The post is based substantively on a whole-time appointment.

**DUTIES OF THE POST**

**Clinical Commitments**

The post is required to help formulate the current Acute General / GI surgical rota and support the specialist service provided by the Upper GI and Colorectal surgeons.

*Emergency Service*

The consultant is free of elective commitments and based on the Surgical Triage and Assessment Unit during their on-call. A dedicated Emergency list is available during the on-call period. The post-holder will be expected to provide opinions and deal with specialist referrals for all General Surgical conditions.

*Elective Services*

It is intended that the post holder would facilitate the development of the abdominal wall service in Exeter, which has a specific emphasis on those with parastomal hernias and underlying colorectal conditions such as IBD and diverticulitis. The post holder would also serve as a link to the regional intestinal failure services. The post also includes flexible routine elective operating lists, endoscopy (if desired) and dedicated community sessions.

**Education and Training**

The appointee will be expected to play a full part in the educational activities of the department. This will include trainees of all grades as well as medical students.

**Research**

The Colorectal Unit has a proven track record of successful research, including multiple grants from national awarding bodies / charities. The unit has a track record of successful recruitment to NIHR portfolio studies and research collaborative observational studies. There is a fully funded and integrated Colorectal surgical research fellowship. A purpose built research facility (Health Education Sciences Research Unit, HESRU) has just been installed, with state of the art video-conferencing facilities including linkage to the new integrated theatre. A major new research and post-graduate teaching facility (RILD Building), has been opened on site, which provides state-of-the art facilities for scientific and clinical research, teaching and training, and is being developed in conjunction with the University of Exeter Medical School

**University of Exeter Medical School (UEMS)**

From September 2013, the UEMS formed following the division of the Peninsula College of Medicine and Dentistry, with approximately 120-130 students being admitted per year. The Royal Devon and Exeter NHS Foundation Trust is one of the NHS partners of the UEMS and the Department has responsibility for part of the clinical undergraduate teaching programme. Time for teaching and preparation is arranged by mutual agreement with the Clinical Director within the Trust’s annual job planning and appraisal process.

**Emergency On-call and Cover for Colleagues**

In addition to providing emergency cover for the absent consultant colleague, it is expected that the consultant(s) providing cover will also provide clinical supervision to junior staff caring for elective inpatients and day cases.Locum cover will not normally be provided.

**Administration**

The appointee will undertake administrative duties associated with the running of his/her clinical work. The hospital utilises the EPIC electronic patient record and the applicant will be required to undertake training to become proficient with this system.

**Leadership and Management**

The appointee will be responsible for the leadership of his/her team as appropriate within the specialty. Specific leadership responsibilities for areas of the service will be agreed on an individual basis and will be detailed in the postholder’s job plan.

The appointee is expected to be responsible to the Lead Clinician 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**

The appointee will have continuing responsibility for the proper function of the work. 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 Clinical Director, if satisfaction is again not obtained, concerns should be discussed with the 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 office accommodation, secretarial support and access to their own PC and the Internet

**Leave**

Annual and study leave will be granted to the maximum extent allowable by the Medical & Dental Whitley Council regulations, but, in accordance with the Trust's leave policy.

1. **TIMETABLE**

The current job planning process is adjusting the sessions of the colorectal surgeons. It is expected that the locum post will attract a 10PA job plan plus on-call. The contract will be flexible for sessions, but will include theatres, Endoscopy and clinic (days to be adjusted according to current job planning exercise)

**7. MAIN CONDITIONS OF SERVICE**

**Salary Scale**

£88,364 - £119,133 per annum pro rata

 **Annual Leave**

 6 weeks + 2 days per year (+day off in lieu for each Public Holiday worked) rising to 6 weeks and 4 days after 7 years service pro rata. Five weeks of entitlement to be taken in full weeks. Part time staff may elect to take public holidays as they fall or a pro rata entitlement.

 **Study leave**

 32 working days over period of three years.

 **Date of Vacancy**

Immediate for 12 months duration

 **Domicile**

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

**8. ACADEMIC FACILITIES**

## University of Exeter Medical School

**From September 2013, the University of Exeter has had its own, independent school medical school with approximately 125 medical student being allocated to the new UEMS.**

**This move is being supported by a major investment in research and teaching with the construction of a Research, Learning, Innovation and Development facility on the RDE site, adjacent to the current UEMS Building.**

There is great scope for staff in NHS Partner Organisations to become involved in all aspects of the Medical School curriculum for undergraduate education; for example, clinicians may be engaged with UEMS 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 micro-vascular research; cell and molecular biology laboratories. 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. This Peninsula Unit, which was formed from three highly successful units, involves networks throughout the Peninsula

**9. RESEARCH GOVERNANCE**

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.

**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 as follows:

Chief Executive: Mr Chris Tidman

Acting Chief Executive

Royal Devon University Healthcare NHS Foundation Trust

Barrack Road

Exeter EX2 5DW

Tel: 01392 402357

Medical Director: Mr Anthony Hemsley

Medical Director

Royal Devon University Healthcare NHS Foundation Trust

Barrack Road

Exeter EX2 5DW

Tel: 01392 403919

Clinical Lead Colorectal Mr Will Chambers

Royal Devon University Healthcare NHS Foundation Trust

Barrack Road

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Acute Surgery Cluster Manger Mrs Jo Wreford

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Divisional Director: Ms Nicola DuGay

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