

**LOCUM CONSULTANT PHYSICIAN IN DIABETES, ENDOCRINOLOGY and GENERAL MEDICINE**

**August 2022**

**ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST**

##  Locum CONSULTANT PHYSICIAN IN Diabetes, ENDOCRINOLOGY and ACUTE MEDICINE

**1. INTRODUCTION**

An exciting opportunity has arisen to join the Royal Devon University Healthcare NHS Foundation Trust as a Locum Consultant Physician in Diabetes, Endocrinology and Acute Medicine.

This post has been has become available due to planned leave of one of our existing colleagues. There is a possibility that a permanent post will be advertised in the near future.

**2. DESCRIPTION OF THE POST**

**Outpatient clinics**

These can be tailored to the interests and expertise of the successful applicant. There are certainly opportunities in general diabetes (including diabetes technology/insulin pump), general endocrinology, thyroid and diabetic foot clinics. An interest in reproductive and transition endocrinology would be of particular value.

**Inpatient ward work**

The endocrine team look after Lowman ward, a 28-bed general medical/diabetes/endocrine ward, and medical outliers on Exe ward which tend to average 2-3 patients.

It is anticipated the successful applicant would cover ward duties for 2 out of every 7 weeks, reducing to 2 out of every 9 weeks (as other changes to our personnel are imminent). The job plan provides 6 hours per day for ward cover, Monday to Friday, during ward weeks. Routine clinics are cancelled during ward weeks.

**Out of hours work**

Weekends: the weekend frequency is expected to be 1 in 8. The endocrine team provide assistance to the Acute Medical Unit (0800-1100), followed by review of patients on our base wards (Lowman/Exe, 1100-1400) and limited troubleshooting cover for Holybrook/Wynard wards (1400-1500).

Evenings: the endocrine team contribute to the pool of general physicians who work evenings on the Acute Medical Unit (1800-2100 or 1900-2200) and on-call overnight. Monday-Thursday – each consultant has a particular day, the default for this post would be Monday but could be swapped if necessary, and the average frequency is just under 15 evenings per year. Friday – on average, just under 4 Friday evening shifts per year.

**More detailed job plan and Programmed Activities**

The total number of PAs is 10 per week. This would be broken down as follows:

|  |  |  |
| --- | --- | --- |
| **Inpatient** | Lowman ward 2 out of 8 weeks (average) | 2.32 PA |
| Weekends 1 in 8 | 0.78 PA |
| Evenings on AMU | 0.45 PA |
| Admin @ 15% | 0.53 PA |
|  Total |  **4.1 PA** |
| **Outpatient** | MDTs and departmental meetings | 0.5-1 PA |
| Outpatient clinics | 2.5-3 PA |
| Admin @ 25% | 0.9 PA |
|  Total |  **4.4 PA** |
| **SPA** | Standard supporting professional activities allowance |  **1.5 PA** |
| **Total** |  |  **10 PA** |

It is therefore expected that the successful applicant will have 2.5-3 clinics per week on average. This would typically mean 3.5-4.5 clinics per week in non-ward weeks, and no clinics during ward weeks. The imprecision is simply because the number of MDTs that an applicant attends will vary according to their interests and expertise (e.g. diabetes, endocrinology, both).

Because 1.23 PA are delivered at weekends and evenings, the successful applicant would routinely be off work for half a day during the normal working week, plus an additional half day per month.

**Leadership and Management**

The appointee will be responsible for the leadership of the ward junior doctor team during ward weeks. Any other specific leadership responsibilities 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 Clinical Lead and 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 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 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 & Dental Whitley Council regulations, 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 the absent consultant colleague it is expected that the consultant(s) providing cover will also provide clinical supervision to junior staff caring for inpatients and day cases.

**3. ABOUT THE TRUST**

The Royal Devon University Healthcare NHS Foundation Trust is managed day to day by a Trust Executive which includes a Chief Executive, Medical Director, 3 Associate Medical Directors, Chief Nurse and Executive Director of Delivery, Directors of Finance, Director of Operations, and (ex officio) the chairman of the Medical Staff Committee. All consultants are members of the Medical Staff Committee which 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 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/>

**4. THE WORK OF THE DEPARTMENT AND DIRECTORATE**

**Diabetes and Endocrinology Department**

The academic department of Diabetes and Endocrinology is a particular strength within the Royal Devon University Healthcare NHS Foundation Trust with strong clinical, education and research teams. The diabetes and genetics research have an international reputation, led by Prof Hattersley and there is a firm commitment to collaborative working between the clinical and research teams. Most clinics and endocrine testing is held in the MacLeod Diabetes and Endocrine Centre situated on the main hospital site. We currently have 12 consultant physicians.

Dr Antonia Brooke Clinical Endocrinology, General Medicine, and Clinical Lead for the department.

Prof. Andrew Hattersley Academic and Clinical Diabetes

Dr Angus Jones Academic and Clinical Diabetes

Dr Katarina Kos Academic and Clinical Diabetes, and Weight management

Dr Helen Lockett Clinical Diabetes, Acute Medicine, Associate Medical Director in Medicine

Dr Thomas Fox Clinical Diabetes, Weight Management, Acute Medicine, and University of Exeter Sub Dean Exeter

Dr Neil Walker Clinical Diabetes, Endocrinology, Acute and General Medicine, TPD Foundation Year 2.

Dr Roderick Warren Clinical Diabetes, Endocrinology, Weight management, and General Medicine

Dr Bijay Vaidya Specialist Endocrinology, Diabetes, and General Medicine

Dr Mark Daly Acute Medicine and Diabetes Foot

Dr Julia Prague Academic and Specialist Endocrinology, Diabetes and General Medicine.

We run a range of general and specialist diabetes and endocrinology clinics, supported by a strong multidisciplinary team including specialist nurses (diabetes and endocrine), specialist dietitians, senior podiatrists and a psychologist.

Our service leads are:

Lead Nurse: Tina Sanders

Lead Podiatrist: Zoe Boulton

Lead Dietitian: Fiona Thompson

Admin Manager: Carla Sutton

Lowman ward matron: Leena Chacko

Specialist Diabetes Services include:

* Specialist Foot Service. In addition to podiatry and orthotics we have strong links with the vascular, orthopaedic and microbiology teams and run joint specialist foot clinics on a regular basis.
* Type 1 diabetes education courses including ERICA, our locally developed carbohydrate counting course and Libre training.
* Pump service cares for over 150 patients on insulin pumps.
* We have strong links with the paediatric team with a successful transition service.
* Joint diabetes-obstetrics clinic on a weekly basis.
* Genetic diabetes clinic run by Professor Hattersley and receiving national and international referrals.
* Renal and pancreas transplant clinic linked to both the renal department and Oxford transplant centre.
* Diabetes retinopathy clinic run with the ophthalmology department.
* A consultant led inpatient diabetes team
* Weekly MDT to discuss complex cases and develop practice
* Peninsula wide diabetes meetings twice a year to develop guidelines and share practice

We work closely with the CCG and GPs to support diabetes care across the community. In addition to strategic work, we offer each Practice the opportunity to attend a consultant led Virtual Clinic. Our specialist nurses run joint clinics with practice nurses in the community.

Specialist (joint) Endocrinology Services include:

* Endocrine Genetics Service.
* Endocrine Antenatal.
* Endocrine Transition.
* Endocrine Late effects of cancer treatment.
* Thyroid eye clinic.
* Pituitary clinics.
* Turner clinics and DSD MDT.

Adrenal and thyroid / parathyroid surgery and supporting MDTs are delivered on site with regional referrals. Pituitary surgery is generally delivered in Plymouth but all supporting care is delivered in Exeter. All endocrine testing is carried out by the specialist endocrine nurses in the Diabetes and Endocrine Centre, who also run nurse led clinics. The team of Chemical Pathologists work closely with the endocrine team and there are monthly biochemistry meetings. There are weekly case discussion meetings in Endocrinology in addition to disease specific MDTs. We have a strong link with North Devon District Hospital in Barnstable and some cross site working and joint MDTs as one trust.

There is a peninsula wide Endocrine Network that meets 3-monthly to discuss complex endocrinology cases and regional protocols.

We also work closely with the South West Ambulance Service to help patients that have suffered a severe hypoglycaemic episode and have alerts for conditions such as adrenal crisis. There is a dedicated consultant email and telephone service for GPs.

Exeter Medical Obesity Service

* Specialist tertiary multidisciplinary service
* Strong links with dedicated psychologist providing support for individuals and groups
* Linked to Taunton and Plymouth bariatric surgery services.

**General Medicine**

It is envisaged that the successful candidate will spend around half of time within general medicine and half time within specialty. The weekend on-call rota is currently 1 in 8, 8-3 pm Saturday and Sunday, split between review of medical admissions and specialist work.

The Acute Medical Unit (AMU) is staffed by acute physicians who cover the department between 8 am – 7 pm. They are supported by specialty consultants, including on-call support from cardiology, respiratory, renal, neurology and stroke. The evening medical take is covered by two Physicians of the Day (POD) from 1900-2200 Monday to Friday, one of whom remains on-call overnight from home.

**5. POSITION OF CONSULTANTS UNABLE FOR PERSONAL REASONS TO WORK 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.

**6. MAIN CONDITIONS OF SERVICE**

**SALARY SCALE**: £84,559 - £114,003 per annum

**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**: 30 working days over period of three years.

**DATE OF VACANCY**: Immediate

**COVER ARRANGEMENTS**: Colleagues; locum cover will not normally be provided

**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 Medical Directors.

**7. ACADEMIC FACILITIES**

**The University of Exeter Medical School**

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.  Further details of the research strategy of the School and its partners can be accessed on [www.pms.ac.uk](http://www.pms.ac.uk)

**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.

**8. RESEARCH AND INNOVATION**

Participation in clinical research and service innovation may be possible, subject to negotiation.

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 R&D 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.

**9. CANVASSING**

Candidates are asked to note that canvassing of any member of the Advisory Appointments Committee will disqualify them from appointment {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.

**10. 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 an Enhanced disclosure 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.

**11. 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.

**12. DATA PROTECTION ACT 1988**

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.

**13. DIVERSITY AND EQUALITY**

The Trust is committed to recruiting and supporting a diverse workforce and so we welcome applications from all sections of the community, regardless of age, disability, gender, race, religion or sexual orientation. The Trust expects all staff to behave in a way which recognises and respects this diversity, in line with the appropriate standards.

**FURTHER INFORMATION**

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

Interim Chief Executive: Mr Paul Roberts (Chief Executive)

 Royal Devon & Exeter NHS Foundation Trust

 Barrack Road

 Exeter EX2 5DW

 Tel: 01392 402357

Deputy Chief Executive Mr Chris Tidman

 01392 402357

Medical Director: Dr Anthony Hemsley

Associate Medical Director: Dr Helen Lockett

 Email: hlockett@nhs.net

Consultant Diabetes and Endocrinology: Dr Roderick Warren

 Tel: 01392 403828

 Email: roderick.warren@nhs.net