



ROYAL DEVON AND EXETER
NHS FOUNDATION TRUST

CONSULTANT RHEUMATOLOGIST

November 22

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1. INTRODUCTION

An exciting opportunity has arisen to join the Royal Devon and Exeter Hospital as a Consultant Rheumatologist

This is a 10 PA Fixed Term post (Jan 23 to Jan 24) to work with the team to meet the demands for the Rheumatology services in the Exeter area. Base of work will be at the Nightingale Hospital, Moor Lane, Sowton Industrial Estate, Exeter. Experience in Musculoskeletal ultrasound is desirable to help consolidate our growing Early Arthritis and Giant Cell Arteritis services.

2. HOSPITALS AND SERVICES

The Royal Devon & Exeter 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/>

3. THE WORK OF THE DEPARTMENT AND DIRECTORATE

The Directorate of Orthopaedics, Trauma and Rheumatology is based at the Princess Elizabeth Orthopaedic Centre (PEOC) at the Royal Devon and Exeter Hospital's Wonford site. However, the Rheumatology department moved to the repurposed Nightingale hospital in February 2022, where we have a spacious new department. There are 2 nursing offices, 6 large outpatient rooms, 2 scanning or treatment rooms, informal work spaces and an 8 bed infusion unit.

The Rheumatology Team serves the population of 450,000 of Mid and East Devon with general outpatient clinics at PEOC and nearby community hospitals. In addition, there are specialist award winning Early Synovitis and Biologic clinics as well as Osteoporosis and Musculoskeletal Ultrasound Clinics. Furthermore, there are Combined Dermatology, Vasculitis (with Renal Physician), Pain Management and Paediatric Clinics.

The Rheumatology Clinical Team consists of:

Dr R Mascarenhas	Consultant Rheumatologist
Dr R Haigh	Consultant Rheumatologist and Clinical Lead
Dr M Cates	Consultant Rheumatologist and Clinical information officer
Dr S Earl	Consultant Rheumatologist and Paediatric / Young Adult lead
Dr R Rabbitts	Consultant Rheumatologist and Metabolic Bone Medicine lead
Dr Daniel Murphy	Staff Grade Rheumatologist
Dr Dan Bartram	Staff Grade Rheumatologist
Jill Moran	Lead specialist nurse
Tracy Morey	Specialist nurse with interest in osteoporosis
Sarah Wellington	Specialist nurse

Augustina Akinpelu
Rizza Gordon

Specialist nurse
Rheumatology infusion nurse

A Specialist Registrar, as part of the South West Rheumatology Rotation (Taunton, Barnstaple, Exeter, Torbay, Plymouth & Truro), is attached to the team full-time, working with the consultants. There is currently a rheumatology F1 doctor and a Community facing F2 doctor.

The Rheumatology multidisciplinary team work closely together and formal communication with nurse specialists, designated occupational and physiotherapists is maintained through weekly MDT meetings. Radiographers within the PEOC and Musculoskeletal Radiologists provide an excellent diagnostic and interventional imaging service with CT, MRI and ultrasound. Rheumatology is well supported by various specialist teams who are able to provide hand, foot, hip, knee, shoulder, elbow and spinal surgery.

All members of the Rheumatology Team are involved in the delivery of the University of Exeter Medical School's Undergraduate Programme. We mainly teach students in year 3 throughout their 'continuing clinical care' pathway and host a rotating year 5 student throughout the academic year. A significant contribution is also made to plenary lectures, small group teaching, examining and curriculum development.

In addition to monthly postgraduate education & audit meetings within the Rheumatology Team, there are bi-monthly regional CPD meetings which form part of the Peninsula Specialist Training Programme.

Research

The department is active from a research perspective participating in commercial and NIHR studies. In addition, The Musculoskeletal Disease and Inflammation Research Group (MDIRG) is a peninsula-wide collaboration focussing on 2 inter-related areas:

- Inflammation, and oxidative stress
- Nervous system mechanisms of musculoskeletal pain and dysfunction.

Some of the group's current projects include:

- Inflammation and oxidative stress
 - The control of apoptosis by cytokines and nitric oxide in Rheumatoid Arthritis;
 - Dysfunctional apoptosis in SLE
 - Neurogenic inflammation in RA
- Regional Pain Syndromes.

4. 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.

5. THE JOB ITSELF

TITLE: consultant rheumatologist

Consultant Rheumatologist 10 PaS

RELATIONSHIPS:

The employer is the Royal Devon & Exeter NHS Foundation Trust.

The post is based on a whole time appointment 10 Pas

DUTIES OF THE POST

Clinical Commitments

Rheumatology

The appointee will provide a comprehensive service for the investigation and management of the spectrum of rheumatological disease. The successful candidate would help the department meet the demands of providing Primary Care Advice and Guidance, the expanding Vasculitis service, biosimilar adoption and develop cross specialty working with the Respiratory Team. Experience in Musculoskeletal ultrasound is desirable to help consolidate our Early Arthritis and Giant Cell Arteritis services. There is a responsibility to teach junior medical staff and Health Care Professionals in The Rheumatology Team.

Since COVID 19, we have adapted our department timetable Management

The appointee is expected to be responsible to the Clinical Lead 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 directorate/departmental meetings.

University of Exeter Medical School

The Royal Devon and Exeter NHS Foundation Trust is one of the NHS partners of the University of Exeter Medical School 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 AMD within the Trust's annual job planning and appraisal process.

Clinical Audit & Research

To contribute to the development of Clinical Quality Standards.

The successful candidate will be expected participate in the design and completion of audit projects leading to improvements in practice. There are close links with the University of Exeter Medical School. Current opportunities for research and audit are likely to be significantly enhanced in the future.

Administration

The appointee will undertake administrative duties associated with the running of his/her clinical work.

Leadership and Management

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.

6. TIMETABLE

Rheumatology

The timetable below is illustrative of a typical week; we are happy to consider special interest clinics. 1 week in 5 is converted to a '*consultant of the week* (COW)' timetable including two sessions set aside for ward rounds at the main acute site, Wonford RDE, daytime on-call, referral triage and several acute COW clinics.

	AM	PM
Monday	Clinic 1 PA	Clinic 1 PA
Tuesday	MDT meeting, Radiology meeting 0.5 PA Core SpA 0.5 SPA	Ward Round & Clinical Admin. 1 PA
Wednesday	Clinic 1 PA	MDT supervision 0.5 PA Admin/Management 0.5 PA
Thursday	Ward Round & Clinical Admin 1 PA	Clinic 1 PA
Friday	Peripheral Clinic 1 PA	Core SPA 1

On-Call commitment for rheumatology: Currently there is no regular on-call commitment but, by arrangement, consultants are available to offer specialist advice out of hours as necessary.

Nominal commitment (This will vary with the type of post)

Type of Work	No. of PAs
Out-patient clinics	5
MDT supervision	0.5
Ward work	1
Administration/management	2
On call/emergencies	In the week, office hours approximately 1 week in 5
Core SPA	1.5
Total	10

The supporting professional activities (SPAs) allocation within the provisional job plan is an illustrative guide and will be finalised following individual agreement with successful candidate. A minimum of 1.5 SPAs will be provided within a full time contract, for a consultant's personal development. Further discussion on supporting professional activities will depend on the Trust's requirements and the individual's particular expertise.

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: 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.

8. **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 micro vascular research; cell and molecular biology laboratories; the peninsula MRI facility on the St Luke’s Campus. Research in the field of diabetes and micro vascular 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.

9. 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 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.

10. 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.

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 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.

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 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.

14. 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:

Clinical Lead Rheumatology:

Dr Richard Haigh
Rheumatology Dept
Nightingale Hospital
Moor Lane
Sowton Industrial Estate
Exeter EX2 7JG
Tel 07809 627988
Secretary 01392 403705

Medical Director:

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