



We are a dynamic Obstetrics and Gynaecology Department committed to developing and improving services for the women of Ayrshire and the Isle of Arran looking to recruit a new colleague to become part of our team of 20 consultants in O&G.

Ayrshire is a beautiful county offering a fantastic place to settle for you and your family, with rolling countryside, a stunning coast line and plenty of recreational opportunities, all within easy access to one of the largest cosmopolitan cities in the UK, Glasgow. Nestled between Glasgow International and Prestwick Airports the hospital and surrounding areas have excellent transport links. Schools are good and the property prices are not crippling. Ayrshire and Arran has so much to offer.

NHS Ayrshire and Arran (NHS A&A) have established a firm code of values for both staff and the people of Ayrshire. These are to ensure a caring, safe and respectful environment to achieve the healthiest life possible for everyone in Ayrshire and Arran. NHS A&A have an established relationship with quality improvement and safety and have worked closely with the Scottish Patient Safety Programme (SPSP) Maternity stream (MCQIC) since inception. Gynaecology is currently part of the Bringing it Together program, utilising the Scottish Access Collaborative’s systematic methodology to improve services.

NHS A&A provides a comprehensive healthcare service to approximately 367,000 people living in the county with 3 main hospital sites at University Hospital Crosshouse (UHC), University Hospital Ayr and Ayrshire Central Hospital, Irvine. The main site at UHC is a large district general hospital with 625 beds. The Ayrshire Maternity Unit (AMU) is a purpose built modern Women and Children’s unit which was opened on the Crosshouse site in August 2006. We care for approximately 3000 births each year with co-located obstetric and midwifery delivery units as well as a proactive and expanding home birth team. We currently provide level 2 neonatal services alongside labour ward.

AMU has obstetric inpatient beds, elective and unscheduled maternity outpatient areas, an obstetric ultrasound department and Early Pregnancy Assessment Service. The Women’s Health unit provides termination services and we have close links with sexual health colleagues who are based on the Ayrshire Central Hospital Site but work within AMU as well.

Within AMU is the gynaecology ward with 13 inpatient beds, an emergency gynaecology assessment room with gynaecological scan facilities and the outpatient hysteroscopy suite. The hysteroscopy suite benefits from a new Voluson ultrasound machine with 3D probe and versascope hysteroscopy equipment. A similar hysteroscopy suite is located in Ayr OP department. Gynaecology has a dedicated 6 room outpatient clinic area in AMU including a colposcopy room. Women’s health physios and our continence nurse specialist are based in the Gynaecology outpatient area facilitating multidisciplinary working.

Obstetric and gynaecology outpatient clinics are also provided on the other hospital sites and in community based locations to improve patient access.

**Posts**

This is a substantive post in Obstetrics and Gynaecology to replace a retiring consultant. The post is predominately gynaecological with a contribution to obstetric on call with the opportunity to develop a gynaecology special interest session to compliment the needs of the department.

The job plan will include regular general gynaecology outpatient clinics, specialist clinics and elective gynaecology theatre sessions for major and day case procedures. The successful candidate must be proficient in benign gynaecology surgery.

There is an opportunity to develop the role to suit specialist interests. Our current pressures are in PMB, colposcopy and paediatric & adolescent gynaecology and a candidate with an interest in this area or willing to develop it would be ideally suited.

The successful applicant will have regular obstetric daytime on call sessions. This is shared with the team to cover either a first on call session for labour ward, emergency theatre, maternity inpatient ward and maternity assessment (triage area) or a second on call session covering elective obstetric theatre and planned maternity care.

On call commitments are for both the gynaecology and obstetrics rotas. In a 20 week rota cycle this includes

* 2 x hot week for gynaecology Monday to Friday
* 2x weekends on call for O&G remaining second on overnight
* 1x block of 4 nights shift Monday to Thursday

The successful applicant will also participate in our integrated risk, patient safety and quality programme which focuses on delivery, assurance and governance of:

* Clinical risk management
* Adverse event management
* Health and Safety
* Quality Improvement (including patient safety and audit)
* Learning from improvement (including patient experience)
* Practice development
* Training and education, including core update training for midwives and medical staff
* Guideline, policy, protocol development



**Facilities**

**Obstetrics**

Inpatient obstetrics is based at AMU at the Crosshouse site in a modern purpose built facility opened in August 2006. There are currently around 3000 births per year. The majority of antenatal care is community based and there are close links between the Community Midwifery Teams and medical staff. Best Start midwifery teams have been introduced. Consultant led antenatal clinics are offered in all major centres of population throughout Ayrshire. Kilmarnock (2), Ayr (2), Cumnock (1) and Irvine (3). We are committed to implementing the Best Start recommendations.

Our Maternity Assessment Unit based within the hospital provides our unplanned “front of house” services. A separate Maternity Daycare facility is co-located adjacent to the maternity unit. This has allowed separation of planned and unplanned work with appropriate midwifery and sonographic staffing. The Maternity Daycare unit has 7 consulting rooms and provides the space for the high risk clinics (general medical obstetric, diabetes and multiple pregnancy clinic) as well as Perinatal psychiatry, genetics and anaesthetics. The planned patients are managed by protocol driven midwife led review with consultant input where necessary. The unplanned attendances via Maternity Assessment are usually self-referrals triaged by midwives and the service is available 24/7. The on call middle grade tier has initial responsibility for these women.

Within the Maternity Unit there is an Early Pregnancy Assessment Suite open 6 days a week and we plan to develop this to a 7 day service. This is a very successful, predominantly midwife led service with input from the on call medical team and oversight by a lead Consultant who also runs a recurrent miscarriage service. Developments within this service include the introduction of manual vacuum aspiration of non-continuing pregnancy under local anaesthetic and it would be useful if the candidate could contribute to this service.

Existing fetal medicine services are currently provided by 5 Consultants. The ultrasound department currently provides two routine scans throughout pregnancy. These are the “booking” ultrasound at around 12 weeks of gestation, when those patients wishing 1st trimester screening for Down’s syndrome will have a CUBS assessment, and the 20 week anomaly scan. The booking scan is provided at the community based clinics and at present the 20 week scan is provided within the maternity unit. The clinicians provide a detailed scanning and amniocentesis service for high risk pregnancies. Our tertiary referral centre for fetal abnormalities is the Fetal Medicine Unit at the Queen Elizabeth University Hospital in Glasgow. A specialist midwife supports the fetal medicine service.

Currently a combined diabetic/obstetric clinic runs twice monthly and is attended by a consultant obstetrician, diabetologist and specialist diabetic liaison nurse. Also twice per month there is a maternal medical disorders/high risk obstetric clinic. Pre-conceptual counselling services are also available for both these high risk groups. A multiple pregnancy clinic runs on a weekly basis. AMU have fully engaged with RCOG guidance on management of reduced fetal movements and also the Perinatal Institute’s GAP programme to screen for and diagnose small for gestational age babies using customised growth charts.

As a team, all those with input to antenatal care engage with and contribute to multidisciplinary review of all cases of morbidity and mortality using the Perinatal Mortality Review Tool (PMRT) as developed by MBBRACE. We commit to report and engage with the national bodies, MBRRACE and MCQIC.

The Labour Ward is sub-divided into an 8 bedded MidwiferyUnit for low risk women and an adjacent medical labour ward comprised of 7 delivery rooms, 2 HDU beds and 3 recovery beds. We have introduced Wardwatcher to monitor and capture our high dependency needs. There are two operating theatres within labour ward, accommodating both elective and emergency cases. There is a 30 bedded in-patient ward, with 4 beds designated as neonatal transitional care beds for women and babies with additional neonatal needs as per Best Start principles.

Termination services are provided via a day ward located within the Maternity unit and offers surgical and medical management. This service is nurse led under the clinical leadership of a Sexual and Reproductive Health Consultant. The successful applicants would not be required to participate in this service, unless providing emergency care.

**Gynaecology**

**Gynaecology Inpatients** -There is a 13 bed dedicated gynaecology ward within the Maternity Unit with an integral emergency gynaecology assessment area for direct access and specialist assessment of stable patients, avoiding A&E attendance.

**Gynaecology Surgery** is currently undertaken on the UHC site but in future some gynaecological day surgery services may be developed at the Ayr Hospital site. We have good quality laparoscopic equipment which is regularly updated and a wide range of electrosurgical devices. We have two hysteroscopic surgical systems, versapoint resection and Bigatti morcellation. We are actively working with fellow surgical specialties to progress our bid for a surgical robot in Ayrshire and Arran.

**Post-menopausal Bleeding** – There are daily clinics which offer one stop ultrasound scanning, outpatient hysteroscopy and endometrial biopsy/polypectomy facilities. We also have nurse hysteroscopists contributing to the service. We currently have bipolar twizzle electrodes for resection in OP and plan to extend Bigatti morcellation to outpatients.

**Menstrual Disorders Clinic** – There is a weekly clinic for the one stop investigation of menstrual disorders and this service is being expanded.

**Gynaecological oncology** – We are part of the West of Scotland Managed Clinical Network Service with a weekly telemedicine link. We have two dedicated Gynaecological oncology consultants, supported by 1.5 dedicated oncology clinical nurse specialists.

**Colposcopy** – The Colposcopy Service has recently relocated into the AMU outpatient area at Crosshouse Hospital ensuring effective clinical support and easy admission of any patients experiencing adverse symptoms. The unit is recognised for training for RCOG/BSCCP Certification. The clinic has adopted the Scottish National Colposcopy Clinical Information and Audit system. Patients with abnormal cytology are referred directly to the clinic via the Scottish Cytology Call/Recall System. A nurse colposcopist is currently being trained to join the team.

**Urogynaecology**– This is a well established service led by a subspeciality-accredited Urogynaecologist. A comprehensive diagnostic service exists and a wide range of conservative and surgical treatment modalities are provided. This service is supported by a women’s health physiotherapy team, dedicated continence nurse specialists as well as a urology and colorectal consultants. Continence and prolapse MDT’s are embedded both locally and a joint MDT with NHS Dumfries and Galloway with whom we have a service level agreement for the provision of surgical urogynaecology procedures. A regional MDT is in development with the National Mesh Complications Centre in NHS Greater Glasgow and Clyde.

There is an established nurse-led pessary service based in Ayr and a replica service in development based a UHC.

There is an active research programme and innovation in the area of shared decision making with the current main theme of surgical treatment of stress urinary incontinence.

**Reproductive medicine and sub-fertility** – Ayrshire Fertility Unit (AFU) is a Human Fertilisation Embryology Authority licensed secondary care service that has close links with Glasgow Royal Infirmary Assisted Conception services where couples are referred on for IVF, ICSI and DI treatment. AFU currently offers ultrasound monitored ovulation induction and intra-uterine insemination with partner sperm. There is a monthly combined Male fertility clinic run in conjunction with the urologists. The unit is rated 5 star by HFEA and has some of the highest success rates nationally. The unit is a registered training centre for the module of ‘Management of the infertile couple’ by the British Fertility Society. There are ongoing multiple research programmes within the unit.

**Community Sexual and Reproductive Health** – Sexual health services are delivered by 3 consultants supported by a multi-professional team. For details about sexual health services please visit http://shayr.com.

Sexual health provide a wide variety of community based clinical services including specialist contraceptive provision and vasectomy. Psychosexual counselling is embedded within the SH service.

There are close links between the SH department and obstetric and gynaecological services with several shared care pathways/services including menopause service and a well-developed sterilisation referral and counselling pathway for female sterilisation.

Abortion care is led by the SH team though supported by the O&G medical staff for emergency care and shared care for complex cases with close collaboration. The service currently provides care for 800 women a year, mainly undergoing early medical abortion at home.

**General**

**Education** – The Department is committed to education at all levels and the successful applicant would be expected to participate with this at both undergraduate and postgraduate level. One weekly session (Friday afternoon) has generally been cleared of all routine clinical activities and is thus free for teaching and administrative meetings. Ayrshire Maternity provide in-house team based simulation training for obstetric emergencies (PROMPT), led by the lead clinician for Labour Ward. There are excellent educational facilities within the department with a dedicated educational area within the Maternity Unit. The postgraduate education centre, within the main hospital, has a well stocked library and a clinical skills lab.

The O&G department has received excellent feedback from students and trainees.

**Governance** – A&A have ensured that staff have specific allocated time to contribute to patient safety and quality improvement work. There is specific time allocated within job plans for:

* Obstetrics and Gynaecology Governance
* Obstetric Labour ward lead
* Medical development/training
* Obstetric and Gynaecology Quality Improvement/Audit
* Obstetric and Gynaecology Clinical Guideline Committee
* Perinatal Mortality Review and MBRRACE Liaison
* Clinical risk management
* Team Service Planning

**Medical Staff Resources**

The medical staffing of the department of obstetrics and gynaecology is as follows:

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| Consultants | Special Interest |
| Dr Vivian Franklin, Clinical Director Obstetrics | Risk Management and Maternity Governance  |
| Dr Inna Sokolova, Clinical Director Gynaecology and Sexual Health Services | Minimal access Surgery Urogynaecology |
| Dr Santanu Acharya | Subfertility and Reproductive medicine |
| Dr Wael Agur | Urogynaecology Lead |
| Dr Sonal Anderson | Early Pregnancy/Recurrent miscarriage LeadGynaecological UltrasoundOutpatient hysteroscopy |
| Dr Laura Beatty | Minimal access surgery Colposcopy |
| Dr Kirstyn Brogan | Labour Ward LeadObstetric Ultrasound |
| Dr Lucie Buck | Minimal Access SurgeryMenstrual Disorders/Outpatient Hysteroscopy |
| Dr Fiona Dennison | Maternal Medicine Obstetric ultrasound |
| Dr Kimberly Gibson | Multiple PregnancyObstetric Ultrasound |
| Dr Francis Inyang | Gynaecology OncologyMinimal Access SurgeryGynaecology Risk Management Lead |
| Dr Sham Prasad Konamme  | Gynaecological Oncology LeadMinimal Access SurgeryOutpatient hysteroscopy  |
| Dr Iain Martin  | Minimal access gynaecology Urogynaecology |
| Dr Inass Osman | Fetomaternal MedicineObstetric Ultrasound Lead |
| Dr Rita Panigrahy | Colposcopy leadOut Patient hysteroscopy |
| Dr Jane Ramsay | Maternal Medicine Obstetric ultrasound  |
| Dr Kirstin Silf | Out Patient Hysteroscopy Lead for Undergraduate Medical Education |
| Dr Caroline Smith | Out Patient hysteroscopyPMB Service Lead  |

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| Specialty and associate specialist doctors | Special Interest |
| Dr Anousha Young | Subfertility |
| Dr Santhini Sasitharan | Medical Education |

There are 9/10 middle grade staff and 12 junior grade staff working within the department.

**Activity (average per annum):**

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| --- | --- |
| Appointment Type | Referrals received from April 20- March 21 |
| GOPD | 4647 |
| Urogyn | 288 |
| Colpo | 202 |
| PMB | 1032 |
| Hysteroscopy  | 173 |
| Skin- Gyn | 34 |
| Gyn/Oncology | 121 |
| Paed- Adolescent | 40 |

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| --- | --- |
| Obstetrics  |  |
| DeliveriesCaesarean Section RateAssisted delivery RateStillbirth rate | Approx 300040%10%0.7/1000 |



# Remobilisation and Team Service Planning

We are a department of 20 consultant colleagues. As a department and as obstetric and gynaecology subgroups we have undertaken Team Service Planning to support the future development of the service as we recover from the impact of the pandemic. Any successful candidate will be part of developing that Team Service Plan.

There will be opportunity to develop this post in collaboration with the rest of the team and the needs of the service over the coming months and years. The Job Plan is indicative rather than fixed and will evolve as the service remobilises.

# Proposed Weekly Programme

The proposed weekly programme shown below is indicative of the balance and content of the Normal Working Week however gynaecology On Call Hot Weeks and Weekday Nights displace all other elective DCC for the duration of that activity.

Activities with current fixed time commitments will be carried out as detailed in the work programme e.g. clinics. Other DCC and SPA activities are shown with indicative timings within the weekly programme and will be discussed with the appointee with job planning through the Allocate system.

**Notes on the Programme**

**Patient Administration**. This activity covers the management of individual patients including Out Patient administration, results reporting, letters/phone calls to patients, carers, GP’S and members of the wider multidisciplinary team involved in the patients care.

**Ward Rounds**: the time allocated is indicative and recognised through job planning. Ward work will include teaching ward rounds as required.

**Travel:** Any travel allocation will be included within the Total Programmed Activities and will be determined by location at which Direct Clinical Care and Supporting Professional activities are carried out.

**On call arrangements:**

The successful applicant will participate in both the Obstetric and Gynaecology rotas. The frequency of these duties is equal for all the team.

Out of Hours nonresident on call requires level 1 cover - a consultant who needs to attend a place of work immediately when called, or to undertake analogous interventions (e.g.telemedicine or complex telephone consultations).

*Weekday Obstetric 1st On Call* (0830 – 2100, remain available overnight as back up consultant)

A first on call session covers labour ward, emergency theatre, maternity inpatient ward and maternity assessment (triage area).

*Weekday Obstetric 2nd On Call* (0830 – 1630)

A second on call session covers the elective obstetric theatre list and maternity day care.

*Weekday Nights* (2100 to 0830 Monday to Friday)

First on for the unit with backup from the Gynaecology Hot week consultant or the Obstetric daytime 1st on call if required.

*Gynaecology Hot Week* - (Monday 0830 to Friday 1630)

Consultant on call for all emergency gynaecology presentations and responsible for current gynaecology inpatients including the daily ward round. Additional duties include GP advice, answering queries submitted to the gynaecology shared mailbox and doing the active clinical referral triage for all new referrals to the service received that week.

All fixed DCC is displaced for the Hot Week duties.

*Weekend cover* (Friday to Monday morning)

Day consultant – covers Obstetrics and Gynaecology first on 0830 to 2100 and remains available overnight as second on.

Night Consultant – covers Obstetrics and Gynaecology 2100 to 0830 first on and remains available during the day on Saturday and Sunday as second on.

A second on call consultant is available at all times, the provision of this cover is not arduous and is reflected in the on call supplement for frequency of on call and remunerated. These posts will attract a 5% availability supplement.

Time in lieu of out of hours on call is job planned as time in lieu approximating to around 1 full day per normal working week. This will be calculated through Allocate job planning and agreed with the successful candidate.

**Supporting Professional Activities**:

NHS A&A recognise the important role Job Planning has in ensuring consultants are supported in delivering high quality, safe, sustainable clinical care to patients. It is therefore important to ensure there is an adequate balance between direct clinical care activities and activities which support both the personal and professional development of the consultant workforce and facilitates agreed contribution to activities including:

* Under and post graduate teaching/training
* Clinical Governance
* Quality and Patient Safety
* Research and Innovation
* Service management and planning
* Work with professional bodies

All consultants will have 1 core SPA as a minimum to support job planning, appraisal and revalidation. The balance of SPA and DCC activity will be agreed between the appointee and clinical manager prior to contracts being agreed. This is usually one additional SPA session dependant on identified SPA activity and reflected in the job plan.

There may be a requirement to vary the DCC outlined in the indicative timetable when the final balance of DCC and SPA is subsequently agreed. There may also be opportunities to contract for Extra Programmed Activities subject to service requirements and in accordance with national terms and conditions of service.

**Private Practice:** If the post-holder wishes to undertake any private practice, they are obliged to inform their employer at the time of appointment of their intentions to do so. This should be submitted in writing to the Executive Medical Director.

The post-holder shall be free to undertake private practice without approval provided such work is undertaken outside the time agreed in the job plan for programmed activities. (Refer Section 6 of the New Consultant Contract).

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| **INDICATIVE WEEKLY TEMPLATE** |
| **Work Timetable** | **Direct clinical Care (hours)** | **Supporting Professional Activities (hours)** |
|  | Description | On-Call | Labour Suite | Theatre | OPC | Admin | **Total** | Teaching | Audit | CPD | Other | **Total** |
| Mon a.m.  | Obstetric on call  |  | 4 |  |  |  | **4** |  |  |  |  |  |
| Mon p.m.  | Obstetric on call  |  | 4 |  |  |  | **4** |  |  |  |  |  |
| Tues am  | Theatre SPA |  |  | 2 |  |  | **2** |  |  |  | 2 | **2** |
| Tues pm  | TheatreSPA  |  |  | 2 |  |  | **2** |  |  |  | 2 | **2** |
| Wed a.m.  | Admin |  |  |  |  | 4 | **4** |  |  |  |  |  |
| Wed p.m.  | GOPD (Heathfield)  |  |  |  | 4 |  | **4** |  |  |  |  |  |
| Thurs a.m.  | OFF |  |  |  |  |  |  |  |  |  |  |  |
| Thurs p.m.  | OFF  |  |  |  |  |  |  |  |  |  |  |  |
| Fri a.m.  | PMB/Special interest |  |  |  | 4 |  | **4** |  |  |  |  |  |
| Fri p.m.  | SPA |  |  |  |  |  |  | 1 | 1 | 1 | 1 | **4** |
| Sat a.m.  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sat p.m.  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sun a.m.  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sun p.m.  |  |  |  |  |  |  |  |  |  |  |  |  |
| Out of hours  | 8 |  |  |  |  | **8** |  |  |  |  |  |
| **TOTALS** |  |  |  |  |  |  | **32** |  |  |  |  | **8** |



The post-holder will be accountable to the Clinical Directors for Obstetrics and Gynaecology who will agree the Job Plan.

He/she will be expected to work with local managers and professional colleagues in the efficient running of services and will share with Consultant colleagues in the medical contribution to management. Subject to the provisions of the Terms and Conditions of Service, he/she is expected to observe NHS A&A’s agreed policies and procedures, drawn up in consultation with the profession on clinical matters, and to follow the standing orders and financial instructions of NHS A&A.

In particular, where he/she formally manages employees of NHS A&A, the post-holder will be expected to follow the Local and National Employment and Personnel Policies and Procedures.

He/she will be expected to make sure that there are adequate arrangements for hospital staff involved in the care of patients to be able to make contact with the post-holder when necessary.

The post-holder is required to comply with NHS A&A’s Health and Safety Policies and to keep up to date with Mandatory and Statutory Training (MAST).

He/she will be responsible for the training and supervision of Junior Medical Staff who work with the post-holder and will be expected to devote time to this activity on a regular basis. In addition, he/she will be expected to ensure that Junior Staff have access to advice and counselling.

**Resources**

The staff resources of the Directorate are listed elsewhere. The post-holder will have access to such general administrative support as is required for the discharge of his/her duties and responsibilities.

This will include the provision of adequate secretarial and clerical support and the availability of accommodation, equipment etc.

The post-holder will receive support from such other professional staff as are employed within NHS A&A and are deployed to his/her area of patient care.

**Duties and Responsibilities:**

The main duties and responsibilities of the post include:

* Responsibility for inpatient and outpatient care for obstetric patients
* Contribution to the on-call rota for obstetric and gynaecology care
* Comply with NHS A&A’s Policies on Clinical Governance
* Requirements to participate in job-planning and annual appraisal
* Requirements to participate in medical audit and in continuing professional development
* Managerial, including budgetary, responsibilities (where appropriate)

**Annual Appraisal, Job Planning and Revalidation**

You shall be required to participate in annual appraisal. Job planning is linked closely with, but is separate from, the agreed appraisal scheme for consultants. The job plan review will take into account the outcome of the appraisal discussion and reflect the agreed personal development plan. You will participate in revalidation.



The Terms and Conditions of Service are those determined by the Terms and Conditions of the New Consultant Grade (Scotland) as amended from time to time. The distance that a consultant can reside from the principal base hospital, where travel time is seen as more important than mileage, is subject to the agreement of the Executive Medical Director, but it is usually anticipated that a journey that takes no more than 30 minutes for any emergency situation would be acceptable.



Applicants wishing further information about the post are invited to contact

Dr Vivian Franklin, Clinical Director Obstetrics on 01563 825657 Vivian.Franklin@aapct.scot.nhs.uk

or

Dr Inna Sokolova, Clinical Director Gynaecology on 01563 825488

Inna.Sokolova@aapct.scot.nhs.uk

or

Dr Suzanne MacKenzie, Associate Medical Director for Women, Children’s and Diagnostics on 01563 825478

Suzanne.MacKenzie@aapct.scot.nhs.uk

The last date for application is 2nd June 2023. It is anticipated that the interviews will take place the week beginning 19th June 2023.



**Post of**: **Consultant Obstetrician and Gynaecologist**

**Location**: **University Hospital Crosshouse**

Ayrshire Maternity Unit

## Qualifications:

|  |  |
| --- | --- |
| Essential | Desirable |
| Full GMC Registration with a current Licence to PracticeMRCOG or equivalent  | Higher Medical Degree |
| **Existing Consultants**:  Inclusion on the GMC Specialist Register**New Consultants**: CCT or evidence of Higher Speciality Training leading to CCT or be within 6 months of confirmed entry to the Specialist Register from the date of interview. Proficiency in major gynaecological surgery  | Completion of RCOG ATSMs or evidence of equivalent experience* Benign abdominal surgery, open and laparoscopic
* Advanced Labour ward practice

Gynaecological ultrasound scanning Experience in PMB or colposcopy  |

**Skills/Knowledge/Competence**

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| --- | --- | --- |
| **Requirements** | **Essential** | **Desirable** |
| General Experience:* Expertise in generalist field
* Expertise in sub-specialty field
 | General and emergency experience in obstetrics and gynaecologyEvidence of recent practice (within last year) using qualifications required aboveAbility to communicate effectively with all levels of staff and patients Ability to work efficiently and timeously within nationally agreed waiting times. IT literacy  | Experience of quality improvement science and methodology* Involvement in or knowledge of the MCQIC/ SPSP
* Knowledge of developments in Perinatal mortality and morbidity review, MBBRACE
* Training in Root cause analysis
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| Teaching & Training | Completion of NES Educational Supervision training or equivalent  |  |
| Team Working | Ability to lead others, think strategicallyEffective Team PlayerAble to deal with conflict within teams | Willingness and ability to work with other members of team to update and develop services  |
| Development | Evidence of relevant Continuing Professional DevelopmentEvidence of satisfactory compliance with appraisal requirements | Evidence of quality improvement activity, guideline development, patient information and decision aid development or service development |
| Research & Publications | Evidence of interest and contribution to clinical research relating to specialty | Evidence of publications in peer reviewed journals |
| Clinical Audit | Evidence of interest and depth of experience in medical audit | Evidence of publication or improvements that have been introduced subsequent to clinical audit |
| Management and Administration | Proven ability to lead a clinical teamCommitment to effective departmental management and management of a multidisciplinary groupProven organisational skills | Proven management experienceUnderstanding of resource management and quality assuranceEvidence of management training |
| Personal and InterpersonalSkills | A willingness to accept flexibility to meet the changing needs of the NHS in ScotlandEffective communicator and negotiatorDemonstrate effective leadershipWillingness to develop special interests which conform to the needs of NHS A&AAbility to operate on a variety of different levelsOpen and non-confrontational | Knowledge of recent changes and legislation pertaining to provision of services in Obstetrics & Gynaecology in the NHS in Scotland |