**Information for Candidate information pack**

Section 1 - Summary Information relating to this post

**Post:** **Locum** **consultant in obstetrics & GYNAECOLOGY – 12 months**

**Base**: QUEEN ELIZABETH UNIVESITY HOSPITAL

Applications are welcomed for a full time (40 hours per week, 10PA) consultant position in Obstetrics and Gynaecology.

The successful applicant will join an established team of consultants providing a comprehensive service to the population of Glasgow.

We are looking for a motivated, forward thinking colleague who will develop and support new initiatives in the department. This post is a locum post or 12 months. Candidates should be able to offer both general obstetric and gynaecology skills. The job will include core activities of acute obstetric and emergency gynaecology care and also delivery of elective caesarean section lists. There will also be contribution to general and specialist outpatient gynaecology clinics and in patient gynaecology operating. Gynaecology ultrasound skills are essential to this post. The on call component of this post will be contribution to both the obstetric and gynaecology rotas.

Applicants must have full GMC registration and a licence to practise.

Section 2 –

The Department/Specialty Facilities

**Women’s and Children’s Services -** This Directorate brings together maternity, gynaecology and children’s services.

The Directorate includes:

* Maternity
* Gynaecology
* Assisted Conception Service (Regional)
* Neonatology
* Paediatric Medicine
* Paediatric Surgery
* Paediatric Accident and Emergency
* Paediatric Anaesthetics
* Paediatric Radiology

**MATERNITY and GYNAECOLOGY**

Budget - £70m +

Staff WTE 1,150

**Management Structure**

W&C Director: Jamie Redfern

W&C Chief of Medicine: Dr Alan Mathers

General Manager: Claire Stewart

Director of Midwifery: Dr Mary Ross-Davie

Clinical Directors: Dr Jane Richmond and Dr Vanessa Mackay.

The department is supported by 5 Lead Clinicians, 3 Clinical Service Managers, 4 Lead Midwives and a Lead Nurse.

**Maternity Services**

3 inpatient hospitals: Princess Royal Maternity (PRM), within the Glasgow Royal Infirmary (GRI) campus; Queen Elizabeth University Hospital (QEUH), Royal Alexandra Hospital (RAH). The RAH has links to external CMU’s both within GGC, Inverclyde Royal Hospital (IRH) and Vale of Leven Hospital (VOL) and CMU’s within Highland.

Currently, the number of births across Greater Glasgow and Clyde is in the region of 13200 per annum. The split is approximately 4700 at PRM, 5200 at QEUH and 3300 at the RAH per annum.

**Gynaecology Services**

* General gynaecology (includes 24 hour emergency cover)
* Termination of pregnancy and related services (linked with SRH)
* Gynaecology /Oncology (Regional)
* Assisted conception service (regional), PGD Service (National)
* Gynaecology endocrinology service
* Urogynaecology
* Menopause and related problems.
* Outpatient diagnostic services e.g. hysteroscopy, Colposcopy, ultrasound and Minimal access surgery

3 In patient departments: PRM on the GRI site, QEUH, and RAH.

5 day case surgery sites: Stobhill Ambulatory Care Hospital (SACH), Victoria ambulatory Care Hospital (VACH), RAH, IRH and VOL.

Resources and Activity

**NORTRH**

**Obstetrics Princess Royal Maternity**

**Gynaecology Glasgow Royal Infirmary, inpatients**

**Stobhill & Victoria ACH outpatients and day surgery**

**Gynaecology**

There is a 24 bed IP ward in the PRMH. The gynaecology floor contains two dedicated theatres, recovery area and a special observation area for ill postoperative patients and those with prolonged regional anaesthesia. This is not a dedicated HDU; facilities for surgical HDU and ITU are available on the GRI site within a corridor transfer. In general gynaecology surgery is performed within dedicated gynaecology theatres. This is currently based within the main GRI theatre suite.

The main GRI theatre suite is located in the Queen Elizabeth Building and some obstetric cases may also be undertaken in this theatre suite particularly if multiple surgical disciplines are involved or proximity to the interventional radiology service is required.

The gynaecology oncology service has a weekly multi-disciplinary team session (Wednesday morning) with contributions from all of the relevant oncology specialists and specialist radiologists to permit dialogue with clinicians from distant hospitals. These MDT meetings are chaired by a gynaecology oncology consultant and there is dedicated administrative support for real time documentation.

# Obstetrics

* + 24 hour cover of labour ward with appropriately trained staff
	+ We exceed the minimum 40 hour week daytime dedicated consultant presence in labour ward. (RCOG core standard). Dedicated consultant sessions are delivered between a mix of “traditional consultant sessions” and resident cover resulting in a consultant presence >100 hours per week with junior support.
	+ Circa 4700 deliveries per year with capacity in new building for 6000 +, specialist services: (level 3 tertiary) fetal-maternal medicine, medical obstetric services, twins clinic, diabetic clinic, EPAS and Special Needs in Pregnancy.

There is a separate on-call arrangement for obstetrics and gynaecology with certain individuals participating in both rotas. There are no fixed direct clinical care duties the day following an obstetric night on-call.

The leave arrangements are designed to ensure the smooth running of the service in their absence. Individuals with similar skill sets must liaise within their group and plan annual leave with the purpose of ensuring there are no service gaps or deterioration in established waiting time targets.

The department provides sub-specialty training in reproductive endocrinology and gynaecology oncology, contributes to the fetal maternal medicine programme and provides training in all levels of ultrasound in O&G. The department is able to provide the majority of RCOG Advanced Training Modules.

**SOUTH**

**Obstetrics Queen Elizabeth University Hospital (QEUH)**

**Gynaecology QEUH, outpatients, inpatients and day surgery**

**Victoria ACH outpatients**

The Queen Elizabeth University Hospital Maternity Unit has:

* a three-storey extension built alongside the existing maternity building
* a state-of-the-art labour suite and two obstetric theatres
* a fetal medicine department
* Accommodation for day care, assessment and early pregnancy advisory services.

**Obstetrics**

The maternity building at the QEUH includes 52 obstetric beds. In the labour ward there are 10 delivery beds including the birthing pool, 5 recovery beds and a high dependency area. There are circa 5200 deliveries per annum. The department offers a comprehensive range of services. It provides a combined clinic for the care of pregnant diabetic women, a dedicated twin service, medical obstetric clinics and all of the services expected of a national fetal maternal medicine referral centre.

**Gynaecology**

Outpatient gynaecology services are provided at the NVH and QEUH. All inpatient gynaecology services for South and West Glasgow are in the QEUHMU. The department of Obstetrics & Gynaecology at the QEUH is housed in a c.1960’s era building, much of which has been upgraded. Day surgery is provided at the VACH.

Ultrasound, Colposcopy, Menopause and Women's Health Services are provided on both gynaecology sites. The department is recognised as a training centre for Minimal Access Surgery with many tertiary referrals for advanced endometriosis surgery. The gynaecology unit is a recognised centre for sub specialist training in Urogynaecology and incorporates the National Complex **Mesh** Surgical Service. The unit provides O&G services to the regional neurosciences centre and National Spinal Injuries Unit and a multi-disciplinary pelvic floor clinic is provided in collaboration with urologists and colorectal surgeons.

**West Glasgow**

**Gynaecology**

 The Beatson Hospital, the Regional Cancer Centre at Gartnavel General Hospital offers a centralised oncology service in a purpose built facility linked with an inpatient hospital. The MDT session takes place on Microsoft Team.

**CLYDE HOSPITALS**

Clyde includes an Obstetrics Hub with Consultant led and midwifery delivery units, inpatient beds and specialist antenatal services: Royal Alexandra Hospital (RAH), Paisley. There are two midwife delivery units; Vale of Leven Hospital (VoL) and Inverclyde Royal Hospital (IRH).

Gynaecology: Hub activity including inpatient beds and theatres are located in RAH. Outpatient and Day Case surgery is available at VoL and IRH.

**RAH**

The Clyde area hub is the RAH. There are comprehensive specialist O&G services covering the full range of conditions expected to require management throughout a woman’s reproductive life. There are links with the tertiary services available in the Glasgow units. The unit offers a comprehensive O&G service to a large geographical area and all special interest aspects of the specialty are provided.

**General Information about Clyde Services**

The RAH is situated in Paisley and provides acute health care services to Renfrew District (pop 205,000). The Hospital is a 968 bed modern District General Hospital (DGH), which opened in 1986 and is one of the largest and busiest non-teaching DGHs in Scotland. In addition, the hospital is currently the base for provision of surgical, orthopaedic, ophthalmology, paediatric and the majority of maternity services to the population north of the Clyde served by the Vale of Level Hospital.

The hospital provides a wide range of District General Hospital specialties with excellent support facilities. The hospital has a first class modern radiology department and services. Pathology services for the Clyde division of Greater Glasgow and Clyde (GG&C) are centered on this site. All departments participate in undergraduate teaching and there is an active postgraduate educational programme. The hospital enjoys an enviable reputation for undergraduate teaching and is highly popular with training grades. There is a good medical library service. At the beginning of 2005, Paisley University Nursing School left the RAH campus. Proposals for the use of the vacant space at the heart of the hospital are being sought and are likely to include further development of ambulatory care, day surgery, endoscopy services and improved educational facilities.

**The Vale of Leven Hospital (VOL)** is situated in Alexandria, an area of outstanding natural beauty and serving a population in excess of 88,000 largely from Dumbarton, Alexandria and Helensburgh. The VOL Hospital is undergoing a period of reconfiguration following the implementation of the Vale of Leven Vision in December 2010. This vision includes the retention of unscheduled medical care at the Vale of Leven Hospital, led by the Consultant Physician team based at the Royal Alexandra Hospital and supported by GP and GP trainees. In addition there will be inpatient medicine for the elderly beds, short stay surgical beds together with Day Surgery and a full range of diagnostic and support services.

Outreach GOPD is provided to Oban, Helensburgh and Lochgilphead.

**Inverclyde Royal Hospital (IRH)**

IRH is located in Greenock, which is a coastal town on the banks of the Clyde Estuary some 15 miles from RAH with good roads. The IRH has all of the facilities of a DGH and the Gynaecology services provided there include access to Day Surgery and Outpatients. Ultrasound and urodynamic investigations are provided on site. Outreach clinics are provided to a number of localities, including the Island of Bute and the town of Dunoon, necessitating ferry journeys.

Midwife based maternity units are provided in IRH and VOL and patients transferred when required to RAH. Obstetric Day care and an Early Pregnancy Assessment Service are on site. The utility of both Clyde MBUs are subject to a current review process.

**Names of Consultant members:**

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| **North** Dr Alan Mathers (Chief of Medicine)Dr Dawn Kernaghan (Lead clinician)Dr Catrina Bain (Lead clinician)Dr Ros Jamieson Dr Ann Duncan Dr Philip OwenDr Susheel Vani (ACS)Dr Helen Lyall (ACS)Dr Aparna Sastry (ACS)Dr Samra Khan (ACS)Dr Claire Banks (ACS)Professor Scott Nelson (University)Dr Sarju MathewDr Karen MeadleyDr Aliya NaysheenDr Marcus McMillanDr Avril ScottDr Vicki BraceDr Sandra WongDr Jenifer SassariniDr Joy SimpsonDr Kirsty WilsonDr Rachel BradnockDr Amr GebrilDr Victoria McApline-ScottDr Rachel HepburnDr Katie McBrideDr Lindsey MacDonaldDr Joy Simpson | **South**Dr Jane Richmond (Clinical Director)Dr Vanessa Mackay (Clinical Director)Dr Aradhana Khaund (Lead clinician)Dr Laurie Anderson (Lead clinician) (Fetal maternal medicine)Dr Robert HawthornDr Marie-Anne Ledingham (Fetal maternal medicine)Dr Judith RobertsDr Karen Guerrero (Urogynaecology)Dr Amanda ReidDr Padma VangaDr Chris HardwickDr Fiona HendryDr Janice Gibson (Fetal maternal medicine)Dr Sarah WoldmanDr Lynne ThomsonDr Veenu Tyagi (Urogynaecology)Dr Catriona HardieDr Karina DatsunDr Claire HigginsDr Jessie Sohal BurnsideDr Vladimir Revicky (Urogynaecology)Dr Frances PowellDr Carla SummerhillDr Felicity Watson |
|  **Gynaecology Oncology**Dr Nadeem Siddiqui Dr Kevin Burton Dr Rhona Lindsay Dr Malcolm FarquharsonDr Michelle Kent |

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| **CLYDE** Dr Victoria Flanagan (Lead clinician) Dr Ujwal Jadhav Dr Morton Hair Dr Ruth Jewell  Dr Julie Murphy Dr Rachana GuptaDr Sacha Haworth Dr Jennifer TibboDr Louise Santangali Dr Naheed SanobarDr Liz BlairDr Lorna HutchisonDr Shrikant BollapragadaDr Shankar Meti Dr Alison PlattenDr Harkiran NarangDr Roseanna Metcalfe   Clyde has a number of SAS doctors who provide a wide range of O&G services including contributing to emergency care. |
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(iii) **Support Grades**

There are currently middle grade and junior grade rotas supporting each of the sites. Details of this infrastructure are available on request. It should be noted that some of the GG&C consultant posts have resident on-call component which are direct patient care shifts.

The ST numbers are determined by allocation from the West of Scotland Postgraduate Deanery and influenced by our sub-specialty training programmes. In addition to STs the rotas are maintained with LAT/LAS posts.

Many clinics have developed as consultant delivered “one-stop” services with any junior support for predominantly training purposes.

**(c) Duties of the Post:**

 Clinical - details of on-call clinical commitments

On call commitments: Both Obstetrics and gynaecology on-call is non-resident.

(ii) Teaching

The new appointees will be expected to undertake both undergraduate and postgraduate teaching. The Obstetrics & Gynaecology department is fully committed to the new undergraduate curriculum at Glasgow University and the appointee may be asked to take part in the MB ChB exams. The appointee will be expected to participate in the regional training programme for juniors and the West of Scotland MRCOG course.

 Undergraduate Teaching is an essential duty. A “whole unit pooled” contribution is involved and if a particular Consultant wishes to negotiate a particular level of commitment this may be possible providing the overall requirement is delivered.

It is expected that new appointees will be supervisors for one or two post-graduate trainees.

 (iii) Research

The new appointees will be expected to continue their research interests and to participate fully in the audit programme of the department.

1. Clinical Risk Management/Patient Safety

The new appointee must fully engage in a positive way with the departmental clinical governance and patient safety agendas and keep up to date with all aspects related to this.

 (v) Administration

The new appointees would be expected to play a full part in the administration of the department.

**(d) Timetables**

Glasgow Obstetrics & Gynaecology services are provided from multiple sites, which are managed as a single service through the Women and Children’s Directorate of Greater Glasgow and Clyde Health Board.

Major service changes are in progress. The following post reflects current service needs. Re-configuration and re-deployment of current Consultant workloads/patterns is under review. As previously described the deployment of consultants and their leave arrangements is determined by the requirements for consistent service continuity.

 The job plan is illustrative in nature and the future vision for the service/department will require all consultants to work together in a collaborative way and in conjunction with the allied services in GGC and the Region.

This job plan is negotiable and will be agreed between the successful applicant and the Clinical Director.  NHS Greater Glasgow & Clyde initially allocates all full time consultants 10 PAs made up of 9 PAs in Direct Clinical Care (DCC) and one core Supporting Professional Activities (SPA) for CPD, audit, clinical governance, appraisal, revalidation, job planning, internal routine communication and management meetings.  The precise allocation of SPA time and associate objectives will be agreed with the successful applicant and will be reviewed at annual job planning.

 Availability supplement will be available.

 Standard terms are in place for study leave and other leave. There are Board policies with regards to application and granting of leave.

Job Plan

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| **DAY** | **HOSPITAL/ LOCATION** | **TYPE OF WORK** |
| **Monday**0900 – 1330  1330 - 1700  |  QEUH OR VACH |  ANC                      OR                   DSU VACH alt / GOPD alt GOPD                    OR                  DSU VACH alt / GOPD alt |
| **Tuesday**0900 – 1330  1330 - 1700                        |    |  Gynaecology emergency on call 1 in 3 |
| **Wednesday**0900 - 1330   1330 - 1700                        |  QEUH  |  Non-clinical day   |
| **Thursday**0900 - 1330   1330 - 1700                        |  QEUH  |  C/S 1:4 / 2nd on call 2:3 C/S 1:4 / Admin 2:3 |
| **Friday**0900 – 1330  1330 - 1730  |  QEUH  |  Admin 1:4 / 2nd on call 2:3 SPA   |
| **Saturday**  |   | Contribution to on-call rota  |
| **Sunday**  |   | As above  |

**PERSON SPECIFICATION FORM**

**Job Title: Consultant Obstetrician & Gynaecologist**

**Department: QEUH**

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| **Qualifications** | **Essential (√)** | **Desirable (√)** |
| GMC Registration and a Licence to Practise | √ |  |
| Medically qualified with MRCOG or equivalentexperience of O&G leading to CCT | √ |  |
| Gynaecology Ultrasound as independent practitioner | √ |  |
| ATSM in relevant gynaecology area | √ |  |
| Higher qualification (MD or PhD) |  | √ |

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| **Experience** | **Essential (√)** | **Desirable (√)** |
| Experience of clinical practice in level 3 obstetric unit with annual birth rate >4000 births per year. | √ |  |
| Participation in advanced labour ward practice training courses e.g. SCOTTIE, ALSO, MOET or similar  |  | √ |
| Competency to perform major elective gynaecology surgery |  | √ |
| Comprehensive experience of surgical management of gynaecological emergencies | √ |  |
| Termination of pregnancy service experience |  | √ |

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| **Behavioural Competencies** | **Essential (√)** | **Desirable (√)** |
| Ability to communicate with medical and nursing colleagues and other professionals within the Health Service | √ |  |
| Ability to work in multi-disciplinary team | √ |  |
| Flexible | √ |  |
| Excellent written and oral communication skills | √ |  |
| Ability to organise effectively | √ |  |
| Ability to effectively communicate with patients, relatives and staff | √ |  |
| Ability to sympathetically manage patients and relatives with malignancy | √ |  |
| Fully committed to patient safety and risk management culture | √ |  |
| Full engagement in Appraisal and Revalidation process | √ |  |

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| **Other** | **Essential (√)** | **Desirable (√)** |
| Experience in medical research and audit |  | √ |
| Experience in undergraduate and postgraduate medical education including PBL | √ |  |
| Experience in protocol and guideline development | √ |  |
| Fundamental IT skills: navigation of environment, word processing, managing emails, basic data management. | √ |  |