



Candidate Pack

Locum Consultant Subspecialist in Gynaecological Oncology

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



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PART 1

THE ROYAL WOLVERHAMPTON NHS TRUST

Our Vision and Values

Together with our staff we have developed a vision and set of values which form a framework for a positive and supportive environment for our patients, visitors and staff. We believe that all candidates should be able to demonstrate and be equally committed in fulfilling these values to be successful in their application.

Our vision and values are detailed below; if you feel that you are as committed as we are to their delivery, please continue with your application.

Our Vision

An NHS organisation that continually strives to improve the outcomes and experiences for the communities we serve

Our Values

Safe & effective

We will work collaboratively to prioritise the safety of all within our care environment

Safety

Raising
concerns

Communication

Teamwork

Reassuringly
professional

Kind & caring

We will act in the best interest of others at all times

Welcoming

Respectful

Helpful

Listen

Appreciate

Exceeding expectation

We will grow a reputation for excellence as our norm

Aiming High

Improving

Responsible

Timely

Makes
connections

The Trust

The Royal Wolverhampton NHS Trust are one of the largest acute and community providers in the West Midlands having more than 850 beds on the New Cross site.

The Trust also has 56 rehabilitation beds at West Park Hospital and 54 beds at Cannock Chase Hospital.

We are the largest employer in Wolverhampton, the Trust employs over 10,000 staff, covering more than 350 different roles.

We provide services from the following locations;

- New Cross Hospital – secondary and tertiary services, maternity, Accident and Emergency, critical care and outpatients;
- West Park Hospital – rehabilitation inpatient and day care services, therapy services and outpatients;
- Cannock Chase Hospital – general surgery, orthopaedics, breast surgery, urology, dermatology and medical day case investigations and treatment (including endoscopy) ;
- More than 20 community sites – community services for children and adults, walk-in centres and therapy and rehabilitation services ;
- Primary care – Ten GP practices have now joined us and offer extended opening hours to patients.

In 2018, 495 staff were successfully transferred from three different organisations to form the Black Country Pathology Service (BCPS).

BCPS comprises of the four pathology laboratories in the Black Country:

- The Dudley Group NHS Foundation Trust;
- Sandwell and West Birmingham NHS Trust;
- Walsall Healthcare NHS Trust;
- The Royal Wolverhampton NHS Trust.

New Cross Hospital

New Cross Hospital was originally built as a workhouse. The first phase of the modern hospital, built by Alfred McAlpine, was completed in 1970. Since then it has grown and become the main Acute General Hospital for Wolverhampton, replacing The Royal Hospital, on Cleveland Road, which closed in June 1997.

In 2004 the £57m Heart and Lung Centre opened on the site, the UK's first purpose built specialist heart centre.

The hospital provides Secondary and Tertiary Services, Maternity, Critical Care and Outpatients.

In 2015 a new £38 million Emergency Department was opened at the Hospital. Boasting 30 treatment rooms for minor injuries, 18 for major injuries and a resuscitation area for adults, as well as a dedicated paediatric area for children. The Emergency Department is one of the largest in the region.

Cannock Chase Hospital

Cannock Chase Hospital is a thriving, busy site offering a wide range of surgical procedures for patients from Cannock, Wolverhampton and surrounding areas. A total of £27 million was invested in new operating theatres and refurbished wards over the last few years. Cannock Chase Hospital is a hub of activity for day cases and inpatient surgery.

The hospital provides;

- General surgery (examples include hernia repair and gall bladder surgery);
- Orthopaedics (includes hip, knee, foot, ankle and upper limb surgery);
- Breast surgery (not cosmetic) ;
- Urology (includes bladder and kidney);
- Dermatology/plastic surgery (removal of lumps and lesions) .

Cannock also provides the following day case investigations and treatment;

- Endoscopy (examples include colonoscopy and gastroscopy) -
Rheumatology (includes day care and intravenous treatment for conditions such as rheumatoid arthritis) ;
- Dermatology (includes phototherapy, intensive topical skin treatments).

Achievements

The last few years have seen the Trust reinforce its position as a leading healthcare provider. We have continued to drive forward change with clinicians and managers working in partnership to deliver the patient safety and quality agenda, push the boundaries of efficiency and productivity and embed cultural change to proactively manage issues such as mortality and Never Events.

Our recent achievements include:

- Rated outstanding in caring in February 2020 by the CQC following an inspection;
- In 2018, a new 2.4 million Stroke Unit opened at New Cross – now all suspected stroke cases from Wolverhampton and Walsall are treated in this specialist unit;
- Setting the UK record for days without a healthcare acquired MRSA bacteraemia (1142); more than 60% reduction in MSSA bacteraemia ;
- Seeing a continued reduction in the number of cases of C.difficile;
- Universal surgical site infection surveillance, including post-discharge surveillance ;
- Enhanced our position as a tertiary provider by becoming the first Trust in the West Midlands to perform robotic surgery ;
- Achieved NHSLA level 3 standards for General Services and level 2 for our Maternity Services ;
- Opened a Midwifery Led Unit to increase the choice for mothers ;
- Implemented 7 day consultant working across the majority of specialties ;
- Achieved a reduction of more than 70% in avoidable hospital acquired pressure ulcers; more than 70% of our wards had zero avoidable pressure ulcers and we are using telemedicine to improve community reporting ;
- Reducing mortality rates to national benchmarks, working with the CQC and Dr Foster to understand the drivers of mortality and contribute to national guidance ;
- Demonstrated our commitment to patient safety by offering a comprehensive inter-professional training programme in our Clinical Simulator Centre .

Developing Services for the Future

The Trust's business is delivering high quality, safe and effective healthcare to our patients. Our service strategy, informed by our vision and our strategic goals, ensures that:

- We maintain our position as the provider of choice for local people for a full range of services, thereby building on our vision and strategic goals;
- We consolidate our position as a major provider of community and acute healthcare within the Black Country and beyond into Shropshire and Staffordshire.;
- We maximise opportunities through organic growth to extend our boundaries and market share, centralising only when needed and outreaching into the community where possible. Boundary extension into surrounding counties is a particular goal for tertiary services as a way of supporting our consolidation objective for a wider range of services;
- We ensure that strong sustainable safe services can be maintained for the people we serve.

The high quality of the services we deliver is based upon a foundation of excellent relationships between clinicians and managers working together in partnership to safeguard the organisation for the future. These relationships have enabled the Trust to drive through transformational change which has improved quality, driven out inefficiency and positioned the organisation at the top of the league.

Primary Care Network

Our Primary Care Network offers a unique opportunity to redesign services from initial patient contact through on-going management and end of life care.

As a single organisation the issues of scope of responsibility, funding, differing objectives and drivers will be removed and clinicians will be in a position to design effective, high quality clinical pathways which will improve appropriate access and positively impact on patient outcomes.

This programme initially started in June 2016 and the Trust has taken on board ten Practices to date. A number of other GP Practices are either undergoing a formal due diligence process or have submitted expressions of interest to join the fantastic new venture.

This is being driven by the GPs and senior clinicians at RWT who are working in the best interest of their patients and provide value for money for the tax payer. The GP Practices are all working together, and with RWT, to develop our plans for closer working together between hospital, community and GP services.

GENERAL

Acute Provider Partnerships

The boards of Walsall Healthcare NHS Trust (WHT) and the Royal Wolverhampton NHS Trust (RWT) have commenced work on a strategic collaboration, this approach aims to significantly improve the quality of care for our populations, standardise clinical practice and provide a safe, skilled and sustainable workforce. Shared leadership is now in place with a joint Chair and CEO alongside other key roles including executive and non-executive positions. Progress to develop shared clinical services is underway in a number of areas and good practice is being shared to support recruitment and retention of staff.

In addition to this, further partnership working is being undertaken as part of the Acute Care Collaboration Programme. This is a joint programme between Sandwell and West Birmingham Hospitals NHS Trust (SWBH) and The Dudley Group of Hospitals NHS Foundation Trust (DGoH), WHT and RWT. This is a clinically led programme that aims to identify opportunities to reduce unwarranted clinical variation, reduce inequalities and improve current inequities in access. Clinical discussions, which have the full support of each organisation, are taking place across a number of specialities and there is a clear commitment to make changes to improve care from all stakeholders.

Audit

There is a fully staffed Audit Department with a well-organised team and there is regular, on-going clinical audit. Clinical audit has a strong base within the Trust and this has been incorporated into a robust clinical governance structure. This is being developed with the Trust Board having an increasing focus on the monitoring of clinical outcomes.

Research & Development

The Trust has a busy, proactive Research & Development Directorate with an overall objective to improve patient care, treatment and quality of life by the performance and dissemination of clinical research and innovation.

Formed in 1998, the R&D Directorate has grown rapidly in parallel with the development of the Trust's research and innovation culture. The R&D Clinical Director and management team are supported by a team of experienced research nurses and administrators who operate efficient and effective systems for research management and governance. We aim to increase the opportunities for local patients and the public to participate in and benefit from, research.

The Directorate supports all research conducted within the Trust from questionnaire studies to randomised controlled trials and the Trust acts as sponsor for a variety of own account investigator led studies, guiding and streamlining the management of research across many clinical areas. The Directorate has established links with a number of Universities and other

research partners and has a wealth of experience conducting commercial research.

The Trust takes pride in being the Host for the NIHR Clinical Research Network: West Midlands. Through the Network, support is generated across 6 clinical divisions to provide the infrastructure that allows high-quality clinical research to take place by helping researchers to set up clinical studies quickly and effectively; support the life-sciences industry to deliver their research programmes; provide health professionals with research training and work with patients to ensure their needs are at the very centre of all research activity.

With the on-going dedication of enthusiastic researchers we aim to establish the Trust as a recognised centre of research excellence and attract, develop and retain the best professionals to conduct NHS research and deliver the highest quality care.

Continued Professional Development, Revalidation and Appraisal

Continued Professional Development (CPD) for Consultant Staff is supported and encouraged by the Trust, within funding, time and facilities available.

Medical revalidation is the process by which the General Medical Council (GMC) confirms the continuation of a doctor's licence to practise in the UK, provides greater assurance to patients, the public, employers and other healthcare professionals that licensed doctors are up-to-date and fit to practise. It is a key component of a range of measures designed to improve the quality of care for patients.

The Trust fully supports the GMC's Revalidation agenda and we have a dedicated Revalidation Support Team who support the co-ordination of Revalidation and medical appraisal activity, providing personalised support for all consultants, which includes the facilitation of 360° Multi-Source Feedback, providing advice and guidance on completing appraisal documentation and sourcing evidence.

A mentoring programme is in place for consultants at the Trust and newly appointed consultants are routinely offered a consultant mentor in line with Royal College and GMC requirements.

Medical Education

Undergraduate

We are a teaching Trust of the University of Birmingham and Aston Medical School. We aim to provide high quality undergraduate medical education to inspire our future doctors to deliver excellent medical care and patient safety. The trust is keen to encourage new consultants to form part of the educational faculty and take formal teaching roles on undergraduate firms.

Post Graduate

The Trust has both doctors from Health Education West Midlands (HEWM) and an active clinical fellowship programme. Providing quality education placements is important to the Trust and all consultants are expected to take an active part in the clinical supervision of these colleagues. There are opportunities to take up formal positions in clinical supervision and develop as a clinical educator. There are ambitions to develop a surgical skills centre and the Trust has been a recipient of funding from Health Education England (HEE) to develop this. There is a strong track record within the organisation in the development of clinical education at all levels and we would seek to support individuals with a strong interest in medical education to build this into their posts in a formal way

Health and Safety

All employees of the Trust have a responsibility to abide by the safety practices authorised by the Trust. They have an equal responsibility with the management for maintaining safe working practices.

Infection Prevention and Control

All healthcare workers have an overriding duty of care to patients and are expected to comply fully with best practice standards. As a senior medical staff member you must act as a role model in reducing all risks of patient harm. You have a responsibility to comply with Trust policies for personal and patient safety and for the prevention of Healthcare Associated Infection (HCAI). This includes a requirement for rigorous and consistent compliance with Trust policies for hand hygiene, use of personal protective equipment, safe disposal of sharps, dress code and compliance with mandatory training requirements. Knowledge, skills and behaviour in the workplace should reflect this; at annual appraisal you will be asked about application of practice measures known to be effective in reducing HCAI.

Standards of Behaviour

As an employee of the Royal Wolverhampton NHS Trust you will have an absolute commitment to the delivery of high quality services for our patients and for their right to be treated with dignity and respect.

Safeguarding

All employees have a responsibility to support the safety and well-being of children, young people and adults at risk of harm and to practice in accordance with legislation. Knowledge, skills and competency are to be maintained according to role and responsibilities in order to fulfil Safeguarding Children and Adults at Risk responsibilities. All employees are expected to comply with existing local Safeguarding policies and procedures, and Trust and Wolverhampton Safeguarding Children Board and Safeguarding Adults at Risk requirements.

TRUST EXECUTIVE STRUCTURE

Our Trust Board has a Chairman and a combination of Non-Executive and Executive Directors, comprising of

Prof David Loughton CBE
Sir David Nicholson
Kevin Stringer

Prof Ann-Marie Cannaby
Alan Duffell
Gwen Nuttall

Dr Jonathan Odum
Dr Brian McKaig
Simon Evans
Debra Hickman
Tracy Palmer
Sally Evans

Kevin Bostock
Keith Wilshire

Non-Executive Directors
Louise Toner
Lisa Cowley
John Dunn
Martin Levermore
Alison Heseltine
Julie Jones

Group Chief Executive
Group Chairman of the Board
Group Chief Financial Officer and Group Deputy Chief Executive
Group Chief Nurse and Lead Executive for Safeguarding
Group Chief People Officer
Chief Operating Officer and Deputy Chief Executive for RWT
Group Chief Medical Officer
Chief Medical Officer
Group Chief Strategy Officer
Chief Nursing Officer for RWT
Director of Midwifery
Group Director of Communications and Stakeholder Engagement
Group Director of Assurance
Group Company Secretary

Associate Non-Executive Directors
Angela Harding
Gill Pickervance
Umar Daraz

The Chief Medical Officers are the Trust Lead for Clinical Governance and to assist them in this role Associate Medical Directors, who are members of the consultant staff, have been appointed as follows:

Prof BM Singh	Clinical Director for IT
Prof J Cotton	Clinical Director of R & D
Dr J Macve	Director of Infection Prevention & Control
vacant	Cancer Lead

TRUST DIVISIONAL STRUCTURE

A Divisional and Clinical Directorate system operates within the Trust. There are four divisions consisting of the following specialties, which are grouped under Divisional Management units. Each has a dedicated management team comprising of Divisional Medical Directors, a Deputy Chief Operating Officer and a Head of Nursing. Each Directorate within the Divisions are led by a Directorate Management Team comprising of a Clinical Director, Directorate Manager and Matron.

The Divisional Medical Directors, whilst retaining his/her clinical commitments, also undertake responsibility for formulating the Division's strategic development, management of the budget and clinical governance.

Division 1	Division 2	Division 3
<ul style="list-style-type: none">• Pathology• Critical Care Services• Cardiothoracic• General Surgery• Urology• Trauma & Orthopaedics• Obstetrics and Gynaecology• Neonatal• Ophthalmology• Head and Neck	<ul style="list-style-type: none">• Rehabilitation• Care of the Elderly• Stroke• Neurology• Respiratory• Diabetes• Gastroenterology• Renal• Emergency Services• Oncology/ Haematology	<ul style="list-style-type: none">• Adult Community Services• Primary Care• Sexual Health• Radiology• Pharmacy• Therapy Services• Dermatology• Rheumatology• Children's Services• Cancer Tracking & Improvement Team

Wolverhampton is a modern industrial city situated on the western fringe of the Black Country. It is compact, with no boundary more than four miles from the centre. It is approximately a 30-minute drive to Birmingham (15 miles) and 1 hour 20 minutes to Manchester (60 miles).

Wolverhampton is an urban, multi-ethnic city with a population of around 250,000. This is made up of 77.79% white and 22.21% black and other ethnic minorities. The wider hospital catchment area has a population of in excess of 350,000.

With more than 600 shops, bars, café and restaurants, Wolverhampton is not only a great place to work but also somewhere to relax and enjoy. The city centre is just a 10-minute bus ride from New Cross Hospital.

There are two indoor shopping centres, markets, theatres, cinemas, art galleries, concert venues and clubs. Shopping in Wolverhampton offers a varied selection of facilities and amenities. There are modern shopping precincts (the Mander Centre and the Wulfrun Centre) with further shopping areas in Darlington, Victoria and Dudley Streets along with Queen Square. Shopping is also available in nearby conurbations, including Birmingham.

There are the usual public amenities found in cities. The Civic and Wulfrun Halls in North Street and the Slade Rooms in Broad Street host a mix of world renowned bands, comedy acts, classical music and sporting events. In addition, there is an Art Gallery and a good public library. The Grand Theatre in Lichfield Street is one of the country's leading regional theatres has been extensively refurbished. The city centre has an active nightlife, offering a variety of night clubs, bars, restaurants and a cinema. Sporting facilities include Wolverhampton Wanderers Football Club, several health and fitness clubs as well as clubs for cricket, hockey, rugby, tennis, squash, athletics, and sailing. In addition there is an all-weather racetrack for horses and at least six golf clubs are within easy reach.

Accommodation and Education

The main residential areas within the city are situated on the western boundary and include Tettenhall, Wergs, Wightwick, Compton, Finchfield, Merry Hill and Penn. In addition there is a more modern housing development at Perton which offers choice at all price levels. This development has its own supermarket and supporting shops, schools and churches which makes this area a self-contained community.

Outside the city there are numerous villages, both small and large, which offer attractive opportunities for housing. They include Beckbury, Ryton, Burnhill Green, Pattingham, Worfield, Claverley, Seisdon, Trysull and Albrighton to the west, Brewood and Codsall to the north and Womborne to the south. There is further choice of residential areas between Wolverhampton and Birmingham if family needs so require.

Education is well catered for with many excellent maintained schools, Wolverhampton College and the University of Wolverhampton. Independent

schools include the Wolverhampton Grammar School, the Royal Wolverhampton School, Tettenhall College, St Dominics (Brewood), Birchfield Boys Preparatory and Newbridge Mixed Preparatory Schools.

The Environs

To the south east is the Black Country (with the major urban areas of Dudley, Walsall and Wolverhampton) which used to be the industrial heartland of England. There is a working Black Country Museum at Dudley, which offers an opportunity to see the cultural heritage of the Industrial Revolution. In addition Birmingham, England's second city is only 15 miles away. Facilities there include theatres, concert halls and the major sporting facilities of Aston Villa, West Bromwich Albion and Birmingham City Football Clubs, Warwickshire County Cricket Club at Edgbaston and the Alexander Athletics Stadium. There is also the Arena Birmingham (NIA) and National Exhibition Centre which host many national and international events.

The nearby countryside of Staffordshire and Shropshire is delightful. To the north is Cannock Chase and to the west the Shropshire borders with attractions of Bridgnorth, the Clee Hills, the Long Mynd, Wenlock Edge, and the Severn Valley. South of Wolverhampton, the City of Worcester is easily accessible, and to the west north-Wales can be reached in just over an hour. The area has a large network of canals, the majority renovated, offering adjacent housing and popular for narrow boat holidays.

Transport Links

Travel links to Wolverhampton are excellent. The area is well served by the motorway network, with the M5, M6 and M54 within easy reach. There are regular direct rail services to London Euston (journey time about 2 hours) and to Manchester (journey time about 1 hour). Cross country rail services to many parts of England and Scotland are operated by Virgin Trains which has its hub in Birmingham.

Birmingham International Airport is 30 minutes away by road and Manchester International Airport can be reached within 1 hour 20 minutes.

The Directorate of Obstetrics & Gynaecology

The Division Comprises Obstetrics and Gynaecology Services. It manages a combined Budget of £18,250,000 and 455 WTE staff across all disciplines.

The Directorate is represented on the Trust Management board by the Divisional Director who is appointed by the Chief Executive. The Divisional Director, whilst retaining his/her medical commitments, also undertakes responsibility for formulating the Division's strategic development, management of the budget and clinical governance.

The Directorate Management team comprises of the following:

Clinical Director Gynaecology	Dr Sabita Nair
Associate Deputy Chief Operating Officer	Ruth Horton
Directorate Manager	Gemma Jameson
Matron	Layla Shore
Assistant Directorate Manager	Danielle Hill
Divisional Finance Manager	Baljinder Chanian

Medical Staffing

Consultants	Special Interest
Mr D Murphy	Gynaecological Oncology, Colposcopy Lead (reduced hours)
Mr A El-Ghobashy	Gynaecological Oncology and Colposcopy
Mr O Ofinran	Gynaecological Oncology and Colposcopy – MDT Lead
Ms A Douglas	Obstetric & gynaecology – Benign Gynaecology, Urogynaecology Specialist
Mr K Afifi	Gynaecology – Benign Gynaecology, Urogynaecology Specialist
Mr M Riad	Obstetric & gynaecology – Benign Gynaecology, Urogynaecology Specialist
Mr J Samra	Gynaecology Consultant – Benign Gynaecology and Fertility
Dr A Desai	Obstetric & Gynaecology Consultant – Benign and Ambulatory Gynaecology
Dr R Malhas	Obstetric & Gynaecology Consultant Endometriosis Emergency Gynaecology Lead
Mr O Orakwue	Gynaecology Consultant – Benign, Ambulatory, Colposcopy and Endometriosis
Dr S Tirumuru	Obstetric & Gynaecology Consultant – Benign and Ambulatory Gynaecology
Dr S Nair	Obstetric & Gynaecology Consultant – Benign and Ambulatory Gynaecology, Cancer Unit Lead, Colposcopy and Clinical Director Gynaecology
Dr H Sullivan	Obstetric & Gynaecology Consultant – Menopause
Dr H Ali	Obstetric & Gynaecology Consultant – Benign Gynaecology, Colposcopy and Ambulatory Gynaecology
Mr A Mohamed	Obstetric & Gynaecology Consultant – Benign and Ambulatory Gynaecology – Lead for Gynaecology Clinical Governance
Mr A Elshahawy	Obstetric & Gynaecology Consultant – Benign and Ambulatory Gynaecology and Fertility
Mr M Elmezaïen	Obstetric & Gynaecology Consultant – Benign Gynaecology, Gynae Oncology Unit Level and Colposcopy

Junior Medical Staff

Senior Registrars	11
Junior Registrars	11
ST1/ST2s (SHOs in training)	5
GP SHOs	7
FY1s	5

Staffing rota's for all Junior Grades are EWTD compliant, operating on a shift system for the SHO's.

Gynaecological Oncology services

The Gynaecological Cancer Centre is part of the Obstetrics and Gynaecology Department at the Royal Wolverhampton Hospitals NHS Trust serving population of 1.8 million. The Centre receives referrals from 5 Hospitals (Wolverhampton, Shrewsbury/Telford, Stafford, Kidderminster, and Dudley). New Cross Hospital is a large Teaching hospital and is a part of the University of Birmingham Medical School. It is also linked to the University of Wolverhampton. We are also involved in training regional Obstetrics and Gynaecology specialty trainees in the West Midlands deanery to acquire their ATSM in gynae-oncology, colposcopy, and vulva disease.

The Centre has an established Robotic programme with two XI Da Vinci systems and dedicated oncology sessions. Future developments will include the establishment of a subspeciality training post and strengthening of the hospital's pelvic oncology service. We enjoy close working relationships with the Colorectal and Urology colleagues with a joint clinic for Ultra-radical surgery.

Care is based around an extensive multidisciplinary team which meets weekly every Monday afternoon. The specialist team consists of x2 Gynaecological Oncology consultants, x2 unit Level gynae oncology consultants, supported by x3 clinical oncologists, x1 medical oncologist, x4 consultant radiologists, x3 consultant pathologists, x2 consultant palliative care physicians and x3 clinical nurse specialists.

The Gynaecology daytime on call week occurs 1 in 10.5 (as the Gyn Oncologists take part in the general Gynaecology rota).

Obstetrics services

New Cross Hospital in Wolverhampton has a comprehensive Obstetric Service with around 4900 deliveries per annum. The Neonatal Unit receives referrals from within and without the region and therefore the maternity unit receives many in-utero transfers of complex pregnancies. There is a full range of antenatal clinics. As well as general and high-risk obstetrics, there are specialist clinics for diabetes and endocrine disorders, cardiovascular disease, epilepsy, haemoglobinopathies, HIV, drug misuse and teenagers.

In support of the service there is a Fetal Medicine Department. There are 4 consultants with a clinical interest in this area and they are supported by 4 specialist midwives. The Fetal Medicine Department offers ultrasound assessment of the fetus for fetal abnormalities, biometry, fetal wellbeing, and prenatal diagnostics. A counselling service is also offered to women with problem pregnancies. In addition, there is a midwife dedicated to co-coordinating the screening services and liaising with the Regional Centre.

Community midwives have their base within the unit and are affiliated to GP practices. There is a Sure Start Programme working across the city.

Antenatal and postnatal Facilities

There is a Fetal Assessment Centre for day care assessment of women and a Fetal Medicine Service incorporated in the ante – natal clinic area on the New Cross site. Consultant led ante-natal clinics are also provided at Cannock Chase hospital, with scanning facilities. There are 6 community midwifery teams covering from Kinver to Cannock. The unit also has a wide range of specialist midwives.

Intrapartum facilities

There is a triage unit with 2 assessment rooms plus 6 beds and a 10 bedded induction suite. The Delivery Suite has 10 delivery rooms, 2 HDU rooms and 2 theatres and has its own scan machine. In addition, there is a special needs suite for women undergoing therapeutic termination or who have had bereavement. The unit also has a Midwifery Led Unit on the New Cross site, which comprises of 5 delivery suites.

A rota system is worked to provide dedicated consultant cover to the Delivery Suite from 08.30 hours to 22.00 hours Monday to Fridays. During the consultant's week on call for Delivery Suite all other commitments are cancelled. With new appointments the department will extend the hours of labour ward cover to meet the standards as laid down by the RCOG. This includes extended dedicated hours on Delivery Suite at weekends.

Daytime Delivery Suite Week

On a week on rotational basis all consultant (excluding the gynaecological oncologists) cover the delivery suite for 9 sessions. This works out at an additional 1 PA for DCC over a cycle. In addition there is a further 1 PA allocated to the post for predictable on call so that the department will be able to move towards the delivery of 98 hours presence on delivery suite each week. Over the on call cycle this equates to working until 8pm on the delivery suite for week day cover and between 09.00 and 17.00 hours on Saturdays and Sundays.

Ultrasound Services

In addition to the Fetal Medicine Department which has 3 ultrasound machines. (A Toshiba and 2 Voluson machines), there is a fully operational O & G Ultrasound Department, which currently has 3 scan rooms and a fourth due to open in November. There is also a daily scan facility at Cannock Community hospital for both obstetrics & Gynaecology. The department offers a full range of scanning for obstetrics, gynaecology, neonatology and hip screening for orthopaedics. The departments provide a full range of training to sonographers and obstetricians, the latter to the level of the ATSM in Fetal Medicine. This Service is managed as part of the Women and Children's Directorate.

Neonatal Intensive Care

The NICU is a sub-regional service, although it receives out of region transfers as well. There are 7 intensive care, 7 high dependency and 12 special care cots in addition to the transitional care beds (currently 8 beds). The service has 7 Consultant Neonatologists. The unit has been designated as a BAPM level 3 service. There are in excess of 2300 NIC days per annum. There is a separate Consultant rota for the Neonatal Intensive Care Unit.

Information Technology

The Maternity Department uses Badgernet as its IT system. Viewpoint is installed into the Fetal Medicine and Ultrasound Departments. A major up-grade to the departmental IT is underway for obstetrics is underway. Gynaecology is paper light.

General Gynaecology Services

The Outpatient Department moved to a purpose-built refurbished ward in 2002 which provides excellent facilities with consulting and examination rooms and specialised facilities for colposcopy, hysteroscopy and urodynamics.

There are 28 Gynaecological theatres sessions per week for elective and emergency cases.

Emergency admissions are under the care of one consultant per week who has responsibility for the emergency list and clinic each day. In addition, there is an Early Pregnancy Assessment Clinic each afternoon staffed by an Advanced Nurse Practitioner with the Registrar and Consultant available.

There are Specialist Clinical Nurses within the department, this includes Fertility, Endometriosis, Colposcopy and Urogynaecology.

Gynaecology services consist of General Gynaecology, endometriosis, urogynaecology, Oncology (tertiary centre), infertility, colposcopy, hysteroscopy (including endometrial ablation).

Clinical Governance

The following groups are in place within the Gynaecology Directorate

1. Education, Training and Personal Development.
2. Information and Audit Committee
4. Governance Group
6. Research Group

All are multidisciplinary and meet regularly and report back to the Directorate Management Board.

Undergraduate Education

New Cross is now a major teaching hospital for students from the University of Birmingham and Aston Medical School. The Department receives 5th years for their Obstetrics and Gynaecology module. There are currently 9 medical students attached to the department, but the number is set to increase in the future.

Postgraduate Education

The Department has 6 Registrars from the West Midland Training Scheme. There are also a variable number of career SHOs at any time. Wednesday afternoon is set aside for postgraduate training and trainees attend regional based teaching sessions.

PART 2

JOB DESCRIPTION

Job Title	Consultant in Gynaecological Oncology
Grade	Consultant
Programmed Activities (PAs)	10 PAs (negotiable)
Division	Division 1
Work Base	New Cross Hospital
Tenure	Fixed Term 6 months
Operationally Accountable to	Chief Operating Officer through the Clinical Director
Professionally Accountable to	Medical Director
Key Working Relationships	Clinical Director General Manager Specialty Manager Professional Head Consultant and Senior Medical Staff Doctors in Training

Main Duties & Responsibilities

The Post

Consultant in Gynaecology Oncology & Gynaecology

General

1. In conjunction with Consultant and Senior colleagues, to provide a service in Gynaecological Oncology and on-call commitments for general gynaecology.
2. In conjunction with Consultant and Senior colleagues, to play a full part in the out-of-hours On-Call service for the department. This includes being on-call for telephone advice and major incidents.
3. To provide cover for Consultant and Senior colleagues in respect of periods of leave.
4. With the existing Consultants, to maintain the department's regional reputation as the leading provider for robotic surgery in gynaecology oncology.
5. In conjunction with Consultant and Senior colleagues, to take part in medical audit and research as appropriate.
6. In conjunction with Consultant and Senior colleagues, to ensure that the requirements of clinical governance are met.
7. To ensure that there are adequate arrangements for hospital staff involved in the care of your patients to be able to contact you when necessary.

Junior Medical Staff

8. In conjunction with Consultant and Senior colleagues, to play a full part in the professional supervision and management of junior medical staff.
9. In conjunction with Consultant and Senior colleagues, to take responsibility for and devote time to teaching, examination and accreditation duties as required for junior medical staff.

Management & Service Development

10. In conjunction with Directorate Manager, Consultant and Senior Colleagues, to take an active role in the management of the Directorate.
11. In conjunction with the Directorate Management Team, Consultant & Senior colleagues, to play a full part in developing & implementing new ways of working in line with modernisation principles and fit for the future.
12. In conjunction with Consultant and Senior colleagues, to take responsibility for the best use of departmental staffing and other resources to ensure the maximum efficiency of the department.
13. To observe the Trust's agreed policies and procedures, in relation to managing staff, and to follow the Trust's Standing Orders and Standing Financial Instructions. These policies and procedures have been drawn up in consultation with the profession on clinical matters.

Clinical Governance

14. In conjunction with consultant colleagues, to ensure that the requirements of clinical governance are met.

Health & Safety

15. To take responsibility for your own Health & Safety complying with any safe working arrangements, policies and procedures which are in place.
16. To accept a duty to other staff and patients to ensure that any hazards are reported and managed appropriately.

Any Other Duties

17. Any other duties as deemed appropriate.
18. Opportunity to enhance Robotic Surgical competencies

Secretarial support and office accommodation will be available to the post holder.

PART 3 TIMETABLE

This is an outline timetable and the detail will be discussed and agreed with the successful candidate. A normal clinical session would have between 5 – 8 clinic slots, dependant on the clinic type.

Day	Time	Programmed Activity	DCC	SPA	Location
Monday	0830 - 1230	Clinical Admin	1.0		
	1300 – 1700	MDT 16:00-18:00HRS	0.5		
Tuesday	0830 - 1230	SPA		1	
	1300 – 1700	Gynaecology/MDT clinic	0.875		
Wednesday	0830 - 1230	Theatre	1.25		
	1300 – 1700	Theatre	1.25		
Thursday	0830 - 1230				
	1300 – 1700	Clinic (MDT Kidderminster)	0.875		
Friday	0830 - 1230	SPA		0.5	
	1300 – 1700	Colposcopy/vulva Clinic 1:2	0.5		
Saturday	0830 - 1230				
	1300 – 1700				
Sunday	0830 - 1230				
	1300 – 1700				
PA allocation for on-call + hot week			3		
Total Number of Programmed Activities			9.25	1.5	

Flexibility with sessions may be required to meet service needs.

On-call frequency	1:10.5	Category	A	Supplement Payable	3%
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This draft timetable has been constructed in accordance with the new consultant contract and is compatible with existing job plans, but open to change in accordance with colleagues' responsibilities to ensure the delivery of a rounded service.

Subsequent job plans and timetables will be agreed annually with the Clinical Director.

DCC = Direct Clinical Care; SPA = Supporting Professional Activities

<p style="text-align: center;">PART 4</p> <p style="text-align: center;">CONDITIONS OF EMPLOYMENT</p>

Terms and Conditions of Service

The successful appointee will be employed by the Royal Wolverhampton NHS Trust subject to the National Terms and Conditions as per the new Consultant Contract (England) 2003 as amended from time to time. This job description is not exhaustive and may be updated from time to time, with consultation, as the needs of the service dictate. A Joint Local Negotiating Committee is in place and any revised Terms and Conditions will be negotiated within that Committee.

Tenure

The appointment is a fixed term position. The notice period is three months on either side. The appointment is subject to the provisions of Schedule 14 of the TCS.

Salary

The salary scale is that of the Consultant Grade and the current scale is **£93,666** rising to **£126,281** per annum (2023/2024 rates) for 10 programmed activities per week. Any agreed extra programmed activities and on call requirement will be paid in addition to the basic salary.

Pay progression will be on the anniversary of appointment and is subject to satisfactory participation in annual appraisal, the completion of a job plan review and agreed personal objectives as set out in Schedule 15 of the TCS.

Starting salary will be determined according to the TCS. Where a candidate has service, in or outside the NHS, which s/he feels should be taken into account in determining the starting salary, this will be considered following the offer of appointment.

Annual Leave

The annual leave entitlement is 32 working days per annum rising to 34 days on completion of 7 years consultant service. In addition, there is an entitlement to 8 days Public Holiday per annum. Personal leave years will run from 1 April. At least six weeks' notice is required before taking annual leave.

Study Leave

Study Leave entitlement is at the rate of 30 days over a 3-year period. At least six weeks' notice is required before taking study leave.

Superannuation

This post is superannuable under the NHS Pension Scheme for the main contract only. Additional Programmed Activities are not superannuable.

Registration

Candidates must have full registration and a licence to practise with the GMC for the duration of the appointment. In addition, you are required to appear on the Specialist Register or be within 6 months of the award of CCT at time of interview.

Residence

The post-holder will reside within a distance of 30 minutes or ten miles by road from their designated base hospital and will ensure clear arrangements are in place to be contacted immediately when on call.

Travelling Expenses

Travelling expenses are paid in accordance with the TCS.

Potential applicants wishing to visit the Trust will be reimbursed for two preliminary visits (one informal visit prior to application and one for the formal visit before interview) plus actual interview expenses. **If a post is offered and subsequently refused, expenses will not be reimbursed.**

Interviewed candidates travelling from outside the UK (this includes Eire) will be entitled to travelling and subsistence expenses but only in respect of the journey from the point of entry in the UK to the interview location.

Accommodation & Removal Expenses

The post is non-residential. Single accommodation is available for which a charge will be made. Some family accommodation is available and again a charge is made for this accommodation.

Relocation and / or removal expenses are paid in accordance with the Trust's Policy on Relocation Expenses.

Interview accommodation is available on request.

Car Parking

Car parking is available and it is the condition of employment that all employees who use these facilities purchase a car permit and pay the required fee.

The following conditions must be met before the Trust will confirm an offer of employment.

Asylum & Immigration Act

All employees must provide the Trust with one of the following pieces of documentation to prove their eligibility to work in the United Kingdom under the Asylum and Immigration Act 2016:

- P45 or other Pay documentation from the last employer
- National Insurance Number
- Birth Certificate
- Current Passport
- Work Permit

Criminal Convictions and Police Checks

Employees must declare full details of all criminal convictions or cautions under the Rehabilitation of Offenders Act, 1974. The information given will be treated in the strictest confidence and taken into account only where the offence is relevant to the post applied for.

Successful applicants will be required to undergo a check to be done by the Disclosure & Barring Service.

References

It is a condition of employment that references are provided which are acceptable to the Trust.

Health Screening

It is a condition of employment that all successful candidates are assessed as fit for duty by the Occupational Health Department before commencing their appointment.

Confidentiality

The Trust is fully committed to encouraging its staff to freely contribute views on all aspects of health service activities, especially those on delivery of care and services to patients. However, you shall not, either during or after the end of your employment (however it is terminated), divulge to any unauthorised person confidential information relating to the Trust. This includes, but is not limited to, information covering patients, individual staff records, industrial relations, financial affairs, contract terms and prices or business forecasts.

Your obligations of confidentiality under this clause shall not prevent you from raising genuine concerns about healthcare, or a belief that criminal conduct, breach of a legal obligation, health and safety breaches or damage to the environment has been, is being, or is likely to be committed, or any information tending to show any of the above has been, is being, or is likely to be, deliberately concealed, provided that such disclosure is made in good faith and in accordance with the provisions of the Public Interest Disclosure Act 1998 and the Trust's Policy on Raising Concerns at Work - Whistle Blowing Policy, a copy of which is available from the Human Resources Department.

Private Practice

To comply with the arrangements for undertaking Private Professional Services and the Code of Conduct for Private Practice.

PART 5

APPLICATIONS & VISITING THE TRUST

Further information and visiting the Trust

The Trust welcomes applicants who wish to seek further information or visit. Please contact the following to arrange a visit or for an informal discussion:

Mr Alaa El-Ghobashy and Mr Olumide Ofinran Lead Clinicians

Dr Sabita Nair, Clinical Director, Gynaecology Department

Dr Jonathan Odum and Dr Brian McKaig ,Chief Medical Officers: 01902 695958

Prof David Loughton, Chief Executive: 01902 695950

Application

Candidates should apply by visiting TRAC or NHS Website or by visiting the [Trust Website](#)

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Further information on the recruitment and interview process can be obtained from:

Medical Resourcing

Medical Resourcing Department
New Cross Hospital
Wolverhampton Road
Wolverhampton, WV10 0QP

Telephone: 01902 481885 Option 1. Internal ext 81885.

Email: rwh-tr.medicalstaffresourcing@nhs.net

PART 6

PERSON SPECIFICATION

Weekly Timetable

This post is full time. The regular weekly timetable will be agreed with the successful applicant prior to commencing of the post.

Suggested Job Plan

- 5.5 PAs of Direct Clinical Care (including clinic/MDT/ward round and patient related administration)
- 1.5 PA of SPA time
- This will be subject to any changes in the post holders roles and responsibilities within the directorate.

Clinical Governance

In conjunction with colleagues, the post holder will work to ensure that the requirements of clinical governance are met.

Health & Safety

To take responsibility for your own Health & Safety complying with any safe working arrangements, policies and procedures which are in place

REQUIREMENTS	ESSENTIAL	DESIRABLE	METHOD OF ASSESSMENT
Educational Qualifications	<p>Full registration and a licence to practise with the GMC</p> <p>On the GMC Specialist Register or within 6 months of CCT from the date of interview</p> <p>State any higher training required that is essential in order to fulfil the role</p>	Higher Medical Degree	CV
Experience	<p>State any specific experience required over and above that they could reasonably have gained via training to CCT level.</p> <p>Give specific examples.</p>	Subspecialty training or equivalent	CV/Interview
Ability/skills	Specific skills required to undertake the role above those required to achieve CCT.		CV/Interview
Research and Audit	<p>Where appropriate ask for relevant research published in peer review journals. The level required would depend upon the role i.e. nephrology would require a greater quantity of research.</p> <p>Evidence of audit and the implementation of change following the audit</p>	Relevant research published in peer review journal	<p>CV</p> <p>CV/interview</p>
Education and Teaching	<p>If a teaching qualification or evidence of educational training is an essential requirement of the post this should be stated i.e. Director of Post Graduate Medical and Dental Education.</p> <p>If this is a requirement, state that a proven ability is required.</p>		<p>CV</p> <p>Presentation/ Interview</p>
Management Skills	<p>Demonstrate effective team working skills</p> <p>Time management/organisational ability. An example may be they have developed and run training programmes.</p> <p>Proven knowledge of systems and process of NHS or equivalent</p> <p>Sense of understanding and commitment to corporate responsibility</p> <p>Commitment to and understanding of their responsibility to the organisation. Examples may include previous involvement in management roles, management courses</p>		<p>Interview</p> <p>CV/interview</p> <p>CV/Interview</p> <p>Examples for be given at Interview</p> <p>Interview</p>
Leadership*	<p>An understanding of and ability to demonstrate your ability to:</p> <ul style="list-style-type: none"> • Empower others • Lead through change 		Interview / Application

REQUIREMENTS	ESSENTIAL	DESIRABLE	METHOD OF ASSESSMENT
	<ul style="list-style-type: none"> Influence strategically Collaborative working Drive for improvement Integrity 		
Other	<p>Demonstrate innovation and problem solving abilities</p> <p>Include any practical requirements e.g. able to travel to meet the requirements of the post</p>		CV/Interview

*Leadership Definitions

- Empowering others – striving to facilitate others’ contributions and to share leadership, nurturing capability and long-term development of others
- Leading change through people – communicate the vision and rationale for change and modernisation, and engaging and facilitating others to work collaboratively to achieve real change.
- Effective and strategic influencing – being able and prepared to adopt a number of ways to gain support and influence diverse parties, with the aim of securing health improvements
- Collaborative Working – being committed to working and engaging constructively with internal and external stakeholders.
- Drive for improvement – a deep motivation to improve performance in the health service and thereby to make a real difference to others’ health and quality of life.
- Political astuteness – showing commitment and ability to understand diverse interest groups and power bases within organisations and the wider community, and the dynamic between them, so as to lead health services more effectively.
- Personal Integrity – a strongly held sense of commitment to openness, honesty, inclusiveness and high standards in undertaking the leadership role.