Consultant: Job Description

Post Title:	Consultant Subspecialist in Urogynaecology
Directorate/Dep artment:	Family Health and Support Services: Women and Newborn Division C
Orrada	
Grade	Consultant
PAs Per Week:	10PA
Accountable to:	Care Group Clinical Lead Divisional Clinical Director
Main Purpose:	The aim is to appoint a subspecialist consultant in urogynaecology to join ar established team within a major university teaching hospital. We are looking fo a capable and enthusiastic colleague who will contribute towards the development of urogynaecology over the next decade and beyond.
	The well-established urogynaecology unit is recognised nationally and internationally as one of the leading centres in the UK. It provides a comprehensive clinical service for local and tertiary referrals including complex surgery for fistula. There is a strong research programme, and the appointed would be encouraged to contribute. There is very well established regional Pelvic floor MDT with all the other necessary specialties represented.
	UHS is the regional Specialised Mesh Complications Service (Mesh Service) for Hampshire & the Isle of Wight and Dorset ICS to provide the multi-disciplinary team management of women with mesh complications consequent to mesh insertion vaginally or abdominally for urinary incontinence and prolapse. The successful applicant will, together with the existing subspecialist in urogynaecology, support the provision and further development of this service.
	Once appointed the successful candidate would be expected to help support an application for subspecialty training to further strengthen the unit.
	The appointee will provide outpatient services including outpatient cystoscopy urodynamics and a dedicated perineal clinic.
	Teaching is an essential part of this position and there is opportunity to suppor development in both undergraduate and post graduate education.
	The purpose and job description are subject to change as determined by service requirements.
Key Working Relationships:	Multi-professional healthcare staff within Obstetrics and Gynaecology, including consultant medical, midwifery and nursing colleagues, trainee doctors, midwives, nurses, theatre teams, Care Group and Divisional management teams and administrative staff.
General Duties:	 To drive forward further development and aspirations of the urogynaecology service Provision of tertiary urogynaecology services Provision of ambulatory urogynaecology services
	 Maintenance of highest standards of urogynaecology care for the local and regional population To participate in the provision of emergency gynaecological services to the local population via participation in the general gynaecological on call rota

University Hospital Southampton

				Γ.			_
١HS	Fo	und	dat	ior	ו Tru	ıst	

	NHS Foundation Trust
Departmental	 To actively participate in management, service development and clinical governance within the Care group and wider Trust Contribution to undergraduate and postgraduate education and supervision including ATSM training in urogynaecology. To actively support and engage with ongoing research themes and projects in line with the expectations of a vibrant academic hospital To actively participate in continuing medical education to maintain annua consultant appraisal
Working Relationships	multidisciplinary pelvic floor and mesh MDTs, and also work with other members of the gynaecology team (medical, nursing and support).
Departmental Staffing Structure	Care Group Clinical Lead Dr Sarah Walker Care Group Manager Fiona Lawson Obstetrics only Karen Brackley, consultant in fetomaternal medicine Matthew Coleman, consultant in fetomaternal medicine Raji Parasuraman, consultant in fetomaternal medicine Tara Selman, consultant in fetomaternal medicine David Howe, consultant in fetomaternal medicine Ganga Verma, consultant in fetomaternal medicine Jillian Connor, consultant in obstetrics Jo Mountfield, consultant in obstetrics Shelley Haynes, consultant in obstetrics Sarah Walker, consultant in obstetrics Mathew Coleman, consultant in obstetrics Sareer Umranikar, consultant in obstetrics and gynaecology Henny Lukman, consultant in obstetrics and gynaecology James Hounslow, consultant in obstetrics and gynaecology Nazia Irshad, consultant in obstetrics and gynaecology Nazia Irshad, consultant in obstetrics and gynaecology Nazia Irshad, consultant in obstetrics and gynaecology Alison Torrens, consultant in obstetrics & gynaecology Natalie Brown consultant in obstetrics & gynaecology Natalie Brown consultant in obstetrics & gynaecology
	 Humera Fayyaz, consultant in obstetrics and gynaecology Gynaecology only Simon Crawford, consultant subspecialist in gynae oncology Ken Metcalf, consultant subspecialist in gynae oncology David Constable-Phelps, consultant subspecialist in gynae oncology Dimitrios Miligkos, consultant in gynaecology Adam Moors, consultant subspecialist in urogynaecology Ash Monga, consultant subspecialist in urogynaecology Gunter Rienhardt, consultant in urogynaecology Professor Ying Cheong, consultant subspecialist in reproductive medicine
Management duties	The postholder will be expected to contribute to the management and development of the department as agreed at annual job planning with the clinical lead.

	NHS Foundation Trust
	and the Care Group Clinical Lead (or nominee). Local mediation and appeal procedures will be followed in the event of any disagreement over proposed changes to the job plan.
	In accordance with Schedule 3 of the Terms and Conditions of Service for Hospital Medical and Dental Staff, the Job Plan includes a schedule of Programmed Activities setting out how, when and where the post holders duties and responsibilities will be delivered.
	A standard full-time Job Plan will contain 10 Programmed Activities subject to the provisions for recognising emergency work arising from on-call rotas and the provisions in Paragraph 7.6 to agree up to two extra Programmed Activities. Subject to the provisions for recognising work done in Premium Time, a Programmed Activity has a timetable value of four hours. Each Programmed Activity may include a combination of duties.
	It is recognised that the work programme for any new consultant taking up post will take time to settle into a regular pattern. Therefore, the job plan will be reviewed in discussion with your Care Group Clinical Lead after 3 months. This will be completed as part of the Job Plan review for all existing consultants related to this post to allow integration of job plans across the Care Group.
Other Duties	From time to time if may be necessary for the post holder to carry out such other duties as may be assigned, with agreement, by the Trust. It is expected that the post holder will not unreasonably withhold agreement to any proposed changes.

KPT

DRAFT JOB PLAN FOR CONSULTANT IN UROGYNAECOLOGY

Programme	Activity (PAs)
Outpatient clinic & MDT	1.75
Gynaecology theatre	2.5
Outpatient ambulatory urogynaecology	1.25
Ward rounds	0.5
Clinical administration	1.0
On call	1.0
SPA to include non-clinical administration,	1.0
educational supervision and clinical	
governance	
CPD	1.0
TOTAL	10

Direct clinical care 8PA Supporting professional activities 2PA

The 2 SPA within this job plan should be used for personal development, teaching and training of other health professionals, service review and development of clinical services and the regional network.

DRAFT WEEKLY TIMETABLE (WEEK 1)

Day	Time	Activity	
Monday	AM		
	PM		
Tuesday	AM		
	PM		
Wednesday	AM	MDT & GOPD	
	PM	Perineal clinic (alt)	
Thursday	AM	OT	
	PM	OT	
Friday	AM		
	PM	Outpatient ambulatory urogynaecology	

DRAFT WEEKLY TIMETABLE (WEEK 2)

Day	Time	Activity
Monday	AM	
	PM	Urodynamics/ GOPD (alt)
Tuesday	AM	
	PM	
Wednesday	AM	MDT & GOPD
	PM	Tertiary GOPD
Thursday	AM	OT
	PM	OT
Friday	AM	
	PM	Outpatient ambulatory urogynaecology (alt)

IMPORTANT ADDITIONAL INFORMATION RELATING TO YOUR EMPLOYMENT

	Duty of Care	You are responsible for ensuring that the patient, family and carers are at the centre of everything you do.
		Be open, honest and willing to acknowledge when something has gone wrong. Make timely apologies and take action to report incidents, including near misses; to ensure that as an organisation we learn.
F		You should continuously seek to reduce harm by speaking up to managers and leaders if you believe that a lack of skills, knowledge or resources place patients at a risk of harm or if your concerns are not being listened to. Managers and leaders must listen to others when they raise concerns and take action.
		Wholeheartedly commit to learning about safety, continually striving to improve excellent care. Develop your own ability to detect and correct defects.
	NHS Standards of Business Conduct and Professional registration	All employees must abide by the guidance set out in the NHS Code of Conduct and Standard Business Conduct for NHS Staff (HSG 93/5), as amended or replaced from time to time. Managers must also comply with the NHS Code of Conduct for Managers.
		All Medical and Dental staff must work within the guidelines of the "General Medical Council Guide - Good Medical Practice".
		This post is subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff.
		Postholders must hold appropriate registration with the General Medical Council.
	Living our values every day	All staff are expected to strive to make the Trust values 'what we do' – to inspire, develop and support every one of us to live our values; every patient, every colleague, every day.
		Each post holder is expected to ensure they live the values of:
		1. Patients First
		2. Always Improving
		3. Working Together
		These values are about us all helping each other to deliver great patient experience more consistently – involving people who use our services, their families, carers, staff and partners in continuing to improve the experience people have using and delivering our services
	General Provisions	Subject to the provision of the Terms and Conditions of Service, the post holder will be expected to observe the Trust's agreed policies and procedures, drawn up in consultation with the professional and clinical managers, and to follow the standing orders and financial instructions of the Trust.
		In particular, where the post holder manages employees of the Trust, he/she will be expected to follow the local and national employment and personnel policies and procedures. The post holder will be expected to make sure that there are adequate arrangements for hospital staff involved in the care of his/her patients, to be able to contact him/her when necessary.

University Hospital Southampton

	All medical and dental staff employed by the Trust is expected to comply with its Health and Safety policy and procedures.
	The post holder will be responsible for the training and supervision of Junior Medical staff that work with him/her and will devote time to this activity on a regular basis. The appropriate post holder will be named in the contract of Doctors in Training Grades as the person responsible for overseeing their training, and as the initial source of advice to such doctors on their careers.
Residence	Residence within either 10 miles or thirty minutes by road from Southampton General Hospital is a requirement of this post unless specific approval for alternative arrangements is given by the Trust. The post- holder should be able travel to meet the needs of the post and his/her private residence must be maintained in contact with the public telephone service.
Secretarial Support and Office Accommodation	Both secretarial support and office accommodation will be available and you will be provided with an individual personal computer with internet access via the internal server.
Information Systems	Access to hospital information systems including Pathology and Radiology results, will only be granted after attendance on a training course.
	Attendance on the Ward Results Training course is mandatory before access to the system can be granted. Staff who login to hospital information systems where there is no authority to do so will face disciplinary action.
Health and Safety:	Staff are reminded of their responsibility to take care of their own personal safety and others whilst at work. In addition, no person shall interfere with, or misuse anything provided in the interests of health, safety and welfare
Infection Prevention and Decontamination of Equipment:	All staff are reminded of their responsibility to adhere to Trust and Departmental Infection Prevention Policies, including policies for the cleaning and decontamination of equipment, in order to protect their own health and that of other employees, visitors and patients.
Child Protection/Safeguard ing	All staff providing services to patients and children are reminded of their responsibility to adhere to Trust and Departmental Child Protection and Safeguarding policies including employment checks.
Confidentiality	All employees of Southampton University Trust are reminded of the need to treat all information, particularly clinical and management information, as confidential.
	Any employee who wilfully disregards Trust and Departmental policies may be liable to serious disciplinary action including dismissal.
	This job description will be reviewed yearly as part of the annual appraisal, to ensure that it reflects the responsibilities of the post. No changes will be made without full consultation with the postholder.
Mental Capacity Act 2005	All Staff are required to ensure knowledge regarding the Mental Capacity Act 2005 (MCA) at a level deemed essential for their role. The level of training required will be specified to members of staff and is dependent on their role. It is important that staff understand and comply with local policies and procedures relating to MCA to ensure the Trust can act in an individual's best interest when providing care. This helps to ensure ongoing

best interest when providing care. This helps to ensure ongoing adherence to our legal obligations and ensuring we put the needs of our

patients first

	NHS Foundation Trust
Sustainability	Staff are reminded of their responsibility to take care of the resources used whilst at work. These include careful use of energy and water; for example, ensuring unnecessary equipment is turned off when not in use. Waste needs to be segregated properly. UHS policies and strategies for sustainability should be followed whilst undertaking daily duties. We encourage staff to be involved with sustainability at work, through participation in the Green Guardians network.
Last Updated	30 June 2022

APPENDIX 1 – Broad Description of the UHS Maternity and Gynaecology Services

Working at the University Hospital Southampton and Princess Anne Hospital is interesting and fulfilling because of the variety of work and the collaborative environment. The hospitals provide a near complete range of care and at all levels of complexity. These include community midwifery care and a midwife lead birthing unit, secondary care to the local population in both obstetrics and gynaecology, and tertiary services for the Wessex region in obstetrics, gynaecology and neonatology. The tertiary neonatal services include neonatal surgery and cardiology. The hospital is co-located with the Southampton General Hospital, which provides tertiary care in all adult specialties which results in frequent complicated medical and surgical referrals and transfers.

Southampton Hospital and the Women's and Newborn Care Group have a strong commitment to the development of quality care and to multiprofessional working, in particular around patient safety and continuous learning. We wish to appoint consultants with enthusiasm to provide high quality care to all women, who have growth mindsets and who are keen to collaborate with other specialties and professions, and who will strive to improve the service further.

UHS provides an extensive range of general and specialised tertiary level gynaecology services. These include advanced laparoscopic, BSGE endometriosis accreditation, gynae-oncology, urogynaecology and pelvic floor surgery.

The gynaecological oncology service treats patients from Southampton, Winchester, Basingstoke, the Isle of Wight and Guernsey. The surgical service manages the full spectrum of gynaecological cancers and has well established open and Iaparoscopic surgical approaches. Sentinel lymph node assessment is routine for vulval cancers and recently, new procurement has provided access to establishing pelvic sentinel node assessment. Recent significant developments at the Southampton Cancer Centre are the establishment of IORT and Intraperitoneal Chemotherapy provision. There is a well-established centralised Cancer Centre Exenteration Team which provides co-ordinated care for ultra-radical surgical cases, including those for gynaecological oncology.

The urogynaecology service provides the regional Specialised Mesh Complications Service (Mesh Service) for Hampshire & the Isle of Wight and Dorset ICS as well as the regional pelvic floor and fistula service.

The endometriosis service is a BSGE accredited centre for the excision of rectovaginal endometriosis. There is a dedicated endometriosis clinic and a multidisciplinary team with gynaecological, colorectal and urology surgeons, specialist nurses and ultrasound specialists in imaging of severe endometriosis.

There is also a well-developed early pregnancy diagnostic and management service sited next to the emergency obstetric services and a developing consultant-led acute gynaecology service at the Princess Anne hospital. Out-patient facilities include hysteroscopy, colposcopy, urodynamics, cystoscopy, women's physiotherapy and comprehensive obstetrics and gynaecology ultrasound services. The gynaecology ultrasound services are highly specialised and research active with many clinics one-stop with ultrasound triage. There are dedicated gynaecology sonologists who specialise in 3D ultrasound, endometriosis, prediction of malignancy in adnexal masses and caesarean scar pregnancy.

In addition the Complete Fertility Unit is at the Princess Anne Hospital and provides advanced fertility related diagnosis and management.

The Southampton Maternity and Gynaecology Services are provided by University Hospitals Southampton NHS Foundation Trust and are commissioned by NHS Southampton City and NHS Hampshire, with specialised services being commissioned by South Central Specialised Commissioning Group.

In 2019 there were approximately 5500 births occurring on three sites: the Princess Anne Hospital labour ward (usually obstetric led births); the co–located Broadlands Birth Centre (midwife-led births); and the stand-alone New Forest Birth Centre (NFBC) at Ashurst. For women who are considered to be at low-risk midwifery led care is encouraged and a choice of birthplace is offered inclusive of home birth.

The Southampton Maternity Service spans the acute hospital setting and the community ensuring that women receive care across the continuum from before pregnancy to postnatal periods. It is now inclusive

University Hospital Southampton

NHS Foundation Trust

of the prenatal diagnostic service comprising of fetal medicine, screening and the obstetric sonography service. The unit is co-located with a large tertiary Neonatal Unit with a total of 37 cots.

The Maternity Service is responsive to the following national drivers for Public Health, normalising Birth, continued professional development and the Children's Agenda:

- Ockenden report (2020)
- Long term Plan (2019)
- NHS Patient Safety Strategy (2019)
- Better Births (2017)
- Safer Maternity Care (2016-20)
- Care Quality Commission
- Saving Lives, Improving Mothers' Care (MBRRACE 2018)
- Each Baby Counts (2019)
- Saving Babies Lives (2017)
- NHS Resolution's Early Notification Scheme (ENS)
- Providing Quality Care for Women. Obstetrics and Gynaecology Workforce (2016)
- The Report of the Morecombe Bay Investigation (2015)
- Culture change in the NHS Applying the lessons of the Francis Inquiries (2015)

The Maternity Service is committed to multi-professional care in all aspects of the service; with a bespoke and personalised package of care being determined by individual needs of women. This sits in line with national agenda as outlined within the government publications 'Better Births' and the 'NHS Long Term Plan'. The majority of care in uncomplicated pregnancies is midwifery-led throughout pregnancy and birth, with clear referral pathways to obstetric services where appropriate. UHS Maternity Services boasts an open work culture across the team with mutual trust and respect evident between all service providers. This multi-professional approach to providing maternity care is demonstrated through the active involvement of all specialties (midwifery, obstetric, neonatal and anaesthetic) in the organisation of the care provision for women on both an operational and strategic level, including Healthcare Governance.

UHS Maternity Services operates two pathways of care for women, Midwifery-led and Obstetric-led, with a fluid movement between them for both service providers and service users. Further to this, each pathway is organised into teams of midwifery staff. These comprise rotational teams working across the maternity service to include localities within in the community and core teams based in clinical environments within the Princess Anne Hospital, inclusive of the Broadlands and New Forest Birth Centre. Further to this, UHS are renowned for supporting a case loading model of care with small teams of specialist midwives providing a complete package of care to vulnerable women. This client group encompasses individuals who, for a variety of reasons including social deprivation, BAME and underlying health issues, may be seen to benefit from being part of NEST (Needing Extra Support Team) that sits as an integral part of the maternity services. In addition, there are a number of specialist midwifery teams within the service (covering areas such as: maternity safeguarding and perinatal mental health; diabetes; screening and public health) that have been recognised at regional level. These teams work alongside the rest of the MDT to enhance care provision for women through education for all staff groups and updating of local policies guidelines, so as to provide up to date information for women and their families, as well as employees of the Trust.

Consultant obstetric presence on labour ward is over 100 hours. All consultants within obstetrics and gynaecology contribute to maintaining and developing high standards of care by contributing to clinical governance, the intrapartum care committee, guideline development, multiprofessional education and the regular risk review process.

There is a regional fetal and maternal medicine service, with close collaboration with related specialties such as genetics, paediatric cardiology, neonatology and neonatal surgery, adult endocrinology and haematology. The fetal and maternal medicine service now operates as a clinical network with hospitals across the former Wessex region, sharing protocols and patient information to provide consistent quality of care across the area. High-risk antenatal clinics are increasingly focused on specific conditions with women referred to specific clinics if they have congenital heart disease, endocrine disease, epilepsy, drug use, monochorionic twins, pre-term birth or other relevant medical co morbidities.

The Maternity Service has been successful at achieving years 1, 2 and 3 of the NHS Resolution Maternity Incentive Scheme.

University Hospital Southampton NHS Foundation Trust