

NEW POSITION

St Martins (Guernsey) Consultant Gastroenterologist

 St Martins, Guernsey

 Private Sector

 Permanent

 £ 116.000 + pa

1. Introduction

Our client is contracted to provide a wide range of emergency and elective services for the Bailiwick of Guernsey, in partnership with the Committee of Health and Social Care (HSC) of the States of Guernsey. It always aims to serve and care for the community through the provision of the highest standard of clinical care. The service is currently provided by 53 Consultants with a range of professional interests. There are no junior doctors in Guernsey and therefore consultants provide the complete range of inpatient and outpatient care. Tertiary care services are supplied by a variety of Hospitals on the UK Mainland, mainly Southampton University Hospital, usually through contracted services. Medical indemnity is provided by our client. Our client is based at Alexandra House and Mill House where most managerial and other support staff are based. Both buildings have dedicated outpatient facilities and are situated approximately 400 metres from the island's main hospital, The Princess Elizabeth Hospital (PEH). For more information, please contact us at Health Recruitment Australia.

Guernsey is a pleasant and safe island in which to bring up a family, with good schools in both the public and private sectors and with plentiful leisure attractions and facilities. The post attracts a long-term essential employment permit, and the holder can expect to become an established resident after 8 years. House prices in Guernsey are compatible with the South-East of England. The Bailiwick of Guernsey is a Crown Dependency with the States of Guernsey ('States') as the main governing body for all matters except foreign policy and defence. Guernsey has good transport links to the UK mainland and France.

The post holder will be expected to be on the GMC Specialist Register for Gastroenterology. The appointee will NOT be expected to take part in the GIM on call rota. But it would be desirable for the applicant to have accreditation in GIM.

The appointee will be expected to work together with the established members of the department and support staff to improve patient choice and enable the development of new on-island services.

This is a 10 PA per week post with no formal commitment to an on-call rota. In addition to the salary there are opportunities to develop significant private practice which are integrated into our clients model. This means that you do not need to arrange private consulting rooms or secretarial support as private practice is supported in house. In addition to this your private defence cover is included in your remuneration package.

2. Duties of the post

- To provide care for Gastroenterological patients in both inpatient and outpatient settings.
- To provide advice and take over the care, where appropriate, of patients under the care of other specialists within the group
- To participate in the development of the adult medicine protocols and guidelines particularly relating to gastroenterology and its interactions with other subspecialties
- To develop and maintain collaborative professional relationships with medical colleagues in other specialties and participate in regular clinical meetings and other profession activities.
- To develop and maintain good communications with general practitioners and appropriate external agencies.
- To demonstrate a firm involvement in clinical governance, risk management and clinical audit – this will include the development and maintenance of appropriate systems and practices to ensure continued safe clinical practice.
- To ensure that practice is up to date; this will necessitate the consultant taking responsibility for their clinical professional development and participating in our client's performance, annual appraisal and revalidation system which is supervised by the GMC with whom our client has a special arrangement.
- To share responsibility for data protection arising out of the use of computers, and to maintain good practice in the handling of confidential information.

- To be accountable for improving and complying with infection control practices.

3. Our Clients Structure and Adult Medicine Directorate

The senior office holders consist of the Chairperson, Lead Governance Partner and Lead Finance Partner who together with the four Directorate Chairs, form the Management Board.

The four Directorates are Adult Medicine (14 Consultants), Anaesthetics (12 Consultants), Surgical (15 Consultants) and Women and Child Health (12 Consultants).

Our client employs clinical and support staff (88.74 FTE) including senior management, surgical assistants, nurses, audiologists and administration staff supporting the directorate structure as well as in finance, IT, corporate and clinical governance, HR, facilities, medical records, reception and typing. The income for our client comes primarily from the healthcare contract with the States (79%). The remaining balance is from private earnings.

Our client Adult Medicine Directorate and support services are located primarily at Alexandra House. The department is supported by adequate managerial and secretarial staff. There is adequate desk and computer access at both Alexandra House and the PEH. The departments of Cardiology and Oncology are wholly based within the PEH.

Consultant Physicians:

This post – Gastroenterology

- Dr B Patel – GIM
- Dr S Evans – Geriatric Medicine (Stroke Disease & Syncope) & GIM & Directorate Chair
- Dr A Matthew – Geriatric Medicine (Movement Disorders) & GIM
- Dr T Saunders – Geriatric Medicine & GIM
- Dr K Allen – Diabetes & Endocrinology & GIM
- Dr W Anees – Respiratory Medicine & current lead for Cardiorespiratory Services
- Dr D Patterson – Cardiology & GIM
- Dr Z Ali – Cardiology & GIM
- Dr P Gomes – Oncology
- Dr Y Manikyam – Oncology
- Dr M Flook (starts Sept 2022) – Oncology
- Dr P Harnett – Acute Medicine with a Renal interest
- Consultant Neurologist – post currently filled by a locum while substantive recruitment takes place

4. Inpatients/Acute General Medicine

The Department has approximately 2,400 admissions per year, most of which are non-elective. The weekday daytime acute medical rota is shared between the Physicians but not this post or the neurologist.; the Oncologists are excluded from this role as they run a 1:3 on call rota until 23:00 during the week and until 13:00 at the weekend. Oncology is then covered by the duty physician with patients being handed over the following morning.

Currently there is a 1:10 out-of-hours service with a separate oncology rota. The service is Consultant only, with a first on-call commitment without junior staff. In general, the admitting physician continues the care of their own patients, although cross-referrals are made as appropriate.

Presently most unplanned admissions are assessed by the Duty Physician in the Emergency Department following referral from the emergency doctor or the community GPs.

The Princess Elizabeth Hospital has an excellent 7 bed Intensive Care Unit, of which 3 beds are used flexibly as Medical High Dependency/Coronary Care beds. There is a hospital modernisation program in progress which will increase the number of ITU/MH DU beds and upgrade the private wing. The acute medical wards have 48 beds in total and the Older Person/Rehabilitation Ward has 26 beds. There is a private ward for medical, surgical, orthopaedics and gynaecology, although at times is used for overflow medical patients.

Gastroenterology services

The successful applicant will be expected to help develop the GI service in collaboration with colleagues and to provide an integrated and high-quality service for patients. This will include trying to ensure that appropriate waiting times for clinic and endoscopy are adhered to and provided in an effective, safe and efficient manner and the principles of risk management and clinical governance are maintained.

Outpatients

There are currently 2 or 3 busy general gastroenterology outpatient clinics per week for each gastroenterologist. These are held at Alexandra House. They allow 30 minutes to assess a new patient and 15 minutes for follow-ups, but this may be varied by clinician. These include hepatology (excluding Hepatitis B & C) referrals an annual number of approximately 520 new and 1000 follow-up patients.

Gastroenterological investigations and treatments are performed at the Princess Elizabeth Hospital. Approximately 200 “open access” (see below) patients are seen directly for consultation and endoscopy. A further 200+ patient episodes are seen in the Day Patient Unit (DPU) or Day Assessment Unity (DAU) at PEH for non-endoscopic procedures, such as venesection, iron infusion, anti-TNF therapy etc. The majority of venesections are now undertaken by the Haematology Department phlebotomists under the guidance of the Haematologists.

Endoscopy

Services provided, inclusive of most therapeutics are:

- Upper endoscopy (including stenting, banding etc)
- Flexible sigmoidoscopy
- Colonoscopy
- Capsule Endoscopy
- PEG
- PEJ
- Enteroscopy
- ERCP

EUS, 24hr pH and oesophageal manometry, HALO and gastro-oesophageal EMR, and complex polyps potentially requiring ESD +/- advanced EMR are currently referred off-Island.

The BSG Guidelines for follow up of patients with Barrett's oesophagus and colonic polyps are followed.

Currently the gastroenterologist provides 6-7 endoscopy lists per week. One of these is an ERCP list. There is an anesthetic supported list every Tuesday.

There is no formal on call GI bleeding service. There is no formal open-access endoscopy service. All referrals are vetted and may then be seen directly for endoscopy and consultation if deemed appropriate.

There is a bowel cancer screening (BCS) service using FIT testing. This is currently supported by a BCS nurse who organises the FIT tests and interviews all prospective clients. If the FIT is positive, the client will be invited to have a colonoscopy. It is expected that each gastroenterologist will provide at least 2 BCS colonoscopy slots per week.

There are currently no plans at present to introduce colon cancer screening for those with a family history of bowel cancer (other than those who fulfil the Amsterdam criteria). HSC have not previously funded colonoscopy screening for families with an appropriate family history of bowel cancer and thus is currently outside the UK guidelines. If appropriate resources are provided in the future by HSC, then the FIT screening might be introduced for families with a family history of colon cancer. There are currently no plans to fund colonoscopy screening for families with a family history of colon cancer and if such clients wish to have a screening colonoscopy, this should be funded privately.

Local dyspepsia guidelines based in the NICE guidelines have been introduced in conjunction with HSC to help provide guidance and support to primary care in referring patients.

The faecal calprotectin testing is used as a means to limit GP referrals to those most appropriate. GPs have been sent guidelines on the use of faecal calprotectin and FIT testing to help them decide on the appropriateness of the referral and it is expected that they are used to help rationalise referrals.

There is a high standard of GPs in Guernsey, who will provide many of the routine follow up services e.g., 6 monthly AFP and ultrasound screening of patients with cirrhosis, blood monitoring of patients on immune-suppressants and/or biologics. There is no restriction on your ability to prescribe biologics as appropriate, as there are no PCT's in Guernsey. However, not all drugs are available in Guernsey and the ones that are available are listed on Guernsey's White List. Requests can be made for drugs to be added to the White List.

The standard of endoscopy equipment is excellent, and the endoscopy unit works well as a team. The rapid access to high quality, audited endoscopy is greatly valued. The Pentax EG series system is used (purchased in 2017), with a Sony digital capture unit and ScopePilot. Currently the computerised reporting system (Endobase) is used.

Private practice is an integral part of the service provided and is not separated from contract work. Although the job plan is not directly comparable to an NHS job plan. Some consultants who have developed a large private practice run additional evening clinics. There are plans to consider opening Saturday morning clinics.

Ideally the successful candidate would be able to carry out ERCP but this is NOT essential. ERCP is carried out on island with anaesthetic support. This is currently carried out on a Tuesday morning. Numbers are small 25-30 per annum. While both our client and HSC recognise that these fall outside the recommended number to maintain competency, we are currently able to demonstrate a high quality service with low complication rates by carrying out a rolling audit of all ERCPs. Support is available from the Hepatobiliary team at UHSNHST. Maintaining experience in this type of procedure could be part of the appointee's off-island attachment.

Support Services

The new gastroenterologist will have the benefit of appropriate PA and secretarial support provided by both our client and PEH. The PEH uses TRAK Care for electronic management of pathology and radiology requests and results etc. A new system is about to be introduced and the aim is to have it implemented by the end of Q1 2023.

Our client has 2 GI surgeons: Michael Van den Bossche – Upper GI and Professor Raqibul Anwar – Lower GI.

Specialist hepatology advice is obtained from Southampton as well as Guys Hospitals. In conjunction with visiting consultants from the Royal Free Hospital, there is an on-island service for chronic viral hepatitis run by Dr Nikki Brink, who is primarily employed by HSC as Director of Public Health and for STD services.

There are good services in Radiology (including GI intervention), Histopathology Dietetics and Speech and Language Therapy.

There are currently no Specialist GI Nurses/Nurse Endoscopists although the recent medical review (available on request) suggests that these should be employed. A detailed business case has been submitted and although supported and agreed is warranted, funding is still awaited. There are trained endoscopy nurses to assist with PEG/PEJ insertion and to change button PEGS.

All ERCPs and most oesophageal stents are performed with an Anaesthetist present.

There are weekly GI MDTs primarily dealing with cancer cases but also non-malignant GI disease such as IBD and Barrett's oesophagus.

New Services Planned

A sequenced introduction of the following services is planned:

New services introduced or planned

- Flexible sigmoidoscopy screen for bowel cancer was introduced in 2013. When FIT testing was introduced in April 2018 the screening flexible sigmoidoscopy service was stopped. IF a client is FIT positive, they undergo a colonoscopy under sedation. A propofol/GA service for screening colonoscopies is currently not funded. This screening is offered to people aged between 60 and 70, with the FIT test being carried out every 2 years if negative. If a person has had a clear colonoscopy following a FIT, then they can have a repeat FIT in 4 years time provided they are fit enough.
- Colonoscopic screening for people with a family history of bowel cancer is currently not available on the contract.
- Hydrogen Breath tests have been introduced for Small Intestinal Bacterial Overgrowth and for Lactose Intolerance. A nurse has been trained in performing the tests, which are then interpreted by the Gastroenterologist.
- Capsule endoscopy is only available in Guernsey for private patients. Contract patients requiring the capsule endoscopy service have this performed at University Hospital Southampton (UHS).
- 24hr pH and oesophageal manometry is currently provided in UHS for contract and private patients.
- A detailed business case has been submitted for the appointment of a Nurse Specialist in Gastroenterology, primarily supporting IBD patients but also patients with liver disease (not hepatitis B&C).
- The development of off-island attachments to a tertiary hospital are to be encouraged to remain up to date and continue a good working relationship with UHS, which is our main gastroenterology tertiary provider.

5. Job Plan

Sample Weekly Timetable

Sessional Workload

Guernsey lies outwith the NHS and this post is overtly different to a typical NHS post in that there are no specified numbers of programmed activities (PAs) but is thought to be the equivalent of 10-11. The remuneration reflects the substantial workload. Below is an estimate of equivalence, with regard to direct patient contract (DPC) and supporting professional activity (SPA):

DCC. Excluding the first on-call out-of-hours commitments detailed above, there are 8.5 PAs per week with admin time included

SPA: 1.5 SPA timetabled sessions per week with additional SPA time in the form of an academic half day which occurs once a month and for which all non-emergency clinical work is put on hold. This equates to an additional 0.25 PAs per week. There is no requirement for teaching or supervision of juniors.

Additional SPAs to accommodate private work by negotiation.

The Consultant is free to use their time flexibly within the limitations of the requirements of the current contract between HSC and our client but is expected to put the needs of patients first. There is no differentiation between contract and private patient clinics, though some consultants with a large private patient workload choose to do extra out of hours clinics.

Off Island attachments which can be up to 10 days a year can be allocated flexibly. These can be used to maintain links with off-island service providers and utilized for a mix of DCC and non DCC sessions. The monthly Academic Half Day and weekly GIM radiology meetings are considered as SPA activities. Time is also allocated for audit and appraisal.

The proposed timetables would be as below but is subject to change/development.

- Monday AM
 - GI MDT 8-9am
 - Ward Round
 - OP Clinic 1000 – 1300
- Monday PM
 - SPA (1300 – 1800)
- Tuesday AM
 - Ward round 8am
 - Endoscopy list (GA list) / ERCP list
- Tuesday PM
 - Endoscopy 1300 – 1800
- Wednesday AM
 - Ward round / SPA or Endoscopy list (alternate weeks)
- Wednesday PM

- Clinic: Private and Contract
 - Wednesday evening private clinic available if required
- Thursday AM
 - Physician meeting 0815 – 0900
 - Ward round
 - Endoscopy list
- Thursday PM
 - Clinic 1300 – 1800
- Friday AM
 - Ward round
 - Endoscopy List
 - Physicians e-ray meeting 1200 – 1300
- Friday PM
 - Clinic: Private & Contract

Currently Tuesday morning GA endoscopy list alternates between the 2 gastroenterologists as does the Wednesday morning endoscopy list. When assigned an endoscopy list on a Wednesday morning the SPA session becomes a half session, the alternate Tuesday morning the provides the other half of this session.

All Endoscopy lists have private and contract patients on them. A factor of 20% is included to accommodate private work when calculating equivalent Pas. This is an approximation as the Guernsey role is difficult to directly correlate to an NHS post.

(SPA = Supporting professional Activity)

(BSC = Bowel Cancer Screening – Flexible Sigmoidoscopy/Colonoscopy)

One SPA sessions is allocated for Clinical Admin.

There are 1.5 SPA sessions and 8.5 DCC sessions including time for admin on average per week excluding on call. The Wednesday evening clinic is wholly private. There is potential for additional out of hours private worked based at our client or PEH if required. l. The Emergency Department is run by experienced consultants and associate specialists who usually perform acute thrombolysis, cardioversions etc.

6. Clinical Governance

Everyone is expected to participate in all aspects of clinical governance. A mentor will be offered to the appointee at the time of their appointment.

Both our client and HSC are committed to the clinical governance process and have a single Clinical Governance Committee. A local appraiser process has been in place for many years using a Validation Support Team compliant electronic appraisal and recently regular off island appraisal has been introduced.

All new consultants are allocated a 'mentor 'who is typically an experienced consultant from another department who is available to support and advise the new consultant during the first year of their post in addition to the more formal support from the department chair and management colleagues.

We comply with the General Medical Council revalidation requirements. There is an annual appraisal following a format approved by the GMC, and a Responsible Officer (Dr Peter Rabey – Medical Director) has been appointed by the States of Guernsey to oversee revalidation.

Our client has employees with roles to assist the appraisal process. HSC employs a Medical Director and Director of Clinical Governance together with Clinical Audit and Healthcare Information staff. There is good IT support within the group.

Study leave is up to 10 days per year (to include mandatory training) with UK expenses paid within limits. Under the contract with the States of Guernsey, Their consultants are encouraged to develop formal professional approved links with a unity in an NHS Trust or other approved institution in order to maintain standards and skills within their specialty. Proposals for such links are judged by the combined Clinical Governance Committee. Any time away on these links is separate from the annual study leave allocation. This can be up to 10 days.

In the Institute of Health and Social Care Studies at PEH, there is a multi-disciplinary library with full computer facilities and staffed by a full-time librarian.

“Academic Half Days” are held monthly (12 per year). These are divided into an initial session – Morbidity and Mortality meeting, followed by the Department of Adult Medicines education or audit meeting, and a later session primarily dedicated for the presentation of clinical audit projects or visiting speakers.

There are also fortnightly lunchtime clinical meetings aimed principally at the primary care doctors with lectures usually given by local or visiting consultants. There is a weekly medical X-ray meeting, and a weekly physicians business meeting both of which are well attended.

The post involves no formal teaching commitment but there are opportunities to teach elective medical students, GPs, nursing and other staff. Intra-departmental teaching occurs at the Academic Half Days, as detailed above.

7. Person Specification – Essential (E) & Desirable (D) criteria

Essential

QUALIFICATIONS:

- Entry on GMC Specialist Register for Gastroenterology (E) and for GIM (D)

- CCT (or entry within 6 months of interview) (E)
- CESR of equivalent (E)
- MRCP or equivalent (E)
- Eligible to reside and work in the UK (E)
- Success in intercollegiate specialty examination (D)
- Dual accreditation (D)
- JAG / BCSP Accreditation (D)

CLINICAL EXPERIENCE, KNOWLEDGE & SKILLS

- Clinical training and experience equivalent to that required for gaining UK CCT in Gastroenterology (E) and in GIM (D)
- Ability to offer expert clinical opinion on a range of problems both emergency and elective within the subspecialties of Gastroenterology (E)
- Ability to take full and independent responsibility for clinical care of patients (E)
- Ability to integrate the on-island care of appropriate patients with a tertiary centre (E)
- To establish personal links with a tertiary centre (E)
- Expertise to develop a sub-specialty interest (D)
- To develop an off-island clinical attachment with an approved tertiary centre (D)
- Ability to carry out ERCP (D)

MANAGEMENT & ADMINISTRATIVE EXPERIENCE

- Ability to advise on the development of a specialist service and its smooth running (E)
- Ability to organise and manage outpatient priorities (E)
- Commitment to administrative and managerial responsibility (E)
- Experience of audit and management (D)

TEACHING EXPERIENCE

- Ability to teach clinical skills to nursing, technical and medical students (E)

RESEARCH EXPERIENCE

- Ability to apply research outcomes to clinical practice (E)
- Publications in refereed journals (D)

PERSONAL ATTRIBUTES

- Honesty and reliability (E)
- Ability to work in a small community (E)
- Ability to be flexible and adaptable to change (E)
- Caring attitude to patients (E)
- Ability to communicate effectively (written and oral), with patients, relatives, GPs, nurses, staff and other agencies (E)
- Ability to demonstrate good multidisciplinary team working (E)
- High levels of emotional intelligence (E)

MOTIVATION & EXPECTATIONS

- Commitment to continuing Medical Education (E)
- Commitment to effective audit (E)
- Commitment to good governance (E)
- Willingness to undertake additional responsibilities (D)
- Commitment to developing the partnership (D)

Criteria are assessed through candidates CV, references, certificates, occupational health history reports, GMC specialist register and logbook

Interested? Let's talk.

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