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OUTSTANDING
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EXPERIENCE



RECRUITING,
DEVELOPING AND
RETAINING OUR
WORKFORCE



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COMMUNITIES



WORKING TOGETHER
WITH LOCAL HEALTH
AND SOCIAL
CARE PROVIDERS



DELIVERING
LONG-TERM
SUSTAINABILITY



Information pack for the post of

CONSULTANT GYNAECOLOGIST WITH AN INTEREST IN ONCOLOGY, COLPOSCOPY AND HYSTEROSCOPY

Division of Maternity, Gynaecology and Breast Services

April 2024



GOOD TO
OUTSTANDING



Welcome from Chief Executive Hannah Coffey

Hello and welcome to our Trust! I am delighted that you are considering our organisation as a place to work.

This is a really exciting time for our patients and staff as we work with our local health system partners across Cambridgeshire, Peterborough and South Lincolnshire to deliver some key development projects that will shape the care we provide for future generations within the 900,000-strong catchment we serve. As well as building a new hospital at Hinchingsbrooke and redeveloping our sites at Peterborough and Stamford to better meet the needs of patients, we are investing in a Trust-wide electronic patient record system and harnessing digital technology within our diagnostic services to enhance the quality and speed of diagnosis and treatment.

It's a great time to be joining TeamNWA AngliaFT where we truly value the health and wellbeing of our staff and encourage our leadership team to empower their teams to be the best they can be, to help them develop in their careers and, at the same time, ensure our patients can experience good quality care by people who are dedicated to serving their health needs.

If you are looking to develop your career in an environment that's primed for organisational change, where you can actively contribute to the quality improvements we are making for our patients and staff, then look no further for your next role.



Hannah Coffey
Chief Executive Officer

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Section 1 – Job Description

Job title	Consultant Gynaecologist with an Interest in Oncology, Colposcopy and hysteroscopy
Grade	Consultant
Location	Peterborough City Hospital
Hours of Work	40 hours per week (10 PA)
Reports to	Clinical Lead
Responsible to	Chief Medical Officer
Operationally Responsible to	Maternity Divisional Director

North West Anglia NHS Foundation Trust

North West Anglia NHS Foundation Trust was formed in April 2017. We run three acute sites Peterborough City, Hinchingbrooke and Stamford and Rutland Hospitals. In addition, we deliver outpatient and radiology services at Doddington Hospital, the Princess of Wales Hospital, Ely, and North Cambridgeshire Hospital, Wisbech.

We deliver acute care services to a growing catchment of approximately 850,000 residents living in Cambridgeshire, Lincolnshire and the neighbouring counties of Norfolk and Bedfordshire.

Job Summary

Applications are invited for the above substantive post at North West Anglia NHS Foundation Trust.

This is a replacement post arising out of retirement. It is predominantly a Gynaecology role with the potential to lead the cancer service.

You will be required to participate in on-call activity – Gynaecology and/or Obstetrics.

It is expected that the successful candidate will be working at the Peterborough Site predominantly but may be required to work across any of the 3 sites of the Trust in future. The total number of deliveries is 6000 per annum as a Trust. This appointment will be made by the terms and conditions of service for the 2003 consultant contract (England).

Main Duties and Responsibilities

The appointee will report to the Clinical Leads at PCH and be accountable to the Medical Director.

Pursue an interest in line with service needs and an opportunity to provide leadership in General obstetrics and gynaecology.

- Maintain the highest clinical standards in the management of Gynaecology patients
- Care for women with benign gynaecology conditions.
- Provide one-stop hysteroscopy services and leadership in training juniors
- Provide a colposcopy service
- Collaborate in MDT/ Colposcopy meetings
- Provide clinical input and leadership for the speciality
- Liaise with management to gain appropriate infrastructure for the provision of the service
- Accept personal responsibility for the clinical care of patients
- Attend regular departmental meetings and participate in department management and development of the service
- Provide emergency care to acute Gynaecology emergencies whilst on call.

Develop as a leader

- Potential to be lead of the Cancer MDT
- Potential to be Lead Colposcopist
- Work with colleagues to provide a consultant-led service of the highest standard
- Develop and maintain good working practices
- Provide effective clinical leadership for all staff in the service through positive collaboration with colleagues
- Offer support teaching and leadership to junior medical colleagues, nursing colleagues and other members of the multi-disciplinary team.

Education, Training, and Research

- Participate in the Postgraduate and Undergraduate teaching programs, and teaching/supervision of other healthcare professionals.
- Participate in appraisal and assessment of junior medical colleagues as required.
- Participate in training Specialist Registrars and other junior doctors.
- Deliver ATSM curriculum for trainees
- Share responsibility for the supervision, training, and professional development of O&G staff and other departmental staff as necessary.
- Where possible collaborate with academic and clinical colleagues to enhance the Trust's translational research/audit portfolio, at all times meeting the full requirements of Research Governance.
- To participate in research activities with the existing research team to establish good quality research while maintaining excellence in service provision and clinical practice.

Support Clinical Governance

- Comply with the Trust's Clinical Governance policy, including clinical risk management.
- Support and lead audit projects
- Liaise with the other consultant staff on the development and implementation of protocols and guidelines for patient care.
- Maintain standards of care for the Obstetrics and Gynaecology service.
- Be actively involved in the annual Cancer Peer Review and Colposcopy Quality Assurance Programme.

Continuing Professional Development

- Participate in the annual consultant appraisal process, in line with the Trust's appraisal guidelines.
- Maintain colposcopy accreditation.
- Maintain an up-to-date job plan and personal development plan.

- Register and participate in the appropriate CPD scheme.
- Participate in Trust Mandatory Training as required.
- Participate in Research

The post may involve working at any of the 3 sites of the Trust in future.

Job plan

Sample Job plan

General Gynaecology with interest in Oncology	Week A	Week B	PA
Monday AM	Admin	Theatre	0.5 PA Theatre 0.5 Admin
Monday PM	Hysteroscopy	Hysteroscopy	1 PA
Tuesday AM	SPA	SPA	1 SPA
Tuesday PM	MDT/Oncology/SPA	MDT/oncology/SPA	0.5 PA MDT 0.5 PA – SPA
Wednesday AM	Theatre	Theatre	1
Wednesday PM	Theatre	Theatre	1
Thursday AM	Oncology Clinic	Oncology Clinic	1 PA
Thursday PM	off	off	
Friday AM	Colposcopy	Colposcopy	1 PA
Friday PM	GODP		0.5 PA
			1.5 SPA 0.5 Admin MDT/oncology – 0.5 Colp MDT - 0.125 DCC – 7 On call - 1.5 Total - 10 PA

General Conditions of Employment

The appointee will enjoy terms based on the nationally agreed Terms and Conditions of Service for Consultants (England) 2003.

The successful candidate will be required to live within 20 miles of the Trust or 30 minutes of travelling time when on-call.

The appointee will be expected to cover for colleagues' absence from duty based on mutually agreed arrangements with the Department and with the Employing Trust. This is arranged by mutual agreement of consultant colleagues and approval of the Clinical Lead, by standard Trust and NHS regulations. Eight weeks' notice must be given to allow for proper planning and prevent cancellations of patients' appointments/surgery. This includes all forms of leave. Leave is granted in line with the Trust Policy and Specialty protocol.

The Trust requires the successful candidate to have and maintain full registration with the General Medical and to fulfil the duties and responsibilities of a doctor as set down by the General Medical Council.

All appointments are subject to satisfactory Occupational Health Clearance being obtained and a satisfactory DBS check.

The appointment is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by the Rehabilitation Act 1974 (Exemptions) Order 1975. Applicants are not entitled therefore to withhold information about convictions which for other purposes are 'spent' under the provision of the Act, and in the event of employing any failure to disclose such convictions could result in dismissal or disciplinary action by Trust. Any information given will be completely confidential and will be considered about an application for positions to which the Order applies.

Subject to the provisions of the Terms and Conditions of Services, the appointee is expected to observe the Trust's agreed policies and procedures, drawn up in consultation with the profession on clinical matters, and to follow the standing orders and financial instructions of the Trust.

In particular, where the appointee manages employees of the Trust, he/she will be expected to follow the local and national employment and personnel policies and procedures. The appointee will be expected to make sure that there are adequate arrangements for hospital staff involved in the care of patients, to be able to contact them when necessary and to observe the current local arrangements for advising details of leave.

Compensation and Benefits

Consultants are remunerated according to nationally agreed NHS pay scales and terms and conditions.

Newly appointed Consultants may be eligible for reimbursement for the whole or part of the cost of their removal expenses, provided that the removal is necessary to comply with North West Anglia NHS Foundation Trust's requirements concerning the place of residence.

Person Specification

Job title: Consultant In Obstetrics and Gynaecology with an Interest in Benign Gynaecology and Colposcopy

Division: Maternity, Gynaecology and Breast Services

Reports to: Clinical Leads

Criteria	Essential or Desirable Criteria		Assessment Method			
			A	I	T	R
Education and Qualifications						
• MBBS (or equivalent)	E		√			
• MRCOG or equivalent	E		√			
• ATSM in Oncology / Benign Gynecology	E		√			
• ATSM Hysteroscopy and colposcopy	E		√			
• CCT and/or inclusion on the Specialist Register of GMC or within six months of the Appointments Advisory Committee	E		√			
• Full GMC Registration	E		√			
Experience and Knowledge						
• Experience in MDT team working, practice and providing leadership in managing acute emergencies if required	E		√			
• Experience working in Gynae-oncology	E		√	√		√
• Teaching at post- and undergraduate levels		D	√	√		√
Academic Achievements						
• Able to demonstrate successful participation in audit	E		√	√		
• Evidence of Attendance and presentation [incl poster] at national or international gynaecology meetings		D	√			
• Evidence of completed and published research		D	√	√		
Key Skills						
• Ability to work in a multi-disciplinary team	E					√
• Effective written (including record keeping) and verbal communication skills with patients and staff	E					√
• Excellent interpersonal skills with the ability to use tact, diplomacy, negotiation and persuasion as well as authority	E			√		
• Ability to organise and prioritise own workload and participate in learning	E			√		

• Co-ordinate work with other consultants	E			√		
• Enthusiasm about Gynecology concepts, improving capabilities and patient services within this area	E			√		
• Current driving license	E		√			
Other						
• Awareness and respect for colleagues, patients and relatives dignity, privacy, integrity, cultural and religious beliefs	E			√		
• Ability to remain calm and work effectively in pressure situations	E			√		
• Good previous attendance record	E		√			
• Ability to travel to meet the requirements of the post	E		√			
• Satisfactory Criminal Records Bureau Disclosure and/or Certificate of Good Conduct (Police Check) from country of residence	E		Police/DfES/DoH			

Assessment Criteria: A = Application, I = Interview, T = Test, R = References

Section 2 - The Department and Division

Divisional Structure

Following the formation of our new Trust in April 2017, our operational functions across the three hospitals merged to form five clinical divisions. They are:

- Division of Medicine
- Division of Urgent and Emergency Care
- Division of Surgery
- Division of Family and Integrated Support Services
- Division of Maternity, Gynaecology and Breast Services

The clinical divisions are key to our service delivery and the structure is based on 'family groups' of services that have greater clinical interdependencies, which ensures working relationships remain closely aligned. The Divisions are led by a triumvirate comprising a Divisional Clinical Director, Divisional Operations Director, and Divisional Nursing Director.

Division of Maternity, Breast and Gynaecology



The Maternity Unit at Peterborough City Hospital

Maternity Unit has been rated Good by CQC after the inspection and update on 8 June 2023.

Peterborough City Hospital has been rated among the best ten training units consistently for the last five years.

The enhanced and expanded maternity facilities at PCH have attracted many more women to deliver at our Maternity Unit and the result is that our Deliveries are about 4100 per annum. We have a very popular Midwifery-led birthing Unit (MLBU) and we are aiming for at least 20% of all births to be carried out on the MLBU. The C/S rate is 35% and is in line with the national average. Our Maternity Electronic Patient Record System is K2 and this has been a resounding success in improving our documentation and access to records.

Maternity unit in-patient and assessment facilities:

- 14 delivery rooms, each with en-suite bathroom facilities,
- A large Birthing Pool Delivery facility,
- 2 Induction of Labour (IOL) bays
- 2 High-Dependency Unit (HDU) beds,
- 2 designated Obstetric theatres, housed within the Main Theatre complex (Which has a total of 18 theatres) adjacent to the Delivery suite,
- 4 theatre recovery beds.
- A 4-bed Triage Bay, where women with more urgent Antenatal or Intrapartum problems can be assessed.
- A dedicated 4-room Midwife-Led Birthing Unit (MLBU), adjacent to the delivery suite,
- 24 antenatal/postnatal inpatient beds, 3 of which are in single rooms.
- Transitional care beds for women and babies,
- A separate, 2-bed dedicated Bereavement suite which has full en-suite facilities and facilities for partners to stay over.

Fetal medicine scanning service

Three Obstetric Consultants currently work alongside sonographers and midwife sonographers to deliver the fetal medicine scanning service. There are at least 3.5 dedicated consultant-led fetal medicine scan clinics every week alongside several other antenatal clinics. High-risk cases are liaised with Addenbrookes Hospital. Leicester, Nottingham and London Fetal Medicine centers through established pathways via regular MDT and telephone links.

Antenatal Clinics (ANC) are housed in a purpose-built suite of consulting rooms and waiting areas on the ground floor of the Women's Health Unit. Within the ANC there is a dedicated Antenatal Day unit (ADU). Obstetric Ultrasound is situated within the Antenatal Clinic complex and staffed by 2 Specialist Consultants and a highly trained team of sonographers.

Peterborough's population demographics are ethnically mixed, with a relatively high deprivation index. The medical complexity of our patients continues to increase. Our Trust employs dedicated, in-house Polish, Portuguese, Lithuanian and Czech/Slovak translators.

There are 13 dedicated consultant clinics a week. Peterborough is signed up to the well-known GAP/GROW program which is trying to reduce the risk of stillbirth resulting from IUGR. There is a twice-weekly Diabetic clinic which is jointly run by the Specialist Obstetricians and Consultant diabetologists, supported by the diabetic specialist midwife and diabetic specialist nurse. Pregnant women with other endocrine conditions e.g. hyperthyroidism, are also seen in this clinic.

There is a dedicated Maternity Helpline, staffed by midwives, which runs 24/7 and advises pregnant women with concerns about their pregnancy and signposts them to the appropriate clinic or whether to come up to the hospital and be seen.

A dedicated Antenatal Day Unit (ADU) is housed within the antenatal clinic area, where CTG monitoring, Doppler ultrasound, administration of steroids/instruction in the injection of Low Molecular Weight Heparin (LMWH) for thromboprophylaxis, as well as monitoring of high-risk pregnancy, can be undertaken.

A busy Obstetric Triage facility is housed within the Delivery Suite. Here women with a variety of obstetric conditions including reduced fetal movements, possible rupture of membranes, PV bleeding, elevated blood pressure, abdominal pain and CTG concerns are assessed.

The Antenatal screening coordinator collates abnormal screening tests and liaises between the patients, the ward, the consultants and tertiary centres, as required. We have close links with the Fetal Medicine Unit at Addenbrookes Hospital, as our main tertiary referral centre, in addition to Units at UCH, Great Ormond Street, Leicester and Nottingham.

HMP Peterborough is one of the country's newest prisons and there is a Mother and Baby Unit within the complex. There is a dedicated Community midwife who sees all the pregnant women antenatally at the prison arranges appointments and liaises with social services. One of the Consultants is the Lead for these patients from the prison along with any other vulnerable women.

A Consultant anaesthetist is on call for the Delivery Suite and is present from 0800 to 1700 on weekdays. A trainee anaesthetist is working 12-hour shifts, supervised by the consultant during daytime hours. A dedicated Anaesthetic Assessment clinic for women is available for

women who are obese, have complex past medical histories or who have had anaesthetic or surgical problems in the past.

The Neonatal Intensive Care Unit (NICU) is an accredited Level 2 local neonatal unit. 6 cots are for short-term Intensive Care/High Dependency with 10 cots for Special Care. Around 350 babies a year are admitted to NICU. Babies are referred to Leicester, Great Ormond Street (GOS) or Addenbrookes for surgery. For neurosurgery, babies are transferred to Nottingham or GOS and for cardiac surgery babies go to Glenfield in Leicester or GOS.

Obstetrics at Hinchingsbrooke Hospital

There is a purpose-built Labour Ward comprising eight high-risk birth rooms, a dedicated obstetric theatre, a complex birth room, a special observation ward, an assessment room and a birthing pool which has undergone a complete refurbishment. There is an adjacent Midwifery Led Birthing Unit (MLBU) with two further normal birth rooms and an assessment/overnight stay area. There is an antenatal/postnatal ward consisting of four, 5-bedded bays and three single rooms. The ward has been completely refurbished to provide en-suite facilities. There is a purpose-built dedicated suite for bereavement in the labour ward.

The Fetal and Maternal Day Assessment Unit (MDAU) was opened in 2000, with five assessment spaces, two scanning rooms, a quiet room and additional space for assessments. This has recently been relocated to a refurbished area. It is staffed 09:00 – 18:00, Monday – Friday.

Three Obstetric Consultants currently work alongside sonographers and midwife sonographers to deliver the fetal medicine scanning service. There are at least three dedicated consultant-led fetal medicine scan clinics every week alongside several other antenatal clinics. High-risk cases liaise with Addenbrookes Hospital or London Fetal Medicine centres, Fetal Medicine Center through established pathways via regular MDT and telephone links. The unit has embedded the GAP GROW pathway within the last 3 years. There are weekly joint medical/obstetric/diabetes clinics with endocrinologists.

The adjacent Special Care Baby Unit (SCBU) comprises three intensive care spaces and nine special care cots. This allows almost all obstetric cases to be managed on-site. Women <30 weeks gestation and/or their babies would normally be transferred to a tertiary centre within the East of England Network.

A 24-hour epidural and anaesthetic service is provided at the Consultant level. An obstetric anaesthetic antenatal service exists for high-risk women.

The Labour Ward, MLBU, SCBU, Obstetric Ward and main theatres are adjacent to each other. Antenatal and Gynaecology clinics are held in the neighbouring Treatment Centre, a large new development linked to the main hospital. There are dedicated midwives for

vulnerable women, drug and alcohol misuse and obesity. The unit is fully engaged with the Local Maternity System and Maternity Voices Partnership for improving pregnancy pathways.

Portable ultrasound scanners are available for use on the wards and in the clinic.

The unit has a strong drive for research and has recently recruited in several portfolio national and international studies including QUIDS and SALVO. There is a full-time cover of dedicated research midwife to support research services in the department.

Specialist midwives support the unit in various areas including Mental Health, Bereavement, Risk, Research, Safeguarding and Practice Development.

Gynaecology at Peterborough City Hospital

NWAFT is an endometriosis centre, has a Dysis Colposcopy service and soon would initiate the Complex TOP service hub service.

The Women's Health Ward (Gynaecology and Breast) is part of the Women's Health Unit and is housed on the first floor, adjoining the Maternity Inpatients Ward. The Breast inpatients are also accommodated on this ward and all the women are nursed by Gynaecology and Breast surgery trained nurses, as a multi-disciplinary team. There are 20 beds, of which eight are single rooms. Eight beds are for 23-hour stay pathways. Ambulatory care pathways are also in development and there are two assessment beds, where patients from the Emergency Department can be assessed. Ultrasound and other facilities for examining women are available on the ward.

Gynaecology Outpatients (Women's Health Outpatients-OPD) is housed on the Ground floor of the Women's Health Unit, across the atrium from the Antenatal Clinic. There is a separate entrance to the Unit which is near the car park. There are eight Consulting rooms, each attached to a separate examination room. There is a dedicated Procedure Room, where Out-patient Hysteroscopy and colposcopy are done and where there are facilities to carry out Outpatient Endometrial Ablations under local anaesthetic. There is a parallel treatment room which doubles as a second Colposcopy suite and Urodynamics suite.

The Early Pregnancy/ Early Gynaecology Assessment Unit (EPAU/EGAU) is on the first floor close to the inpatient gynaecology wards and runs a seven-day service, staffed by 4 specialist Consultants and a team of specialist nurses. The unit manages all early pregnancy and emergency gynaecology problems. Out-of-hours scans are performed by either the Nurse Specialist or by a Consultant competent in Gynaecology scanning. Ambulatory services for hyperemesis are undertaken. Day case or home management of medical miscarriage and local anaesthetic manual vacuum aspiration for miscarriage are available.

Fertility care is provided by two Lead Consultant and 2 Specialist fertility nurses.

The gynaecology department runs a busy Colposcopy service (5 Consultants, and 2 Nurse Specialists). All the Consultants and 1 of the 2 Nurse Specialists are accredited BSCCP trainers. The newest Nurse Specialist appointee will be completing their BSCCP training shortly. There are also satellite clinics at Stamford Hospital. All the Consultants and Nurse Specialists can provide teaching and training for those SPRs completing their BSCCP accreditation.

At Stamford Hospital, there are five GOPD clinics and one Antenatal clinic per week provided by a total of six Consultants.

There is a dedicated weekly Termination of Pregnancy (TOP) clinic at PCH with the support services of a pregnancy loss counsellor. The service is Consultant-Led and nurse-delivered. The service offers medical (home and inpatient) and surgical termination (under local and general anaesthetic) for up to 18 weeks. A full range of contraception including LARC is provided for all patients. The service sees over 800 patients a year.

Minimal access surgery includes facilities for laser ablation with CO2 laser. Laparoscopic Surgery to level 3 is currently being carried out. All of the consultants can carry out laparoscopic salpingectomy for ectopic pregnancy and 7 regularly carry out laparoscopic oophorectomy, ovarian cystectomy and division of adhesions. The service provides Total Laparoscopic Hysterectomy and Laparoscopic-assisted Vaginal Hysterectomy.

Sub-speciality surgery for Gynaecological Oncology is performed to a limited degree (mainly Stage 1 and Grade 1 Endometrial Ca, as per Cancer Unit Guidelines) with the bulk of the cancer work at the Cancer Centre at Addenbrookes Hospital. The Consultant Specialist Nurse is BSCCP-accredited runs regular colposcopy clinics, and attends MDTs and Rapid Access Gynae clinics. She is supported by another specialist nurse.

Weekly Combined Oncology Clinics are carried out with support from either the Gynaecologist from Addenbrookes or the Medical Oncologist. Specialist Multi-Disciplinary Team (SMDT) meetings are held locally weekly at Addenbrookes and via telelink fortnightly. There is a weekly LMDT (local Gynaecology Multidisciplinary meeting) chaired by the Oncology Lead and a specialist Radiologist. There is a busy Radiotherapy service provided at PCH. Palliative care facilities are available with a hospice (Thorpe Hall) near the hospital.

Urogynaecology has been developed as a sub-speciality interest with video cytometry, urodynamics and sub-speciality surgery including sacrospinous fixation, abdominal/laparoscopic sacrocolpopexy and colposuspension.

Gynaecology at Hinchingsbrooke Hospital

Hinchingsbrooke provides high-standard gynaecology services for the local population. Special gynaecological interests of existing consultants are Urogynaecology (Miss Nadia

Rahman), Colposcopy and Oncology (Mr T Majmudar and Miss Nosib) and Early Pregnancy and Termination (Miss Nosib and Mr Leyva), infertility and Endometriosis (Miss Manzo).

An Early Pregnancy Unit is situated in the Treatment Centre. It was established in 2004 and has received many awards. It is run by Early Pregnancy Specialist nurses and supported by 2 EPAU consultants. Facilities offered include medical and surgical management of miscarriage including MVA. Ectopic pregnancy is treated expectantly, surgically and medically with Methotrexate. The unit pursues a strong research interest and has recruited for PRISM and GEM3.

Gynaecology clinics and theatre sessions are held in the Treatment Centre, which is a modern, purpose-built and very well-appointed facility, with highly advanced technology for minimal access surgery. There are dedicated rooms for urodynamic testing, outpatient cystoscopy and injectables (Botox and Bulkamid), scanning, hysteroscopy and hysteroscopic procedures, and colposcopy.

Our Ambulatory Gynaecology Unit offers outpatient treatment under local anaesthetic including hysteroscopy, Myosure Polypectomy, Endometrial ablation with Novasure and Minitouch endometrial ablation.

There is a nurse-led Termination of Pregnancy service shared with PCH, offering 'No Touch' terminations. The service is delivered by consultants and dedicated specialist nurses. Patients have a choice of medical and surgical TOP including MVA and outpatient misoprostol for up to 10 weeks gestation. The unit offers treatment until 18 weeks gestation.

The fertility service is consultant-led and offers usual facilities including USS for follicular tracking, HyCosy, and ovulation induction with Clomid and Gonadotrophins with plans of moving to a satellite IVF unit currently in discussion.

There is no dedicated gynaecology ward and the majority of the elective patients are admitted to the purpose-built treatment centre in single rooms or 3 beds with ensuite enclosed bays. Emergency admissions are admitted to the surgical wards.

We have a strong interest in Enhanced Recovery and Minimal Access Surgery. The unit has one of the highest percentages of Total Laparoscopic Hysterectomy in East Anglia and has now introduced day-case TLH. In addition, we offer other procedures including Vaginal and abdominal major and minor surgery.

The Urogynaecology unit at Hinchingsbrooke Hospital was accredited by BSUG in 2014 and following the merger, the department is aiming for joint accreditation after COVID restrictions are lifted. The unit continues to offer high-quality care to women in the area. Outpatient treatments in the Ambulatory Unit include cystoscopy and injectables including Botox and Bulkamid.

Specialist nurses provide support in Urogynaecology, Oncology, EPAU, TOP, Fertility and Colposcopy

Consultant team at Peterborough City Hospital

Consultants	Speciality
Miss C Lia (Cross-site)	High-Risk Obstetrics Fetal Medicine / Obstetric Ultrasound Guideline Lead
Mr B Ramsay	Gynaecology Oncology and Colposcopy Lead Minimal Access Surgery and Endometriosis Lead
Mr A Sriemevan	General Obstetrics and Gynaecology
Mr S Havenga	Minimal access, Colposcopy, Hysteroscopy
Miss Bushra Saeed	Consultant O/G 'Labour ward lead
Mr C Siozos	Consultant O/G; Urogynaecology Lead
Miss M Samyraj	Safety Lead, Safety lead Diabetes High-risk obstetrics
Miss R McKay	EGAU/EPAU/TOP Lead
Mr S Kodakkattil	Clinical Lead (PCH); Medical Students
Miss S Basak	Postnatal Care Lead Obstetric Quality, Audit and Risk Lead
Miss A Samarasinghe	Fertility Gynaecology governance RCOG College Tutor
Miss Jemina Loganathan	Urogynaecology Departmental postgraduate teaching lead and Medical student lead
Mr L Polanski	Fertility Advanced Gynaecology scanning Clinical Governance Lead

Consultant team at Hinchingsbrooke Hospital

Consultants	Speciality
Dr S Hamilton	Deputy Medical Director Fetal/Maternal Medicine
Miss Abdul Jaleel	Urogynaecology
Miss E Manzo	Lead Fertility Services Head of School – Eastern Deanery
Mr T Majmudar	Maternity Divisional Director Lead Gynecology Cancer Services and Colposcopy HH
Dr S Pathak	Fetal/Maternal Medicine Labour Ward and Safety Lead HH, Lead Research
Miss N Rahman	Urogynecology and College Tutor
Mr E Leyva	Consultant Obstetrician and Gynecologist. Postnatal Lead
Dr C Lia	High-risk obstetrics Fetal Medicine Lead
Miss H Nosib	Clinical Lead for Obs & Gynae (HH) Lead for Early Pregnancy, TOP and Ambulatory Gynaecology.

Rotas are shift-based and are compliant with the new Junior Doctors contract.

Informal Enquiries

If you wish to discuss the post informally or arrange a visit, please contact please contact Mr Sreejith Kodakkattil at PCH (Clinical Leads for Obstetrics and Gynaecology) on 01733 677154 or Sreejith.kodakkattil@nhs.net, or Jo.greene@nhs.net.

Section 3 - Working at the Trust

Teaching programme

There is a strong commitment to education from a departmental and organisational level, and the appointee will be expected to undertake teaching.

There is an active Medical Education Centre with seminar rooms a lecture theatre, and an ongoing programme for senior and junior medical staff organised by the Clinical Tutor and the Medical Education Department.

Continuing Professional Development (CPD)

There is dedicated support for CPD within the Trust, under the direction of the Medical Director, Clinical Tutor, and Specialty Tutors.

All non-training grade medical staff are required to undertake CPD to fulfil the requirements of revalidation.

Senior medical staff have an entitlement to study leave of 30 days in three years and the current study leave budget allowance is £700 per annum per person.

Clinical Library

The Trust has clinical libraries. The Library Services Manager and assistants can support medical staff in conducting literature searches via MEDLINE and accessing books and journals.

Research and Development (R&D)

The Trust actively contributes to research in the NHS and has an extensive research portfolio covering 28 of the 30 National Institute for Health Research (NIHR) clinical specialities. The Trust is currently recruiting over 160 NIHR Portfolio research studies and is set to recruit over 2,000 participants during 2017-18.

A key metric in assessing R&D performance is a Trust's Value for Money (VFM) score. At present NWAngliaFT has the best VFM score of any acute trust within CRN Eastern and is third in overall study recruitment.

Principal Investigators are supported by an R&D Department encompassing both clinical and non-clinical staff. With over 60 members of the team, the department provides end-to-end research support throughout the study life cycle, from protocol development through to delivery and study closedown. The growth of R&D remains a key objective for the Trust as it actively promotes the growth of its sponsored research portfolio.

Clinical Quality Assurance

The appointee will take an active part in clinical audit and clinical governance.

The appointee will ensure that they are up to date with mandatory and statutory training requirements as required by the Trust and or external organisation.

There is a wide-ranging clinical audit programme across many specialities within the Trust supported by specialist staff.

The appointee will ensure data collection and processing undertaken is consistently accurate and timely and complies with the Trust Data Quality Policy and Information Governance procedures.

The Trust is developing several acute care pathways and is working towards a system of integrated care, and the appointee will be expected to contribute to and support these.

Other

To comply with the roles and responsibilities as defined in the Trust's Health & Safety Policy.

To be responsible for safeguarding and promoting the welfare of children and adults by undertaking the appropriate level of training through the safeguarding policy training strategy and being aware of and working within the Trust's safeguarding policies.

Ensure all data collection and processing undertaken is consistently accurate and timely and complies with the Trust Data Quality Policy and local procedures.

Undertake any other similar duties in line with the key purpose of the job.

Act in accordance with Trust policies and GMC guidance regarding 'Confidentiality: good practice in handling patient information' so that patient confidentiality is maintained both in terms of patient's electronic and paper records, and when holding conversations about and with patients in appropriate environments.

Infection prevention is of paramount importance to the safety and well-being of all our patients. The Infection Prevention and Control Team use national and local guidance and policy to formulate Infection Prevention Policy and Procedure documents. It is the responsibility of all Trust employees to comply with the Infection Prevention and Control Policy and Procedure documents. Compliance with the relevant documents will be assessed during appraisal.

The person appointed will be indemnified by the Trust for all duties undertaken as part of his/her contracts of employment. He/she is encouraged to take out adequate defence cover as appropriate to cover him/her for any work which does not fall within the scope of the Trust's indemnity scheme.

As a member of staff, you will automatically be classed as a staff member of the North West Anglia NHS Foundation Trust - this means that you will be able to vote for a staff governor to represent you at the Trust's staff council and on the Trust's Council of Governors, or indeed stand to be a Staff Governor.