

Locum Consultant in Ophthalmology

Special Interest in Medical Retina



1. The Post

- 1.1. Post Title
- 1.2. Post Description
- 1.3. Base

2. The Specialty and Staffing

- 2.1. The Division
- 2.2. The Specialty
- 2.3. Secretarial/Administrative Support
- 2.4. Membership Council

3. Duties of the Post

- 3.1. Duties of Post
- 3.2. Job Plan
- 3.3. Emergency Duties
- 3.4. Cover for Absent Colleagues
- 3.5. Teaching

4. Terms and Conditions of Service

5. Visiting/Further Information

1. The Post

1.1 Post Title

Locum Consultant Ophthalmologist specialising in Medical Retina, including planned and emergency management.

1.2 Post Description

The department of Ophthalmology are seeking to appoint an enthusiastic Locum Consultant Ophthalmologist with special interest in Medical Retina, to support an excellently established Medical Retina team with a supporting Medical Retina failsafe officer.

Subspecialty and General Ophthalmology clinics available dependent on experience and can be discussed at job planning.

Responsibilities: In-patient and out-patient services, including MR sub-specialty clinics and surgery, cataract clinics (if appropriate) and surgery along with supporting the supervision and training of junior staff including AHPs, ACPs and Nursing staff.

On Call: Participation in Consultant Tier 2 On Call non-resident team is available depending on experience (not essential requirement)

Programmed Activities: Full-time applications are required for 10PAs. The successful candidate will have a job plan tailored to meet the collective needs of the individual and services provided.

Applications are encouraged from experienced consultants wishing to take up a new challenge or newly accredited consultants who will be supported through our highly regarded development programmes.

Applicants must hold a License to Practice.

All medical staff employed by the Trust are expected to comply with regional and appropriate Trust health and safety policies.

The Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

Sites: The Ophthalmology Department at Calderdale and Huddersfield NHS Foundation Trust is based over two main hospital sites, Calderdale Royal Hospital, Halifax and Huddersfield Royal Infirmary's Acre Mill Outpatients Department.

1.3 Base

The post is based at Calderdale and Huddersfield NHS Foundation Trust but to enable cross cover of colleagues some cross site working will be necessary. Office accommodation will be provided in the post holders' base unit.

2. The Specialty and Staffing

2.1 The Division

Each Division has a Divisional Director who is supported by Director of Operations, along with finance, personnel and information technology support.

Each Directorate has a Clinical Director who is supported by an operational team with finance, personnel and Informatics support.

Directorate Leadership Team

Ms Aletta Carbone Clinical Director and Consultant Plastic Surgeon
Natalia Drapan General Manager Ophthalmology, Orthoptics, Optometry
Sharon Berry General Manager ENT, Max Fax, Audiology
Corinna Hampshire Head and Neck Matron

The Surgery and Anesthetics Directorate includes:

Anesthetics – Critical Care
Anesthetics - Operating Services
General Surgery
Urology
Head and Neck – ENT, Ophthalmology and Maxillofacial
Trauma and Orthopaedics

2.2 The Specialty

There are seventeen Consultant Ophthalmologists within the Department providing a range of general and sub-specialty clinics and surgery.

Mr A Benson Vitreo-retinal surgery
Ms C Bong Corneal and Cataract Surgery
Mrs I Dias Medical Retina
Mr Z Estephan Medical Retina / General / Cataract Surgery
Ms K Hollingworth Primary Care Ophthalmology
Mr A Ibrahim Medical Retina/Uveitis
Ms R Lagnado Corneal / Oculoplastic Surgery
Mr D Mathapati Medical Retina / General / Cataract Surgery (Locum)
Ms R Manrique-Lipa Vitreoretinal Surgery/Uveitis
Mr G McCollum Vitreoretinal Surgery/ General/ Emergency
Mr M Mohyudin Ocular motility / Paediatric Ophthalmology / Oculoplastic & Cataract Surgery
Mr C Olali Medical Retina
Mr G Oworu General Ophthalmology / Oculoplastic Surgery
Mr K Patel General Ophthalmology / Oculoplastic Surgery
Mr F Pillitteri General Ophthalmology / Cataract Surgery / Glaucoma / Clinical Lead
Mr L Sansom Oculoplastic / Cataract Surgery
Mr N Sarfraz Corneal / Cataract Surgery (Locum)

Other members of the Department include:

Dr B Shevade, Dr S Saeed, Dr M Fayyaz, Dr S Mahmoud, Dr M Mohamed – Specialty Doctors
Dr N Khan, Dr S Shivaprasad – Trust Doctors

Four Specialist Trainees, ranging from ST1 to ST7.
One Foundation Year 2 Doctor.

Emma Griffiths – Clinical Manager Orthoptics and Optometry
Sara Handley – Operations Manager, Head & Neck
Abigail Rawnsley – Eye Clinic Service Manager
Diane Lee & Karen Lord - Eye Clinic Sisters
Laura Brook Ophthalmology Admin / Failsafe Team Leader
Craig Lockwood - Macular Failsafe Co-ordinator
Natalie Robinson, Charlotte Palmer, Ben Kaye – Ophthalmology Failsafe Co-ordinators

Lacey Turner – Triage Assessment Service Co-ordinator
Fran Reily – ECLO (Eye Clinic Liaison Officer)
Petra Kiernan, Fiona Fraser, Shirley Lunn, Claire Byrne, Amy-Leigh Collinson – Ophthalmology Secretaries and Schedulers.

The department also includes two Nurse Practitioners, one qualified ACP, one trainee ACP, ten Orthoptists, five Optometrists and a substantial team of Ophthalmic nurses, technicians and healthcare assistants.

The Medical Photography Department provides imaging facilities including photographic angiography on both main hospital sites, within the clinics.

Research support

The opportunity to participate in NIHR or industry sponsored research will be fully supported by the Trusts research support services which include highly skilled and experienced research nurses and clinical trial assistants.

Out-Patients at Acre Mill and Calderdale Royal Hospital

Eye Clinics on both main sites are purpose built each having a substantial number of main consulting rooms, an Orthoptic department and an optometrist's room. There are dedicated diagnostics suites for glaucoma, retina and macular as well as additional diagnostic rooms for visual field analysers and OCT Scanners. Each site has a treatment room allowing minor procedures to be performed in clinic. IOL Master 700 Biometry machines and Nidek A scan ultrasonography and B scanning equipment are available on both sites.

Treatment theatre rooms are available for intra-ocular injections and other clean procedures.

Pre-operative assessments for local anaesthesia theatre cases are carried out either by telephone or face to face by the clinic nursing staff.

All sites (inc. satellites / community) are networked and have access to the following software:

- Medisoft (for Ophthalmic electronic patient records).
- HEYEX2 (for all Heidelberg OCT scans).
- Optos (for retinal images, FFA, and ICG).
- OptoMize (for diabetic screening results).
- Dragon Medical One (for voice recognition).
- Optovue ReVue (for legacy OCT images).
- IMAGENet 3 i-base (for legacy retinal images).

All sites primarily use Haag-Streit slit lamps, and have recently been updated to modern BP900 models (with some having additional IM600 capability).

Calderdale Royal Hospital also benefits from:

- 1x Quantel Absolu B- scanner (networked)
- 2 x Heidelberg Spectralis OCT machines (with Retina, Glaucoma Premium, OCT2, and Bluepeak modules) (networked).
- 1 x Humphrey Visual Field Analysers series 3 with 24-2C, 24-2 Sita faster capability and liquid lens (networked, integrated with Medisoft, considering FORUM software also).
- 1 x Heidelberg Anterior
- 1 x Pascal Argon laser.
- 1 x YAG laser.

- 1 x PDT laser.
- 1 x Optos California RG fundus camera (networked).
- 4 x Haag-Streit BP900 slit lamps with IM600 anterior segment imaging cameras (networked).

Acre Mill Out- Patients department also benefits from:

- 3 x Heidelberg Spectralis OCT machines (with Retina, Glaucoma Premium, OCT2, and Bluepeak modules) (networked).
- 1 x Quantel Aviso B-scan machine (networked).
- 1 x IRIDEX Micropulse
- 4 x Humphrey Visual Field Analysers series 3 with 24-2C, 24-2 Sita faster capability and liquid lens (networked, integrated with Medisoft, considering FORUM software).
- 1 x Zeiss Octopus Visual Field Analyser (networked).
- 1 x Pascal Argon laser.
- 1 x YAG / SLT laser.
- 1 x Konan specular microscope (networked).
- 1 x Galilei G4 corneal topographer (networked).
- 1 x Optos California RG fundus camera (networked).
- 1 x Optos California ICG fundus camera (networked).
- 1 x Topcon photo slit lamp.
- 4 x Haag-Streit BP900 slit lamps with IM600 anterior segment imaging cameras (networked).

Communication with colleagues in other specialties and good working relationships exist within the departments.

Community partnership working is encouraged and is evident with the number of successful community schemes available. Our Cataract pathway, PEARS Scheme, Glaucoma Repeated Measures and Ocular Hypertension monitoring schemes have all been developed in partnership to improve patient journey and efficiencies within the Hospital Eye Service. We are also working closely with Huddersfield University's new Optometry Department to expand opportunities for both organisations.

In-patients – Calderdale Royal Hospital

In-patients are accommodated mainly on Ward 8C, which also includes ENT patients. There is a dedicated Ophthalmic clinical examination room on the ward used for ward patients and out of hours' consultations. The ward is open 24/7. Children are accommodated on Ward 3.

Theatres

Calderdale Royal Hospital Theatres 7 & 8: Two theatres in the suite of eight operating theatres is used exclusively for ophthalmic work and there is a dedicated team of nurses who run an on-call rota for emergency work.

A ceiling-mounted Zeiss Visu 2000 operating microscope has been installed in this theatre. There is Alcon Constellation Vision system and Resight 700 viewing system for posterior segment surgery. There are 2 Alcon Centurion phacoemulsifiers for small-incision cataract surgery.

Huddersfield Royal Infirmary Max Fax Unit: Currently used for 1 session a week for skin cancer work and Oculoplastic cases.

Medical Retina Service

The Medical Retina Service includes a wide spectrum of clinical presentations dealing with all retinal diseases including diabetic retinopathy, age-related macular degeneration, vascular occlusions. The

medical retina unit has grown consistently over the last 5 years to keep pace with the increasing demand for intra-vitreous services. The service was upgraded to a diagnostic model in 2022, to increase the capacity with all patients firstly going through the diagnostic room where they will have VAs, I-care IOPs, Optos and OCT +/- OCTAs undertaken. Clinicians will then review the diagnostics and make the management decision. The service is delivered by a multidisciplinary professional team of 6 consultants, specialty doctors, trust doctors, specialist registrars, optometrists, ACPs and nurse practitioners. Intravitreal injections are performed by 1 nurse practitioner, 2 ACPs and 6 orthoptists. The service is also supported by an extended team of trained nurses, photographers, HCAs a medical retina coordinator and management team.

Our service has one stop Macular, DMO and RVO clinics at both sites (Calderdale & Huddersfield). Current investigation modalities available include 4 Heidelberg OCTs with Angio OCT (Calderdale & Huddersfield), FA and ICG at Huddersfield site, Pascal laser at each site and 4 wide field angiography machines (Optos) at both sites. Each consultant is responsible for the training and supervision of one or more specialist trainees attached to their firm, specialty doctors, trust doctors, ACPs, NPs including Injection team. Our team is actively involved in MR research. This post will provide support and expand the current activities of the service.

A fully established DESP programme is set up with referrals being monitored and actioned accordingly by the failsafe team.

Cataract Service

We currently have 10 Consultants undertaking cataract surgery across the 2 main sites. The team has implemented one stop cataract clinics ensuring the patient receives all the required investigations and clinical examination at one attendance. The clinics are supported by Orthoptists and Qualified Nurses who undertake biometry, case history and intraocular pressure checks and by the nursing team who undertake the pre-op assessment following or prior the clinician assessment. This service improvement forms part of our transformation programme improving patient experience. There is also the community Optometry cataract scheme that as well as refers into the service undertakes post-operative assessments. The Department is leading on the Cataract pathway for the Ophthalmology transformation programme by the West Yorkshire Association of Acute Trusts (WYAAT) to oversee delivery of a regional pathway for cataracts. Currently we are reviewing the clinical and surgical flow and pathway to meet GIRFT recommendation for HVLC cataract lists.

Emergency Clinic Service

The Department currently has 10 dedicated Emergency clinics throughout the week, consolidated at Calderdale Royal Hospital, and staffed by our Specialty and Trust Grade Doctors, ACPs and trainees. These clinics are linked to a named Consultant for advice, guidance and teaching as required. There is provision for patients to be seen within 2 weeks but also short notice on the day provision for more urgent cases. There is a designated Ophthalmic nurse who undertakes telephone triage to support the Emergency service. The Department is keen to develop the service further to include a multi-disciplinary approach, improving partnership working with A&E and community schemes across both Huddersfield and Calderdale. There will also be the opportunity to provide Emergency sub-specialty clinics depending on experience.

Digitisation

The Trust is currently one of the most digitised NHS Trusts in the country having moved to Cerner Millennium Electronic Patient Records (EPR) in 2017. This allows documentation of notes, electronic ordering and review of tests, in-patient drug prescriptions and referrals, and listing for surgery. Letters are dictated digitally and stored within Cerner once approved.

The Ophthalmology Department have been using Medisoft EPR in part for over 15 years but made the move to use it across all sub-specialities (including Orthoptics and Optometry) in 2017. In October 2023 the Medisoft system was upgraded to the new and improved MediSight suite. We receive emergency and routine electronic referrals from both GP's (via eRS), and optometrists (via the Community Ophthalmology Referral Portal developed in-house). We send electronic copies of Medisoft letters to GP's as standard and prescribe outpatient medications via Medisoft also.

The Department has already networked all diagnostic machines several years ago, and where possible, has integrated their output with MediSight or other primary systems (such as HEYEX2) to improve clinic efficiency.

We are currently in the process of undertaking or planning the following improvements also:

- a) Integrating MediSight with Cerner, with the aim of reducing data duplication and a smoother user experience.
- b) Implementing the MediSight community cataract portal to improve post-op cataract feedback. We are the Cataract Single Point of Access for cataract referrals as a West Yorkshire project.
- c) Trialling e-consent, using pen tablets for patients to sign, and digital certificates for clinicians to sign.
- d) Implementing the MediSight clinic list module to improve the flow of patients around clinic.
- e) Implementing digital Hess charts.

Our existing digital infrastructure makes us currently one of the most paper-light and digitised

2.3 Secretarial/Administrative Support

We currently have secretarial support at both hospital sites. All Consultants have access to office accommodation which includes access to the intranet and the internet.

2.4 Membership Council

We have a well-established and proactive Membership Council and membership. Both are a vital link with the local community. The Membership Council has several statutory responsibilities including the appointment and termination of Non-Executive Director roles via the Nominations Sub Committee; setting the remuneration for Non-Executive Directors via the Remuneration Sub Committee; the appointment of the External Auditors and approval of the trust's Annual Plan.

The Board of Directors and the Membership Council work closely together to shape future plans for improved patient care and experience, and to deliver governance processes of the highest order.

3. Duties of the Post

3.1 Duties of Post

This is a Locum Consultant post to maintain the capacity of the Department and to manage the volume of referrals into the Trust from an increasing geographical area. It is expected that the postholder will have a sub-specialty interest and experience in Medical retina and be able to deliver on all degrees of disease management including the injection service as well as provide emergency oncall (depending on experience), training and supervision for junior medical staff (inc. non-training grades), allied health professionals and Ophthalmic Nurses. The appointee would be expected to have experience in delivery of LASER management.

The appointee will work with colleagues within the CHFT Ophthalmology department to deliver a comprehensive ophthalmic service to the population served by Calderdale and Huddersfield NHS Trust and, in particular, to patients referred to the Consultant.

This requires a flexible attitude to working practices, managing patients in partnership with other consultant colleagues and professional staff and making the best possible use of resources put at the disposal of the Department. This is likely to require negotiated changes of duties and time-tabled sessions from time to time. Cross-site working may be required.

The timetable below indicates the proposed weekly duties to be performed by the consultant, but would be open to modification depending on the expertise of the successful applicant.

The post holder will have 1.5 SPAs allocated in the first instance, but up to a further one SPA will be available if the post-holder takes on specific roles within the Department, the Trust or the wider NHS, with a concomitant reduction in Direct Clinical Care.

3.2 Provisional Weekly Job Plan

The successful candidate will have a job plan tailored to meet the collective needs of the individual and services provided (whether this be full time or part time), to include a selection of the following:

- Medical Retina clinics including leadership for an MDT service (including injections)
- Emergency Consultant on-call – depending on experience (not essential)
- Clinical triage
- Theatre available (flexibly) – depending on experience and demand; this is not an essential requirement for the post.
- Sub-speciality / General clinics depending on experience.
- Patient administration
- SPA (1.5PA, 0.5PA flexible)
- Audit and Research opportunities
- Monthly Clinical Governance

Example summary job plan (provided for illustrative purposes only, final job plan to be tailor made with the successful candidate after appointment):

	AM	PM
Monday	Retina Clinic	Retina Clinic
Tuesday	Cataract Clinic	General Clinic
Wednesday	Admin	SPA
Thursday	RVO Clinic	Laser Clinic
Friday		MR Clinic
Direct Clinical Care (DCC)	8.5 PA/Week	
Supporting Professional Activities (SPA)	1.5 PA/Week (0.5 flexible)	
Total Programmed Activities	10	

Key: CRH=Calderdale Royal Infirmary, HRI=Huddersfield Royal Infirmary.

The Trust wishes to ensure that Consultants have time in their job plan to undertake Supporting Professional Activities which underpin and maintain high quality patient care. The Trust Board and Local Negotiating Committee have agreed that a Core allocation of 1.5 SPAs should be allocated to undertake CPD, appraisal, clinical supervision, audit and clinical governance, mandatory training and the general management of the service. Objectives should be agreed at the Job Plan review meeting with regards to this SPA.

There may be occasions when additional SPA time is requested at a job plan review meeting. Any SPA allocation above the core 1.5 will need to be agreed by the clinical director.

The job plan above is indicative and it is anticipated that a job plan review meeting will be held in the first 6 months of employment for the successful candidate

Important Note

The Trust encourages the development of innovative service models that support our ambition to provide improved access and choice for patients. It is envisaged that in time all medical staff will have an allocation of normal time duties at weekends or outside normal core hours. The post holder will be expected to engage in developing such changes and will be supported to do so.

3.3 Emergency Duties

The successful applicant will have the opportunity to be part of the 1:10 on-call non-resident Consultant team depending on experience. This is not a mandatory requirement for this appointment. Out-of hours and weekend work takes place in Calderdale Royal Hospital, but there may be occasions when it is necessary to attend patients who have other medical problems preventing their transfer from Huddersfield Royal Infirmary. An on-call theatre nursing team is available for emergency surgery evenings and weekends.

3.4 Cover for Absent Colleagues

The post-holder would be expected to provide cover for absent colleagues on planned periods of leave and for short-term unexpected absences to help maintain the continuity of the Service. To this end, they would be expected to liaise with their colleagues in planning leave.

3.5 Teaching

It is expected that the post-holder will have an interest in and active role in teaching. The Departments are involved in teaching medical staff of all grades as well as medical students. The post-holder will be expected to participate in delivery of the weekly junior and middle grade teaching programmes. From time to time, there may be the requirement to provide clinical training to medical students and paramedics undertaking attachments to the Department. In the main, these activities will be delivered concurrently with normal clinical activities, rather than in addition to these.

4 Terms and Conditions of Service

The appointment will be subject to the Terms and Conditions of Service (England 2003) for the new consultant contract agreed with the Trust.

The persons appointed to the post will be expected to live within ten miles of the hospital or within 30 minutes recall time, by road, from the hospital.

The job description and the weekly timetable will form an initial job plan as outlined by the terms and conditions of service (England 2003) for the new consultant contract. The post is offered on a full-time basis but candidates who wish to work on a part-time basis may also apply.

The salary scale is currently £93,666 per annum rising to £126,281 per annum (effective 2023). Your basic salary will increase with the provisions of Section 20.2 and Schedule 15 of the Terms and Conditions.

Annual leave entitlement is as per national Terms and Conditions of Service for Consultants. Arrangement to take annual leave must be made with clinical colleagues. The Divisional Director/Clinical Lead and the local rota coordinator should be notified accordingly.

The successful applicants will be required to undergo an enhanced Disclosure with the Disclosure and Barring Service (DBS).

5 Visiting and Further Information

Candidates wishing to find out more about the post are invited and indeed encouraged to contact or speak to:

Natalka Drapan	General Manager	07717 800247
Ms Aletta Carbone	Clinical Director	01484 355397
Mr William Ainslie	Divisional Director	01484 356925
Dr David Birkenhead	Medical Director	01484 342000
Ellen Armistead	Interim Chief Executive	01484 356910

Consultant Career Progression at CHFT
<https://www.youtube.com/watch?v=H6tObDTLe0I>