

Job description

Consultant Obstetrician and Gynaecologist

Guernsey Channel Islands

Spring 2024

Employer:	Medical Specialist Group
Location of Outpatient Clinics:	Alexandra House and Princess Elizabeth Hospital
Location of Hospital:	Princess Elizabeth Hospital
Managerial accountability:	Through Directorate Chair to the Board

Consultant Obstetrician and Gynaecologist

1. Introduction

The Medical Specialist Group (MSG) provides emergency and elective specialist medical services for the Bailiwick of Guernsey within the secondary healthcare framework in a contractual partnership with the States of Guernsey acting through the Committee for Health and Social Care (HSC).

The Bailiwick of Guernsey includes the islands of Guernsey, Herm, Alderney, and Sark.

The MSG service is currently provided by 54 consultants with a range of professional interests. Consultants in emergency medicine, psychiatry, radiology, pathology, and public health are employed directly by the States of Guernsey. Guernsey operates an independent healthcare system outside of the NHS.

The MSG always aims to serve the community through the provision of the highest standard of clinical care. It achieves this through a high quality, consultant-only service which focuses on improving patient safety, enhancing the patient's experience of care, and ensuring an equitable service for patients irrespective of time of day.

The MSG is based at Alexandra House and Mill House where most administrative, nursing, 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 visit our website www.msg.gg

This post offers the successful applicant the opportunity to practice obstetrics and gynaecology in a geographically isolated location as part of a consultant-only team.

2. Brief Description of the Post

The Department of Obstetrics & Gynaecology expanded in number 8 years ago, from 4 consultants to 7, to allow for the provision of resident obstetric cover for the 600 women booked for antenatal care and delivery annually in the Bailiwick of Guernsey. All 7 Consultants share this resident combined obstetrics and gynaecology on-call rota equally.

We have a single-tier Consultant grade, and no junior doctors or nurse practitioners.

This post will include specialist and general gynaecology clinics, together with the delivery of general antenatal clinics and acute intrapartum care. The post is suitable for a generalist with a gynaecological special interest. The post provides a range of opportunities for personal development, including the opportunity for fully funded off-island links.

The post-holder will be expected to be on the GMC Specialist Register for obstetrics and gynaecology. A special interest in gynaecology and abortion care would be an advantage. In addition to this, potential applicants with another special interest that aligns to that of the existing consultants should not be considered a deterrent, as it may be possible to accommodate this interest. The existing consultants provide leadership in intrapartum obstetrics, maternal medicine, fetal medicine, fertility, outpatient hysteroscopy, laparoscopy and urogynaecology.

The appointee will be expected to work together with their six Consultant colleagues to provide high quality, comprehensive secondary care for the women of the Bailiwick of Guernsey and their families.

3. Duties of the post

- a. To support and complement the obstetric and gynaecology services provided by the MSG. This includes both in-patient and out-patient care.
- b. To take clinical responsibility for a defined cohort of women booked under their care, as part of maternity team care.
- c. To provide a resident on-call service for both obstetrics and gynaecology, as part of a shared seven-consultant rota (see below).
- d. To work harmoniously with consultant colleagues, as well as with the relevant multidisciplinary team members. A crucial element is to engage in efficient communication between the consultants and senior midwives.
- e. To take part in governance and risk management, and to participate in audit projects relevant to clinical care.
- f. To participate in local training activities, for example PROMPT and clinical teaching, and in training of the wider multidisciplinary team.
- g. To undertake the necessary administrative work relating to the post.
- h. To attend relevant induction and mandatory training programmes in Guernsey.
- i. To participate in the development of maternity and gynaecology protocols and guidelines.
- j. To develop and maintain collaborative relationships with medical colleagues in other specialties and participate in regular clinical meetings and other professional activities.
- k. To develop and maintain good communication with nursing and midwifery colleagues, general practitioners, and appropriate external agencies.
- m. To be able to demonstrate that the post-holder's practice is up to date. This will necessitate the post-holder taking responsibility for their own continuing professional development and participating in the MSG's performance and annual appraisal and revalidation system, which is supervised by the GMC through a local Suitable Person.
- n. To share responsibility for data protection arising out of the use of computers, and to maintain good practice in the handling of confidential information.
- o. To engage in improving, and complying with, infection control practices.
- p. To participate in the care of women choosing induced abortion

4. Management and organisation structure

Management Structure

This is a replacement post, which is part of the Department of Obstetrics and Gynaecology, which sits within the Women and Child Health Directorate. The current Departmental and Directorate Chair is Mr Jacek Waronski. The Directorate Chair alternates between the O&G and Paediatric Departmental Chair.

As with all the disciplines in the MSG, the department provides Consultant-delivered care, working without the support of trainees or sub-consultant grades.

The current Obstetric and Gynaecology Department comprises: -

Mr Frank Hopkins	Lead for Fetal Medicine
Mr Carl Jensen	Lead for Gynaecology (post to be replaced)
Mr Chuks Nzewi	Lead for Fertility

Dr Kalaivani Ramalingam	Lead for colposcopy; specialist interest in Urogynaecology and Menopause
Mr Benjamin Thomas	Lead for Urogynaecology, joint Lead for Laparoscopy
Mr Jacek Waronski	Lead for Outpatient Hysteroscopy, joint Lead for Laparoscopy
Miss Lauren Green	Lead for Obstetrics and Maternal Medicine, subspecialist interest in Fetal Medicine

Obstetric and Gynaecology Services

Guernsey has approximately 600 deliveries per year, with 24-hour resident obstetric cover.

Our service provides obstetric cover for the delivery suite, the pregnancy day assessment unit, and Loveridge ward, as well as elective and emergency gynaecology. Neonatal intensive care is provided to infants above 34 weeks gestation; babies below this gestation, those who require surgery, or those who require long term intensive care, are transferred to the UK. Both TPN and therapeutic hypothermia are available.

Comprehensive laboratory support is available, and radiological services include CT, MRI, and radio-nucleotide imaging.

Outpatients

Outpatient clinics take place at Alexandra House at MSG, where there are well-equipped consulting rooms with ultrasound machines and a colposcope. Administrative support is provided for these clinics.

Outreach clinics are held in Alderney.

5. Local CME

There is a weekly Gynaecological Cancer MDT meeting, as well as a weekly departmental meeting for consultants. Fortnightly multidisciplinary case review meetings are held on the maternity ward. A departmental multidisciplinary Governance meeting is held monthly, and a Perinatal Mortality & Morbidity meeting is held quarterly. A monthly general educational meeting (Academic Half Day) is attended by consultants in all specialties.

6. Sample Weekly timetable

As Guernsey healthcare lies outside the NHS, this job plan is not directly comparable to an NHS job plan. The timetable below is an example only and may change flexibly to fit in with the departmental needs and contractual requirements. The timetable includes the provision of 24-hour labour ward cover as well as care for all gynaecological emergencies. The rota runs over 6 weeks, allowing for 7 consultants providing prospective cover; hence weekly activities may vary according to departmental needs.

Monthly Academic Half Days, quarterly Perinatal Mortality and Morbidity meetings, monthly maternity Governance meetings, and weekly MDT meetings are considered as Supporting Professional Activities (SPAs). Time is also allocated for audit and appraisal. Achieving 2 SPAs is done flexibly and will vary according to acute workload.

Day	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Mon	Off	Night on call	Day on call	Day on call	MSG Clinic/ MSG Clinic	MSG Clinic/ Specialist Interest
Tues	Theatre/ SPA**	Night on call	Specialist Interest/ MSG Clinic	SPA/ Specialist Interest	Day on call	MSG Clinic/ SPA
Wed	Day on call	Off	DPU* Session/ SPA	Night on call	MSG Clinic	MSG Clinic/ Half Day Off
Thur	MSG Clinic/ Specialist Interest	MSG Clinic/ SPA	Theatre/ Half Day Off	Night on call	Specialist Interest/ MSG Clinic	Day on call
Fri	Meeting/ MSG Clinic	Meeting/ Specialist Interest	Day on call	Off	Meeting/ SPA	Night on call
Sat	Off	Off	Day on call	Off	Off	Night on call
Sun	Off	Off	Day on call	Off	Off	Night on call

* Day Patient Unit

** Supporting Professional Activities session to include time for general administrative work

The post is planned for 15 PAs.

Direct Clinical Care: 13 PAs

The PAs are calculated over a 6-week cycle, as there are seven consultants, and the six-week rolling rota takes into account absences for annual, study and other leave. The on-call is a resident on-call.

Direct clinical care sessions include:

- Administration work directly related to clinical care
- Operating sessions
- Outpatient Clinics
- Ward rounds
- Predictable (resident) on-call work

The hours are calculated on the basis of averaged hours and have been calculated using the six-week rolling rota. Although there will be a substantial out-of-hours commitment which entails being resident on call, this will be shared equally with the existing consultants who will also be resident on-call.

There are 35 days holiday per year, with the ability to carry up to 5 days over into the first quarter of the next year if untaken.

7. Clinical Governance

All consultants are expected to participate in clinical governance. It is expected that the post-holder will contribute to the production of clinical guidelines and policies and will participate in an annual audit. A mentor will be offered to the appointee at the time of their appointment.

The Obstetrics and Gynaecology department hold monthly multidisciplinary Clinical Governance meetings, where all consultants attend. Incident review meetings are held fortnightly on the maternity ward. Perinatal Mortality and Morbidity meeting are held quarterly, and the post-holder will be required to attend these meetings if clinical commitments allow.

Both MSG and HSC are committed to the clinical governance process and have a joint Clinical Governance Committee. A local secondary care appraisal process has been in place for many years, using a revalidation support team compliant electronic appraisal system.

We comply with the General Medical Council revalidation requirements. There is annual appraisal following a format approved by the GMC. A Suitable Person, Dr Peter Rabey, the current Medical Director, has been appointed by the States of Guernsey to oversee revalidation, and the MSG supports the consultant through the revalidation process.

HSC employs Clinical Audit and Healthcare Information staff and a Patient Safety Advisor. There is good IT support within the MSG.

There is a quota of 10 days study leave per year with all UK expenses paid.

Under the contract with the States of Guernsey, MSG consultants are encouraged to develop formal visiting links with a unit in an NHS Trust or other approved institution, in order to maintain standards and skills within their specialty. Proposals for such “off-island links” are considered by the Joint Clinical Governance Committee. Any time away on these links is in addition to the annual study leave allocation.

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

Academic Half Days are held monthly (10 per year). These are divided into an initial session, where the department has a maternity unit clinical meeting, followed by a hospital-wide session dedicated to cover mandatory training and the presentation of clinical audit projects.

This post offers opportunities to engage in educational activities with midwifery staff and, where the post-holder has a particular interest in education, also nursing staff, elective medical students, and GPs. Inter-departmental teaching occurs at the Academic Half Days, as detailed above.

8. Contact and application details

Further enquiries can be made to:

Mr Jacek Waronski, Departmental and Directorate Chair at jacek.waronski@msg.gg

Dr Kalaivani Ramalingam, Deputy Departmental Chair at kalaivani.ramalingam@msg.gg

Miss Lauren Green, Obstetric Lead at lauren.green@msg.gg

Applications must be accompanied by a professional CV and sent to Nathan Collenette, Business Partner, Medical Specialist Group, Alexandra House, Les Frieteaux, St Martin, Guernsey GY1 3EX or by email to recruit@msg.gg

Other enquiries can be made by telephoning the HR department on 01481 239988 or by email to recruit@msg.gg.

CONSULTANT OBSTETRICIAN AND GYNAECOLOGIST

Person Specification

REQUIREMENTS	ESSENTIAL	DESIRABLE	METHOD OF ASSESSMENT
Qualifications	<ul style="list-style-type: none"> Registration with GMC Entry on GMC Obstetric and Gynaecology Specialist Register or expected within 6 months of interview / CESR MRCOG or equivalent 		<ul style="list-style-type: none"> CV Registration check Royal College Assessor
Clinical Experience, Knowledge & Skills	<ul style="list-style-type: none"> Clinical training and experience equivalent to that required for gaining UK CCT. Ability to offer expert clinical opinion and management on a range of problems, both emergency and elective, within the specialty of obstetrics and gynaecology. Special interest in Labour Ward Management Ability to take full and independent responsibility for clinical care of patients. Ability to integrate care of appropriate patients within tertiary centre. 	<ul style="list-style-type: none"> Special interest in gynaecology Special interest in abortion care 	<ul style="list-style-type: none"> CV Interview References CCT check
Management and Administrative Experience	<ul style="list-style-type: none"> Ability to organise and manage out-patient priorities. Commitment to administrative and managerial responsibility 	<ul style="list-style-type: none"> Experience of audit and management 	<ul style="list-style-type: none"> CV Interview References
Teaching Experience	<ul style="list-style-type: none"> Willingness to engage in multidisciplinary learning 		<ul style="list-style-type: none"> CV Interview References
Personal Attributes	<ul style="list-style-type: none"> Honesty and reliability Professional courtesy Ability to work in a small community. Ability to be flexible and adaptable to change. Enquiring, analytical approach to work Caring attitude to women and families Ability to communicate effectively (written & oral skills), with patients, relatives, midwives, GPs, nurses, and other agencies. Ability to demonstrate good multidisciplinary team working 		<ul style="list-style-type: none"> CV Interview References
Motivation & expectations	<ul style="list-style-type: none"> Commitment to continuing medical education and audit. 	<ul style="list-style-type: none"> Willing to take on additional responsibility. 	<ul style="list-style-type: none"> CV Interview References