



# Consultant in Obstetrics & Gynaecology with interest in Ambulatory Gynaecology & Postnatal Care

Women's, Children's, HIV, GUM, Dermatology and Private Patients

## JOB DESCRIPTION





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# Welcome



Chelsea and Westminster Hospital NHS Foundation Trust is proud to be one of the top performing and safest trusts in England.

We have two main acute hospital sites—Chelsea and Westminster Hospital and West Middlesex University Hospital, plus our award-winning clinics across North West London and beyond.

- We employ over 7,000 staff and 500 volunteers
- We treat someone in A&E every 90 seconds
- We deliver a baby every 50 minutes
- We operate on a patient every 16 minutes
- We do 50 imaging procedures each hour
- We serve a diverse population of 1.5 million from the beginning to the end of life

## Our values

Our PROUD values demonstrate to staff, patients and the public the standards of care and experience they should expect from our services:

- **Putting patients first**
- **Responsive to patients and staff**
- **Open and honest**
- **Unfailingly kind**
- **Determined to develop**

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Chelsea and Westminster Hospital NHS Foundation Trust

## Job summary

<b>Job title</b>	Consultant in Obstetrics and Gynaecology with Specialist interest in Ambulatory gynaecology & Postnatal Care
<b>PAs</b>	10 PAs including on-call
<b>Division</b>	Women's , Children's, HIV, GUM, Dermatology and Private Patients
<b>Responsible to</b>	Service Director
<b>Accountable to</b>	Divisional Medical Director
<b>Type of contract</b>	Permanent
<b>Location</b>	Chelsea and Westminster Hospital NHS Foundation Trust, Chelsea Site + west Middlesex site(cross site post)

### Introduction

Chelsea and Westminster Hospital Foundation Trust wishes to appoint an enthusiastic, forward-thinking Locum Consultant Obstetrician & Gynaecologist with in ambulatory gynaecology & postnatal care

The successful candidate will join a large consultant team providing general and specialised obstetrics and gynaecology services to the population of North West London and neighbouring areas. The post will be based at the Chelsea & Westminster Hospital site.

The appointment will be 10 PAs and includes being non-resident on call for both obstetrics and gynaecology.

### Directorate information

#### Women's Services

The Women's Services Clinical Directorate offers a high quality, safe and patient focused service.

The Directorate is part of the Division of Women, Children's, Young People & Neonatal, HIV/GUM and Dermatology Services.

#### Chelsea & Westminster Site:

#### Maternity and neonatal services

The maternity services provide care to over 5500 women per annum. Fifty percent of the service is community based; some of this provision is across traditional boundaries of care. Women from outside the catchment area with major medical conditions are referred for specialist care. All women who use our services are cared for within a midwifery-led team, which works closely with obstetricians, physicians, General Practitioners, Health Visitors, physiotherapists, health advisors and other care providers to deliver high quality care that is tailor made to meet the needs of women

## **Fetal Medicine Service**

The fetal medicine unit specialises in the care of women with high risk or problematic pregnancies. We are a specialist referral centre for the diagnosis and management of:

- Fetal conditions requiring surgery or surgical follow up after delivery (such as abdominal wall defects, congenital lung lesions, diaphragmatic hernia, and obstructive uropathy).
- Significant fetal cardiac anomalies including babies that require surgery
- Chromosomal abnormalities (such as Down's Syndrome)
- Genetic conditions
- Structural fetal defects
- Twin and higher multiple pregnancies
- Pregnancies affected by red cell antibody incompatibility

Chelsea and Westminster is the designated centre for specialist neonatal and paediatric surgery in North West London. We offer a one stop shop for comprehensive multi-disciplinary assessment to plan care for those babies that require surgery following delivery. This service is a dedicated, combined fetal medicine, neonatal, surgical and urological clinic.

Our strong links with gynaecology, and geographically close proximity to the Royal Brompton Hospital ensures that pregnancies complicated by fetal or maternal cardiac condition receive individualised care via our combined cardiac clinics.

Our fetal medicine consultants hold weekly fetal growth clinics for the monitoring and management of fetal growth restriction. We see a large number of multiple pregnancies and have expertise in the management of complex pregnancy and fetal issues.

We offer support to women and their partners throughout their decision-making process and with subsequent pregnancies.

## **Gynaecological Services**

The Gynaecology Service provides inpatient care through 12 beds based on Annie Zunz ward where elective and non-elective gynaecology admissions are based. Annie Zunz is modern new-build ward which opened in March 2017. The relocation to its current dedicated clinical area serves as a standard for the delivery of a first-class women's healthcare, holistically provided through specialist nursing, physiotherapy and pharmaceutical staff.

A comprehensive range of sub-speciality out-patient services and surgical treatments (ambulatory, day-surgery and in-patient care) is delivered by senior medical staff. Services comprise

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urogynaecology, termination services, minimal access surgery, accredited BSGE endometriosis centre, oncology (as part of the South West Thames Network), colposcopy, menopause, menstrual disorders & psychosexual health, fertility service and the early pregnancy & acute gynaecology service.

## **Oncology**

Chelsea and Westminster acts as a cancer unit within the South West Thames network referring centre cases to the Royal Marsden Hospital. A weekly MDT takes place with input from centre clinical oncologists. The cancer service is fully integrated with our One-Stop two-week wait service which is extremely efficient and one of the best in sector to fast track patients for cancer diagnosis and treatment. There is a significant collaboration between Chelsea Westminster and Royal Marsden hospital which will increase further in the future. Chelsea & Westminster provides rapid access diagnostics including outpatient hysteroscopy to patients under Royal Marsden cancer follow-up and pre-treatment fertility services for women referred for centre surgeries. Risk reducing surgery is also provided by the unit for patients from the Royal Marsden's genetics clinics.

A high quality colposcopy service is provided by 4 consultants and 2 colposcopy nurse specialists. In addition a specialist vulval service run jointly with the department of dermatology provides attracts both local and tertiary referrals.

## **2 week wait services**

Chelsea and Westminster hospital has an efficient robust 2 week wait service which work on one stop model with available scanning service. The service has one of the best models in North West London and the post holder will be responsible to run the service.

## **Colposcopy services**

The colposcopy services are based in both hospitals of this foundation Trust. The services are provided by 5 consultants and 2 clinical nurse specialists. The staff provides cross site cover and currently there are active plans in place to centralise the services.

## **Minimal Access Service**

Chelsea and Westminster provides a specialist service for women with all stages of pelvic and abdominal endometriosis. A trend towards management of all women suitable for minimal access rather than open procedures has taken place including laparoscopic hysterectomy. The hospital supports a trainee in Reproductive Medicine Trainee, which incorporates a module in minimal access surgery.

## **Early Pregnancy & Acute Gynaecology Unit (Elizabeth Suite)**

The Elizabeth Suite is a bespoke Unit specifically designed to provide an expanded service to see women with early pregnancy and acute gynaecology complications. This new-build Unit also opened in March 2017 and has a range of rooms, each designed for scanning and clinical investigation. Minor out-patient procedures are also performed for manual vacuum aspiration, Word catheter insertion, intrauterine contraceptive device insertion and retrieval, with future plans to include out-patient hysteroscopy. The service is complemented by the co-located Annie Zunz ward for day-case patients needing parental treatment for hyperemesis and iron transfusions, wound care, etc. as well patients needing acute in-patient surgery.

The service ethos is to provide time-critical rapid assessment of our women within a one-stop clinical model in close liaison with our A&E and GP colleagues. The Unit delivers specialist, evidence-based, holistic care to women with early pregnancy and gynaecology complications in an environment that supports patient choice and dignity. The multi-professional team consists of consultant gynaecologists, clinical nurse specialists, a clinical research fellow and specialist sonographers.

The recent Trust investment of over £1.3 million in both Elizabeth Suite and Annie Zunz ward reflects the same level of commitment staff also have in both clinical areas to deliver first-class women's healthcare and is evidenced by their consistent high scores in the Friends and Family Tests and local recognition awards for teamwork and excellence.

### **The Assisted Conception Unit**

The Assisted Conception Unit (ACU) was opened in 1995 and is now a leading infertility centre. Recent HFEA data put the ACU amongst the top IVF units in the country for pregnancy rates in some age ranges. This has been achieved by a small team of highly dedicated and motivated staff who provide our patients with individualised care. The unit currently runs between 350 and 400 cycles of IVF and ICSI per annum.

Although some couples receive health authority funding, the majority of patients treated fund their own treatment, which is provided 'at cost'. The unit provides the largest facility in the UK for Consultant O&G - Job description – June 2019 Chelsea and Westminster Hospital NHS Foundation Trust 7 management of women with HIV and in addition has consultants with specialist interests within the fields of PCO and ovarian ageing.

### **Urogynaecology**

This sub speciality service is presently provided by two consultants, two specialist nurses and an extended role physiotherapist. Facilities for outpatient and radiological investigations are well established and nurse led clinics provide support for urodynamic assessment. An urogynaecology MDT meeting is held on a monthly basis.

### **Termination of pregnancy services**

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The termination of pregnancy service provides both surgical and medical management of unwanted pregnancy, including the ability to manage mid trimester abortion. Outpatient clinics are held twice weekly at the South Westminster Clinic where facilities for ultrasound scanning and genitourinary screening are available, together with a counselling service. Two day surgery lists per week take place at Chelsea and Westminster within the Treatment Centre and facilities for medical management of pregnancy are provided on the gynaecology ward.

### **Menopause and PMS**

The hospital has a long history of providing a specialist menopause facility. Currently weekly clinics take place for women with menopause and psycho-endocrine disorders. The menopause service works closely in conjunction with the fertility unit providing care for women with ovarian ageing problems.

## Key responsibilities

The post-holder primarily complements the Obstetrics & Gynaecology service. The successful candidate will have responsibility for outpatient hysteroscopy clinics, 2 week wait clinic each week, weekly MDT meetings, gynaecology surgery list and labour ward cover including a regular caesarean section list. The post-holder will be expected to provide a high-quality outpatient hysteroscopy clinic and one-stop gynaecology scan clinic. The post holder is also expected to provide senior clinical leadership on the postnatal ward.

The appointee will provide a high-quality Obstetrics and Gynaecology service, in conjunction with consultant colleagues already in post. It would be expected that the consultant offers continuous responsibility for the care of patients named under their team.

The successful candidate will be expected to demonstrate an active interest in the management of general gynaecology patients and to provide a unified multidisciplinary approach to their care through one-stop benign scan clinics.

It is expected that the successful candidate will enhance the educational opportunities available to our trainees by any reorganisation and development of services that they initiate. Regular audits will be required and supervision for Quality Improvement Projects (QIP) undertaken by the trainees. Involvement in general management and committee work for the hospital will also be encouraged.

The Directorate has weekly MDT and educational meetings in which medical cases are reviewed and discussed and audits are presented. The Directorate holds monthly Consultant meetings, Gynaecology and Perinatal morbidity and mortality meetings.

The post holder will engage as necessary with North West London CRG and any agreed network models for complex emergency gynaecological surgery.

The post holder will have secretarial support from a senior patient administrator shared between other Consultants. The appointee will have a desk in a shared office with access to a computer.

## Roles of the post

1. Work as a member of the multi-disciplinary team to offer expert opinion and compassionate advice to women.
- 1.2 Provide consultant-led gynaecology clinics, including One-Stop General Gynaecology, 2Week wait cancer clinics and Oncology clinics.
- 1.3 Provide hysteroscopy clinics including operative ambulatory hysteroscopy
- 1.4 Attend all theatre cases to perform surgery, unless satisfied a trainee is competent to perform the operation with indirect supervision
- 1.5 Labour ward Consultant cover 1 in 4 weeks
- 1.6 Perform elective Caesarean list
- 1.7 Obstetrics & Gynaecology non-resident on call commitments as part of the departmental on call rota
- 1.8 Attend weekly MDT meetings
- 1.9 Attend monthly consultant's meetings
- 2.0 Provide High Quality Care to Patients
- 2.1 The post holder must adhere to the standards outlined by the GMC for Good Medical Practice.
- 2.2 Develop and maintain the competencies required to carry out the duties required of the post.

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- 2.3 Ensure prompt attendance at agreed direct clinical care Programmed Activities.
- 2.4 Ensure patients are involved in decisions about their care and to respond to their views.
- 2.5 Demonstrate, model and encourage Trust Values at all times to all patients and staff

## **2.0 Research, Teaching and Training**

- 2.1 Provide high quality teaching to medical undergraduates and members of other health care professions as agreed with the Service Leads. To contribute to the training of O&G trainees, other doctors in training and other staff groups.
- 2.2 Act as a clinical supervisor and appraiser as delegated by the Clinical Director/Service Lead to ensure external accreditation of training post
- 2.3 Where possible to 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.
- 2.4 Ensure that your mandatory training is up to date as per Trust policy.
- 2.5 The Trust expects all consultants to participate fully in continuing professional development to ensure that skills and knowledge are updated in line with relevant medical developments. Consultants may apply to the study leave budget for help with associated expenses in line with the terms and conditions of their contract. In addition consultants will be expected to undertake some non-clinical training and development at the discretion of the trust management, for example, Leadership Training.

## **3.0 Performance Management**

- 3.1 To work with medical, nursing and managerial colleagues to ensure high performance in the following areas:
- 3.2 Clinical efficiency e.g. Length of Stay (LOS) reductions, admission on day of surgery, reducing cancelled operations and DNA rates.
- 3.3 Quality of outcomes e.g. infection control targets, reducing re-admission rates
- 3.4 Financial management e.g. identification, implementation and achievement of cost improvement programmes and participating in efforts to ensure services are provided cost effectively e.g. managing locum agency spend, monitoring and managing the drug budget to target, ensuring accuracy of clinical data for the team.
- 3.5 Operational efficiency e.g. day-case rates, waiting list activity and demand management.

## **4.0 Medical Staff Management and Accountability**

- 4.1 Work with colleagues to ensure Junior doctors' hours are compliant in line with EWTD and New Deal.
- 4.2 Ensure that Trust systems and procedures are in place and followed to control and monitor leave for junior medical staff and to ensure that there is appropriate cover within the clinical areas, including on-call commitments.
- 4.3 Adhere to Trust / department guidelines on leave, including requesting and reporting absence, and professional and study leave, and to ensure that members of staff for whom you are responsible do the same.
- 4.4 Participate in the recruitment and induction of junior medical staff as delegated by the Clinical Director/Service Lead.
- 4.5 Participate in team objective setting as part of the annual job planning cycle.
- 4.6 Be responsible for ongoing assessment and regular appraisal of all doctors in training, Trust doctors and non-consultant grades as delegated by the Clinical Director/Service Lead /General Manager.
- 4.7 Participate fully in regular departmental activities including department meetings and team building activities.

## **5.0 Governance**

- 5.1 Adherence to referral pathways for oncology MDT and perinatal MDT is essential.

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- 5.2 Review clinical outcomes in designated area using external benchmarking data where appropriate, to identify and advise variances to the Clinical Director/Service Lead.
- 5.3 Participate in clinical audit, incident reporting and analysis and to ensure resulting actions are implemented.
- 5.4 Work closely with the Directorate in relation to clinical and services developments as delegated by the Clinical Director/Service Lead.
- 5.5 Participate in ensuring NICE, NSF, CNST and other national guidance requirements are reviewed and implemented and monitored in the speciality areas.
- 5.6 Ensure clinical guidelines and protocols are adhered to by junior medical staff and any other staff for whom the post has responsibility and that these are updated on a regular basis.
- 5.7 Keep fully informed about best practice in the speciality areas and ensure implications for practice changes are discussed with the Clinical Director/ Service Lead.
- 5.8 To role model good practice for infection control to all members of the multidisciplinary team and adhere to the Trust Infection Control measures (available on the Trust Intranet).
- 5.9 To report all clinical and non-clinical accidents or incidents promptly, and to co-operate accordingly with any investigations undertaken.

### **6.0 Strategy and Business Planning**

- 6.1 Work with medical managers and general managers to take forward the business planning and objective setting process for the directorate and Trust where appropriate.
- 6.2 Represent the Trust at appropriate clinical networks/other external clinical meetings, as delegated by the Clinical Director/Service Lead.
- 6.3 To attend and contribute at regular Departmental meetings as identified by the Clinical Lead.

### **7.0 Leadership and Team Working**

- 7.1 Demonstrate appropriate leadership skills with regard to individual performance, clinical teams, the Trust and when participating in national initiatives.
- 7.2 Participate in any necessary management and leadership development courses as required by the trust.
- 7.3 Work collaboratively with all members of the multi-disciplinary team and Imperial College as required.
- 7.4 Set up and chair meetings relevant for clinical domain.
- 7.5 To promote local resolution of any conflict or differences of opinion. To involve appropriate parties for mediation, negotiation or discussion as appropriate.
- 7.6 Provide commitment and leadership in relation to equality and appropriate senior level management of diversity issues, particularly as they apply to training, people management and service delivery.

### **8.0 Appraisal & Revalidation**

The post holder is required to participate in the annual appraisal system in line with the Trust's appraisal and revalidation guidelines. Individual appraisal interviews will be held annually and reports, (including updated job plans) submitted to the Medical Director or HR Director. You are expected to inform yourself of the annual timetable for appraisal and ensure that appropriate time is set aside to update your portfolio and your mandatory requirements.

In consultation with the appointee, the job plan below may be subject to change in the future.

Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	Gynae MDT (08-0900) 1:1 2ww Virtual clinic 1:1	SPA 1:1	Labour Ward 1:4 ELCS 1:4 Perinatal MDT 1:2	Outpatient hysteroscopy 1:1	PN WR 08-0900 1:1	1:4 - Theatre list
PM	2WW Scan Clinic 1:1	Off	Labour Ward 1:4 ELCS 1:4 John Hunter clinic 1:2	Gynaecology advice & guidance 1:2	Antenatal clinic 1:1	
<p>Obstetrics On-call 1.20Pa</p> <p>AN WR hot week 0.25pa</p> <p>SPA 1pa</p> <p>Labour ward 0.75pa</p> <p>Caesarean section 0.75pa</p> <p>OPH 1pa</p> <p>ANC 1pa</p> <p>2WW 2pa</p> <p>Gynae Theatre 0.75</p> <p>A&amp;G 0.5</p> <p>PN WR 0.25pa</p> <p>Gynae MDT 0.25pa</p> <p>Perinatal MDT 0.25</p> <p>Total 9.95Pas</p>						

## Key working relationships

### Staffing within the Women & Children's Directorate

In the department of Obstetrics & Gynaecology there are 27 consultants at the Chelsea & Westminster site. The team also comprises Specialist Registrars, STs/Senior House Officers, GPVTS's and Clinical Fellows:

- 5 O&G SHO (ST1 & 2)
- 4 GPVTS (ST1-2)

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- 2 foundation year 2 doctors
- 2 foundation year 1 doctors
- 11 O&G SPR (ST 3 – 7)
- 5 Clinical Research Fellows.
- 2 Sub-specialty trainees (Reproductive Medicine, Maternal-Fetal Medicine)
- 1 Endometriosis Fellow
- 1 Education fellow
- 1 EPAU fellow
- 1 Menopause Fellow

### **Senior Leadership Structure**

Nick Wales – Divisional Medical Director

Adam Grey – Divisional Director of Operations

Roshni Patel – Clinical Director Gynaecology & Obstetrics

Tanya Maric - Service Director for Obstetrics

Jeffery Ahmed - Service Director for Gynaecology

Vicki Cochrane – Director of Midwifery & Gynaecology Nursing

Himali Vyas- General Manager

Bilal Hassan – Deputy General Manager

## Person specification

<b>Job title</b>	<b>Consultant Obstetrics &amp; Gynaecology</b>
<b>Band</b>	Consultant
<b>Division</b>	Women's, Children's, HIV, GUM, Dermatology and Private Patients

Evidence for suitability in the role will be measured via a mixture of application form, testing and interview.

E = essential

D = desirable

### Trust values

Putting patients first	E
Responsive to patients and staff	E
Open and honest	E
Unfailingly kind	E
Determined to develop	E

### Education and qualifications

Full GMC registration	E
Relevant CCT or equivalent (equivalence must be confirmed by PMET/GMC by date of interview)	E
Entry on GMC Specialist Register OR eligible within 6 months of the date of appointment	E
MRCOG or appropriate specialist qualification	E
An MD or equivalent higher postgraduate training	D

### Experience

Evidence of broad based training experience in General O&G equivalent to that required for a UK CCST	E
Evidence of competence in advanced labour ward practice	E
Evidence of competence in gynaecological ultrasound scanning	E
Evidence of competence in outpatients hysteroscopy	E
Evidence of competence in benign abdominal surgery	D
Colposcopy certification (BSCCP or equivalent)	D

### Skills and knowledge

Solid Understanding of the Clinical Governance Agenda	E
Evidence of effective audit leading to change	E
IT proficiency including, email, Word, Excel, PowerPoint	E
Risk Management Course	D
Evidence of significant contribution to the Clinical Governance Agenda, particularly CNST preparation	D
Coaching skills	D

**Teaching and Training**

Experience of undergraduate teaching and post graduate training	<b>E</b>
Medical Education or Adult Education Training	<b>D</b>
Trained ALSO or MOET or NALS instructor	<b>D</b>

## Notes







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