

# ***THE LEEDS TEACHING HOSPITALS NHS TRUST***

## **DEPARTMENT OF CHILDRENS SERVICES**

### **JOB DESCRIPTION**

#### **CONSULTANT IN PAEDIATRIC GASTROENTEROLOGY**

##### **1. BACKGROUND**

This is a 10PA appointment for a Consultant Paediatric Gastroenterologist.

The successful applicant will join Dr Veena Zamvar and Dr Dinesh Rawat in providing tertiary Paediatric Gastroenterology Services for Leeds and West Yorkshire. The Department of Paediatric Gastroenterology also includes a secretary, four nutrition nurse specialists, one WTE inflammatory bowel disease nurse specialist, pharmacists, dieticians, a specialist registrar working together in a nutrition support team (NST) and a newly appointed psychologist. There are very close working relationships with two (three from April 2018) specialist Consultant Paediatric Colorectal Surgeons, adult Gastroenterology with transition clinics and excellent support from Radiology (including an Interventional Radiologist) and Histopathology.

Leeds Teaching Hospitals is one the largest teaching hospital trusts in Europe, with access to leading clinical expertise and medical technology. We care for people from all over the country as well as the 780,000 residents of Leeds itself. The Trust has a budget of £1 billion. Our 15,000 staff ensure that every year we see and treat 1,500,000 people in our 2,000 beds or out-patient settings, comprising 100,000 day cases, 125,000 in-patients, 200,000 A&E visits and 1,050,000 out-patient appointments. We operate from 7 hospitals on 5 sites – all linked by the same vision, philosophy and culture to be the best for specialist and integrated care.

Our vision is based on The Leeds Way, which is a clear statement of who we are and what we believe, founded on values of working that were put forward by our own staff. Our values are to be:

- Patient-centred
- Fair
- Collaborative
- Accountable
- Empowered

We believe that by being true to these values, we will consistently achieve and continuously improve our results in relation to our goals, which are to be:

1. The best for patient safety, quality and experience
2. The best place to work
3. A centre of excellence for specialist services, education, research and innovation
4. Hospitals that offer seamless, integrated care
5. Financially sustainable

The post will be based at Leeds Children's Hospital at Leeds General Infirmary.

##### **2. OBJECTIVES OF THE POST**

To deliver care to patients with gastroenterological and nutritional disorders at the Leeds Children's Hospital

- Out-patient clinics
- Supervision of patients on a 1:3 Consultant on-call rota to provide telephone advice and daily ward rounds
- Contribute to Specialist Multi-disciplinary team meetings

- To link with Consultant colleagues in other relevant site specialist teams within the Children's Hospital and across the Trust.
- To contribute to research, teaching and new developments within the paediatric gastroenterology department. The post holder will be encouraged to facilitate and contribute to the current clinical research programs on going in the department.
- To further develop and maintain a high quality regional tertiary service to Leeds and West Yorkshire, and a secondary gastroenterology service to the children and adolescents of Leeds
- To lead on developing a particular aspect of the service, depending on interests, and in conjunction with other consultants
- To further develop and strengthen a clinical network together with regional paediatricians with an interest in gastroenterology
- Help implement current national guidelines, as referenced by commissioners
- Develop department / network guidelines
- Facilitate ST4+ training in paediatric gastroenterology, especially GRID training.

### **3. REQUIREMENTS OF THE POST**

#### **3.1 Service Delivery**

##### *General*

The Trust expects consultants to deliver clinical service as agreed with commissioners and other stakeholders. This will include:

- meeting the objectives of the post (see above)
- continuously improving the quality and efficiency of personal and team practice
- working with other staff and teams to ensure that the various criteria for service delivery are met, such as
  - achieving the best clinical outcomes within the resources available
  - waiting times
  - infection control standards

Consultants in LTHT are line managed by their specialty Lead Clinician working in conjunction with a Business Manager. This specialty team is then managed alongside a number of other specialties in a Clinical Service (or Support) Unit (CSU) led by a Clinical Director as the responsible person, and supported by a full time General Manager and a full time Head of Nursing.

The Clinical Director and their team report operationally to the Deputy Chief Executive / Chief Nurse (Deputy CEO / CN). The Clinical Director will work closely with the Deputy CEO / CN team which includes the Medical Director for Operations, Nurse Director for Operations, five Assistant Directors of Operations (ADOs) and a Performance Team, with each ADO aligned to specific CSUs.

Professionally, consultants report to Dr Yvette Oade, Chief Medical Officer and Mr David Berridge, Deputy Chief Medical Officer / Medical Director (Operations).

### *Service specific*

#### General Training and Qualifications

The appointee must hold accreditation in MRCPCH in the Royal College of Paediatrics or equivalent, and have completed higher specialist training (or equivalent) if currently in a training programme within the UK.

Applicants must be on the Specialist Register or within six months of being admitted to the Register for trainees if currently in a training programme within the UK, or have references which have been authorised by the Deputy Medical Director and Clinical Director.

Applicants must provide information regarding their status from the GMC and/or relevant Royal College at the time of application, in order for their application to be progressed further.

#### Experience

The appointee must be able to demonstrate a high level of clinical experience and competence in all aspects of paediatric gastroenterology and to have completed a recognised training programme.

#### Safeguarding experience

The appointee should have adequate safeguarding training (Level 3 or equivalent). There is good support from the paediatric safeguarding lead and also Trust safeguarding team.

#### Person specification

See person specification document.

#### Clinical Audit

The appointee will be expected to contribute and, where appropriate, take the lead in the following:

- Mortality and morbidity meetings
- Clinical audit programmes
- Development and application of agreed clinical guidelines

This is to be included in allocated time in the individual's job plan as a supporting programmed activity. It would be expected that the time allocated for this would include attendance at the relevant departmental audit meeting(s) and that such attendance would be recorded (in accordance with the Trust's clinical audit policy).

In the discharge of these responsibilities the candidate will be expected to maintain and update his/her skills and knowledge through appropriate continuing medical education.

### 3.2 Quality

The Trust has a programme of activities that are designed to help consultants improve the quality of the service they offer. This includes a range of activities shown below as examples – not all activities can be undertaken every year! Consultants are expected to routinely engage in relevant activities in their specialties that are focussed on quality improvement. This participation should be reflected at annual appraisal and job planning and will be discussed in specialties as part of clinical governance programmes and meetings.

#### *Clinical Audit and standard setting*

- Clinical audit projects
- Development and application of agreed clinical guidelines
- Ensuring compliance against relevant national specifications, e.g. NICE guidelines
- External Peer review and relevant national audits.

#### *Clinical outcome review*

- Mortality and morbidity review
- Monitoring of outcomes reflected in routinely collected data
- Participation in clinical coding review and improvement

#### *Improving patient safety*

- Participation in Trust-wide programmes
- Implementation of local improvements as defined in e.g. mortality review

#### *Improving service effectiveness and efficiency*

- Service or system improvement projects, including small scale change, lean or other recognised improvement methods
- Conducting or considering reviews of the evidence to plan better service delivery
- Where agreed, working with commissioners to match service delivery with requirements of relevant populations

#### *Improving the patient experience*

- Implementing service improvements on the basis of individual or service feedback from patients or carers
- Raising the profile and impact of patient participation in decisions about their own care
- Involvement in understanding and improving the ethical basis of care provided

### 3.3 Research

The Trust's Research Strategy encourages all clinicians to participate in high quality, nationally-recognised clinical research trials and other well-designed studies, with a particular emphasis on work supported by the National Institute for Health Research. The Trust has a number of major programmes in experimental medicine and applied health research, developed in partnership with the University of Leeds, which reflect particular strengths described in the Strategy and clinicians are encouraged to participate in these programmes.

The Trust also supports bespoke academic development and participation programmes linked to the Research Strategy, including academic mentoring and embedding of clinicians within the major research programmes.

Sessional time required for any participation in research activity will be agreed on commencement and kept under review, but not all consultants will require such sessional time.

### 3.4 Teaching

The Trust is a Teaching Hospital and therefore considers the active participation of consultant and other medical staff in teaching and training to be part of our core activities. Not all consultants will have regular and substantial teaching commitments but all will be involved in related activities from time to time, if only through informal opportunities, for example as part of service quality improvement (see above). It is therefore expected that all consultants will be familiar with the principles of effective teaching and will enable the service and colleagues to fulfil their obligations to learn and teach about effective care.

The remainder of this section concentrates on teaching and training for medical colleagues, but the Trust actively supports and encourages consultant medical staff to participate in and deliver teaching and training to any colleagues, within and outside of the Trust, where this is agreed as an appropriate time commitment.

#### *Undergraduate medical teaching*

The Trust actively promotes links with the University of Leeds, School of Medicine for teaching medical undergraduates and all consultant medical staff are required to participate to the level agreed within their service.

Where it is agreed by the Clinical Director that the postholder will be significantly involved in delivering undergraduate medical teaching, the following requirements have been agreed with School of Medicine, University of Leeds.

The University of Leeds will award the honorary title of Honorary Senior Lecturer to the person appointed to the role in recognition of their willingness to participate in undergraduate teaching in support of these arrangements. The honorary title will be awarded for a probationary period of 5 years and renewal of the Title will be on evidence of meeting the full criteria (i.e. during this year period, it is expected that a peer review and relevant training courses will have been undertaken as well as continuing to significantly contribute to learning and teaching) and will be renewed for a further period of 5 years.

This honorary title will entitle the consultant to privileges such as being a member of staff of the University, including the use of the Senior Common Room, the library (University and Medical and Dental) and inclusion on the circulation list for ceremonies, public lectures, concerts, etc.

In accepting the role, the appointee will undertake to satisfy the criteria for the award of an honorary University title, which will include:

- a) Contribution to at least 2 or more of the following 'teaching activities' for a minimum period of 50 hours per annum:
  - Lectures
  - Ward Based teaching
  - Administration / organisation / management of teaching
  - Examinations / marking and assessing
  - Student mentoring
  - Small group teaching
  - Personal tutor scheme
  - Offering special study modules
  - Admissions interviews
- b) Show a commitment to learning and teaching by having attended at least 2 relevant courses over the last 5 years (as identified on an individual basis and as relevant in that particular field). This may include, for example, training in lecturing, student assessment or, peer reviewing.\*
- c) Participate in peer reviews, at least once in every 2 years.

\*In accepting the responsibility to contribute significantly to undergraduate teaching, the appointee will undertake to attend courses in the following unless written certification of attendance at previous similar courses can be provided. Thereafter the appointee will be expected to attend at least 2 approved courses in some aspect of learning and teaching in every 5-year period. It is not envisaged that he/she would need to repeat the same course(s) every 5 years, but to diversify their interest and breadth of experience on a continual basis:

- i. small group teaching )
- ii. appraisal techniques ) within 12 months of appointment
- iii. CPR refresher course)

#### *Postgraduate medical teaching*

As with undergraduate teaching, consultants are expected to contribute to overall programmes of postgraduate teaching in their service. Where there is a lead or significant role agreed as part of the consultant's job plan, the following expectations apply:

Consultants will be expected to act as a clinical supervisor for any or specified junior doctors working with them. All consultants must undergo clinical/educational supervisor training from July 2016. Training is envisaged as needing renewal every 5 years.

Consultants may take up specific educational roles in the speciality which includes educational supervisor, college tutor, speciality educational lead and CSU educational lead. Where the current allocation for educational supervisors is 0.25 SPA per trainee (subject to change in further iterations of job planning guidance), the SPA allocation for the other roles are for negotiation with the CD.

If consultants have a role in either under- or post-graduate medical education, the GMC expects that evidence of the quality of this education is presented at annual appraisals and for revalidation.

### 3.5 Continuing Professional Development (CPD)

In the discharge of their responsibilities, the consultant will be expected to maintain and update their skills and knowledge through appropriate continuing professional development.

The Trust fully supports the requirement for CPD by the relevant Royal College and the GMC. This essential component of a consultant's professional activities will be reviewed during the appraisal process. Time and financial support for these activities will be allowed in accordance with the Trust policy.

### 3.6 Leadership

All consultants are senior members of the Trust's staff and are therefore seen by colleagues as leaders. Consultants are expected to make allowance for this, given that the most powerful leadership influence they exert is the example they set.

In addition, the Trust places great emphasis on the role of doctors in leading service improvement and change, both in their normal daily role of delivering care and in relation to specific issues. It is expected that a consultant will lead on specific areas of priority for their service from time to time, as part of their consultant duties. Such departmental or specialty leadership roles would be agreed, for example, in respect of leading or co-ordinating:

- clinical governance
- quality improvement
- appraisal
- research
- teaching

The Trust supports these activities as part of the normal job plan commitments of any consultant.

On appointment, all consultants will be encouraged to participate in the activities established by the Trust to support doctors in their new role, such as the New Consultants' Network and a formal mentoring programme (see below).

## 4. **STANDARDS OF CONDUCT AND BEHAVIOUR**

All consultants are required to work to the standards set out by the General Medical Council in Good Medical Practice. This includes protecting patients when you believe that a doctor's or other colleague's conduct, performance or health is a threat to them. If, after establishing the facts, it is necessary, you must follow the Trust's procedures in this matter and inform your Clinical Director in the first instance.

## 5. **JOB PLAN AND WORKING ARRANGEMENTS**

The job plan review will take place annually, normally with the Lead Clinician / Clinical Director. Any job plan review may result in a revised prospective job plan where duties, responsibilities, accountability arrangements or objectives have changed or need to change significantly within the area.

The post consists of 10PA with 8.5PA of direct clinical care (DCC) and 1.5 PA of supporting professional activity (SPA). These 10PA will be delivered in paediatric gastroenterology.

This job plan will fit together with colleagues' job-plans with a careful rota of clinical sessions, to ensure robust cover and delivery of a 1:3 telephone advice rota.

### 5.1 Proposed Job Plan

#### 'Hot week' 1 in 3 weeks. Ward supervision, acute referrals, rapid access clinic.

Day	Time	Location	Description of activity	Categorisation DCC/SPA/AR/ED*	No of PA
<b>Monday</b>	0900-1300	LGI	Ward round	DCC	1
	1300-1400		Educational supervision	SPA	0.25
	1400-1600		Grand Ward Round	DCC	0.50
	1600-1700		MDT with surgeons	DCC	0.25
<b>Tuesday</b>	0900-1100	LGI	Ward Round	DCC	0.5
	1100-1230		Home PN round	DCC	0.375
	1230-1300		Psycho-social round	DCC	0.125
	1300-1400		Post Grad meeting	SPA	0.25
	1400-1700		Tertiary referrals/advice/calls	DCC	0.75
<b>Wednesday</b>	0900-1000	LGI	X-ray meeting	DCC	0.25
	1000-1100		Ward Round	DCC	0.25
	1100-1200		IBD patient MDT meeting	DCC	0.25
	1200-1400		Teaching/governance/audit research	SPA	0.50
	1400-1700		Ward round; telephone advice; referrals	DCC	0.75
<b>Thursday</b>	0900-1100	LGI	Ward Round	DCC	0.5
	1100-1200		Tertiary referrals/advice calls	DCC	0.25
	1200-1300		Clinic admin	DCC	0.25
	1300-1400		Clinic admin	DCC	0.25
	1400-1700		Fast track clinic	DCC	0.75
<b>Friday</b>	0900-1300	LGI	Hand over / Ward round	DCC	1.0
	1300-1600		Referrals , ward reviews and telephone consultation	DCC	0.75
	1600-1700		Teaching/governance/audit/research	SPA	0.25
					8.75 DCC
					1.25 SPA
<b>Total</b>					<b>10.00</b>

#### 'Clinic weeks' - 2 out of 3 weeks. Clinics, endoscopy list

Day	Time	Location	Description of activity	Categorisation DCC/SPA/AR/ED*	No of PA
<b>Monday</b>	0900-1300	LGI	Gastroenterology Clinic	DCC	1
	1300-1400		Clinic admin	DCC	0.25
	1400-1600		Grand Ward Round	DCC	0.5
	1600-1700		MDT surgical	DCC	0.25
<b>Tuesday</b>	0900-1000	LGI	Clinic admin	DCC	0.25
	1000-1200		MDT ward reviews and HPN round	DCC	0.5
	1230-1300		Psycho-social round	DCC	0.25
	1300-1400		Post Grad meeting	SPA	0.25
	1400-1700		Teaching/Governance/Audit/Research	SPA	0.75
<b>Wednesday</b>	0900-1000	LGI	X-ray meeting	DCC	0.25
	1000-1100		Teaching/Governance/Audit/Research	SPA	0.25
	1100-1200		IBD patient MDT meeting	DCA	0.25
	1200-1330		Telephone consultations	DCC	0.375
	1330 - 1700		Intestinal failure MDT clinic/OP clinic	DCC	0.875
<b>Thursday</b>	0900 - 1100	LGI	Clinic admin	DCC	0.5
	1100 - 1300		Teaching/governance/research/audit	SPA	0.5
	1300-1700		Flexible ward cover	DCC	1.0
<b>Friday</b>	0800 - 13:00	LGI	Endoscopy; urgent endoscopy/ Gastroenterology Clinic	DCC	1.25
	1300 - 1500		Endoscopy admin	DCC	0.5
	1500 - 1600		Telephone consultations	DCC	0.25

	8.25 DCC 1.75 SPA
<b>Total</b>	<b>10.00</b>

17 hot weeks - 148.75 DCC and 21.25 SPA  
25 clinic weeks - 206.25 DCC and 43.75 SPA  
Total 355 DCC and 65 SPA = 420 PA  
Weekly average 8.5 DCC, 1.5 SPA = 10 PA

- Direct Clinical Care (DCC), Supporting Professional Activities (SPA), External duties (ED) or Additional NHS responsibilities (AR)

Please note that this is an indicative job plan. The exact details of the timetable will be negotiated with the successful candidate.

## 2. Activity Summary

Programmed activity	Number
Direct clinical care	8.5
Supporting professional activities	1.5
Other NHS responsibilities	
External duties	
<b>TOTAL PROGRAMMED ACTIVITIES</b>	<b>10</b>

### On-call availability supplement

Agreed on-call rota e.g. 1 in 5:

Agreed category (delete):

On-call supplement e.g. 5%:

### 5.2 Accountability

See section 3, above. The postholder is managerially accountable for the use of resources to their Clinical Director and professionally accountable to the Chief Medical Officer through Clinical Directors. This may be amended in the light of the Trust's management arrangements.

### 5.3 Mentoring

The Trust's new consultant mentoring programme aims to:

- provide structured support for new consultants joining the Trust
- support the development of a culture of lifelong learning

The mentoring programme feeds in to the Trust's systems and processes for appraisal. New consultants will be allocated a mentor when they join the organisation.

### 5.4 Consultant Appraisal and Medical Revalidation

All consultants should maintain their specialist registration with the GMC and comply with the standards expected by their Royal College (or equivalent) so that they are professionally 'in good standing'. Regular appraisal is both the key activity underpinning revalidation and is also a contractual requirement for all consultant staff.



The Trust attaches considerable importance to this approach, which is intended to be of benefit to individual consultants and to support the highest possible standards in the delivery of healthcare and services. All consultants are therefore expected to undertake regular appraisal as decided by the Clinical Director of the service.

#### 5.5 Leave Arrangements

All leave should be applied for in accordance with the Trust's Leave Policy, normally giving eight weeks' notice of any leave, other than in exceptional circumstances.

#### 5.6 Training

During your employment, you agree to undergo whatever training the Trust deems necessary. This may include, but is not limited to, induction training, professional development and safe working practices. Funding of such training will be in accordance with the Trust's Staff Development Policy, of which mandatory training is required.

#### 5.7 Infection Control

All consultants must comply at all times with the Leeds Teaching Hospitals NHS Trust Infection Control policies, in particular by practising Universal Infection Control Precautions. Hand hygiene must be performed before and after contact with patients and their environment.

#### 5.8 Secretarial Support

As part of the resource commitments to enable the postholder to fulfil their job plan, the appointee will have access to such secretarial assistance as is required.

#### 5.9 Health & Safety

The Trust has a responsibility to provide a safe working environment for all staff. As an employee/supervisor/manager you are responsible for your own safety and that of others. This will require you to comply with the Trust arrangements for Health & Safety and Risk Management, in particular by following agreed safe working procedures, and reporting incidents using the Trust Incident Reporting system. As a supervisor/manager, you will be responsible for ensuring your team work in a safe manner and are competent to do so.

#### 5.10 Equality & Diversity

The jobholder must comply with all policies and procedures designed to ensure equality of employment and that services are delivered in ways that meet the individual needs of patients and their families. No person whether they are staff, patient or visitor should receive less favourable treatment because of their gender, ethnic origin, age, disability, sexual orientation, religion etc.

The Trust's Equality and Diversity Policy ensures that barriers to employment for disadvantaged groups are identified and removed, and that no person is treated less favourably on the grounds of their race, ethnic group, religion, impairment, age, gender, sexual orientation or mental health status. Reasonable adjustments will be made for disabled applicants and post holders where required.

#### 5.11 Smoking Policy

The Leeds Teaching Hospitals NHS Trust recognises the serious hazards to health caused by smoking and has adopted a strict no smoking policy. Under the terms of our policy, staff, visitors and patients will not be permitted to smoke at any time or in any part of Trust property, whether inside or outside the hospital buildings.

#### 5.12 Rehabilitation of Offenders Act & DBS Check

This post involves access to patients during the normal course of duties and is therefore subject to the Rehabilitation of Offenders Act (Exceptions Order) 1975. As such you must reveal any information which you may have concerning convictions which would otherwise be considered as 'spent'.

An offer of appointment to this post would be subject to the express condition that the Leeds Teaching Hospitals Trust receives a Disclosure and Barring Services (DBS) Disclosure which will check the existence and the content of any criminal disclosure received. The Trust has the right to withdraw an offer or employment if not satisfied of a candidate's suitability for this position by reason of criminal record or antecedents, especially in cases where no declaration of criminal proceedings has been made on a candidate's application form or Criminal Declaration Form. The Trust reserves the right to determine this issue at its sole discretion. If you are successful in being short listed for this position you will be asked to complete a criminal disclosure form to be handed to a representative at interview. Furthermore, if appointed to this post you will be asked to complete a 'DBS Disclosure Application Form' which will be submitted to the DBS.

Leeds Teaching Hospitals NHS Trust has a Policy Statement on the Recruitment of Ex-offenders which is available on request.

#### 5.13 Respect for Patient Confidentiality

As set out in GMC guidance (*Good Medical Practice*, paragraphs 20, 50, 69 and 73) the jobholder should respect patient confidentiality at all times and not divulge patient information unless sanctioned by the requirements of the role.

#### 5.14 Patient and Public Involvement

The Trust has a statutory duty to involve patients and public in evaluating and planning services. All staff have a responsibility to listen to the views of patients and to contribute to service improvements based on patient feedback.

### **6. TERMS AND CONDITIONS OF EMPLOYMENT**

- 6.1 Conditions of employment are determined by the Leeds Teaching Hospitals Trust in accordance with the Terms & Conditions – Consultants (England) 2003, as amended from time to time in the light of national or local collective agreements.
- 6.2 The postholder, as a practitioner with continuing responsibility for the care of patients must be able to respond promptly to emergency calls from the Hospital.
- 6.3 A consultant is required to reside within a distance of 30 minutes or 10 miles by road from their principal place of work unless an employing organisation agrees that they may reside at a greater distance.
- 6.4 A consultant must be contactable by telephone in their contracted work time.
- 6.5 The consultant must ensure that there are clear and effective arrangements so that the employing organisation can contact him or her immediately at any time during a period when he or she is on call.
- 6.6 The postholder should note, however, that where the Trust agrees that the postholder may live further than ten miles from the hospital, the Trust will only reimburse travelling expenses up to a maximum of twenty miles return, in accordance with Trust Terms and Conditions of Service.
- 6.7 Assistance with relocation to the Leeds area may be provided to the successful candidate. A copy of the Trust's Relocation Policy is available on request.
- 6.8 The normal NHS requirements for indemnity of medical and dental staff in cases of medical negligence apply.
- 6.9 Subject to the provisions of the Terms and Conditions of Service, the appointee is expected to observe the Trust's policies and procedures, drawn up in consultation with the profession on clinical matters, and to follow the standing orders and financial instructions of the Leeds Teaching Hospitals NHS Trust. In particular, where the postholder is responsible for managing employees of the Trust, they will be expected to follow the local and national employment and personnel policies and procedures.
- 6.10 The Trust is reconfiguring services and your base hospital may change during your employment, if and when your department transfers base, following consultation.

### **7. CONTRACT**

The post is available on a full or part time basis or as a job share.

## 8. ENQUIRIES

Prospective applicants are encouraged to visit the Departments and are invited to contact any of the following persons:

Dr Mike Richards	Clinical Director of Children's Hospital	0113 39 23343
Mr Ian Sugarman	Lead Clinician Paediatric Gastroenterology	0113 39 26816
Dr Veena Zamvar	Consultant Gastroenterologist	0113 39 23828
Mrs Suzanne Abrahams	General Manager of Children's Hospital	0113 39 23343

## **The Yorkshire Regional Gastroenterology Service**

The paediatric gastroenterology department at Leeds is a regional service for the assessment, diagnosis, treatment and follow-up of children who have, or may have, inflammatory bowel disease, intestinal failure, coeliac disease, and a wide range of miscellaneous gastrointestinal conditions such as gastroesophageal reflux disease, eosinophilic oesophagitis, gastroparesis, chronic diarrhoea, severe constipation, feeding difficulties, and functional disorders including recurrent abdominal pain, irritable bowel syndrome and cyclical vomiting.

The service has developed since 1990; the multidisciplinary nutrition support team (NST) provides advice across the Children's Hospital; all parenteral nutrition prescribing is done by the NST pharmacist who is an independent prescriber. The team currently cares for 240 IBD patients, 20 children receiving home parenteral nutrition, and four bowel transplant patients. There are close links with adult gastroenterology services, and adolescent transition clinics are held three times a year. Joint clinics are held each month with the paediatric colorectal surgeons both for IBD and Dysmotility disorders.

### **Leeds Outpatient services**

Outpatient clinics are run in the paediatric outpatient department of Leeds Children's Hospital at Leeds General Infirmary. In addition to general gastroenterology clinics, there are weekly rapid access clinics, MDT clinics for intestinal failure, and medical-surgical clinics twice a month.

### **Outreach services**

There has been discussion regarding the possible development of outreach clinics in York and Bradford. Paediatric gastroenterology leads in Bradford, Wakefield, Huddersfield, Airedale and York participate in regular Yorkshire gastroenterology network meetings.

### **Inpatient service**

Inpatients are currently cared for on Ward 40, shared with general paediatrics. Children receiving treatment with Infliximab or needing parenteral iron infusions for anaemia are admitted to Ward 49 day case unit.

### **Links with other departments and specialist clinics**

The Leeds Teaching Hospitals NHS Trust provides a full range of paediatric specialties. Paediatric gastroenterology has excellent links with all of these as well as with the gastroenterology department for adult patients; there is an active patient participation group with regular meetings. MDT meetings are held with a) Surgeons weekly, b) Radiology and surgeons weekly and c) Histopathology monthly; central venous access for long term patients is increasingly being managed through an interventional radiologist.

### **Specialist nurse input**

Three specialist nutrition nurses support the home parenteral nutrition programme and play a crucial role in training carers, staff, and organising home care; one specialist nurse is devoted to patients requiring enteral nutritional support. The nurses act as an expert resource throughout the Children's hospital.

### **Teaching and Training**

There is a weekly teaching session in paediatric gastroenterology and nutrition for team members. The Department organises a three day nutrition module in the Leeds University 'Masters in Medical Science'

course (in which all Yorkshire general paediatric registrars are enrolled) every two years. There is an annual Leeds Course in Clinical Nutrition run by Dr Clare Donellan from the adult team.

The NST members are also involved in the teaching programmes for medical students, and specialty trainees, and the post holders participate in the paediatric rounds at Leeds Infirmary. The successful applicant, together with colleagues, would be expected to continue to deliver teaching of medical students and junior doctors on Yorkshire paediatric training schemes.

### **Staffing in Paediatric Gastroenterology and Nutrition**

Veena Zamvar	Consultant Gastroenterologist
Dinesh Rawat	Consultant Gastroenterologist
Sharon Gregg	Medical secretary
Gill Lazonby	Nutrition Nurse Specialist
Jenny Goldthorpe	Nutrition Nurse Specialist
Donna Ellis	Nutrition Nurse Specialist
Lindsey Knight	Nutrition Nurse Specialist
Tara Park	Data manager
Julie Steele	Dietician
Natalia Iglesias	Nutrition Team Pharmacist
Ian Sugarman	Colorectal surgeon and Lead Clinician
Jonathan Sutcliffe	Colorectal surgeon
Chris Parsons	Locum colorectal surgeon
Sally Grange	IBD nurse specialist
Jacqui Ferguson	IBD nurse specialist
Louise Maclean	Paediatric Psychologist