**Job Description**

**Obstetrics & Gynaecology Sub Specialty Training post in Maternal and Fetal Medicine**

**ST6/7**

# Subspecialty training

The post is for a period of 2-3 years depending on the needs of the individual. During this time the trainee will be based in Leeds and will work equally between the two major teaching hospitals in the city; The Leeds General Infirmary and St James’ University Hospital.

There are six subspecialty-trained consultants in MFM in Leeds, all of whom are actively involved in this training programme. In addition we have a large number of consultants in other specialities who make a significant contribution to the programme including Genetics, adult Congenital Heart Disease, Neonatology, Paediatric Surgery, Paediatric Cardiology and all medical and surgical subspecialties.

We provide training to cover the whole MFM curriculum except for attachments to the Metabolic Diseases Service in Manchester and the Fetal Medicine Unit in Birmingham Women’s Hospital (therapeutic interventions for monochorionic twin pregnancies such as TTTS).

The programme is flexible and can be adjusted to fit the needs of the individual. **However, there is a requirement to have advanced obstetric scanning skills prior to application. This should be either in the form of a PGCert in Obstetric Ultrasound or equivalent.**

The majority of the time will be spent split between Fetal and Maternal medicine clinics. In addition to this core training there are modular components which will enable to trainee to cover the majority of the curriculum with ease. These include:

Obstetric Ultrasound/Fetal echocardiography Time dependent on trainee’s experience

Clinical Genetics 6 weeks

Obstetric Anaesthetics/Adult Intensive Care 2 weeks

Neonatology/Paediatric Surgery 4 weeks

Fetal Pathology 4 weeks

Epidemiology 2 weeks

Laboratory Specialities 4 weeks

Each module will be a full time attachment in the speciality concerned.

The trainee will be part of the higher specialty trainee on call rota.

Gynaecology training requirements would be expected to be fulfilled by time spent on GATU (gynae assessment and treatment unit) but where additional competencies are required, individual arrangements may need to be made.

**Obstetric Departments in Leeds**

The maternity unit is split across two sites with both inpatient and outpatient services at LGI & St James’s. Both delivery suites offer consultant and midwife-led care. All admissions come through the maternity assessment centres (one on each site) which are open 24/7. There were around 9,818 bookings and 8,704 births in 2022. Our caesarean section rate currently runs at around 29% and instrumental delivery rate is around 15%. Our home birth rate is currently running at around 1-2%.

**The Inpatient facilities** include:

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| --- | --- | --- |
|  | **St James’s** | **LGI** |
| Antenatal Ward | 13 beds | 18 beds |
| Postnatal Ward | 29 beds | 30 beds |
| Neonatal Unit | 74 cots (14 ICU, 16 HDU, 19 SC, 19 TC) with LGI designated level 3 and SJ level 2 unit |
| Labour Ward | 10 delivery rooms2 admission rooms2 Obstetric theatres2 bereavement rooms | 10 delivery rooms (4 midwifery led)2 induction beds2 Obstetric theatres5 enhanced recovery beds2 bereavement rooms |

Both Labour Wards have a staff room and resource area with appropriate IT facilities. There are portable ultrasound machines, dedicated for use on each Labour Ward. The Consultant body provide 84hr/week cover during which they have no other commitments.

Elective caesarean sections are currently delivered by dedicated caesarean section lists. These include complex planned deliveries for placenta accreta spectrum for which we are a referral centre.

We have a robust system of in-house skills and drills training in obstetrics, and the Subspecialty Training Fellow will be encouraged to contribute to the active programme of risk management, multidisciplinary training and quality improvement projects we have within the service.

**Outpatients**

In addition to high risk antenatal clinics, there are a variety of specialist clinics run in conjunction with the relevant physicians on either the St James’s or LGI site. These include clinics caring for women with cardiac conditions, diabetes, endocrine disorders (thyroid, adrenal and pituitary), haematological and rheumatological conditions. There are also prematurity clinics and clinics for maternal infectious diseases.

The Early Pregnancy Assessment Unit is located at St James’s and, although it comes under the auspices of Gynaecology, there are naturally close links between the Obstetric Departments and EPAU. A tertiary recurrent miscarriage clinic is run from the EPAU providing both a diagnostic service and support in early pregnancy.

There is a Multiple Pregnancy Clinic run on the St James’s site for all locally booked multiple pregnancies (cases referred from outside of Leeds for fetal medicine opinions are seen within the fetal medicine service). The clinic offers both midwifery and medical support to the women of Leeds who are pregnant with twins (or more) and, over the past few years it has proved to be a very successful and popular service with excellent outcomes, for both mothers and babies.

**Fetal Medicine**

We are a recognised fetal medicine training centre and, in the last 20 years have successfully trained 10 subspecialists. We have approval to train two subspecialty trainees, one of these posts is currently vacant (advertised post).

The successful applicant will work within a close network of co-located tertiary and quaternary subspecialties, such as the adult and fetal congenital cardiac teams, and all neonatal and paediatric subspecialties. This co-location is one of our strengths, and has provides a huge opportunity for the team to develop super-specialist interests and novel research programmes and for trainees to gain experience in all relevant areas of the subspecialty.

Patients referred into Leeds for obstetric care include all of those women requiring tertiary cardiac, respiratory, renal, neurosurgical and neurology services, plus organ transplantation and complex haematological conditions.

Our weekly MDT is attended by colleagues from genetics, neonatology and fetal cardiography, and is a major strength of the department. Development of joint fetal medicine and echocardiography clinics provides a streamlined and coordinated patient journey and provides great opportunities for trainees to develop their echocardiography skills.

We are currently exploring the use of new technology, including telemedicine and the internet, to improve patient experience further. Our MDT now runs across Microsoft Teams, allowing referring centres to ‘dial-in’ to discuss referrals, updates, delivery plans and outcomes.

The Leeds FM team wish to prioritise the development of a robust academic output, which will complement the already well-developed clinical strengths of the department. This is aligned with the strategy of LTHT to support research in basic science. We encourage applicants who wish to contribute to a growing programme of exciting projects. Strong links are already in place with the Yorkshire Regional Genetics Service and University of Leeds Genetics department. These have been reinforced by active research programmes in prenatal diagnosis using array CGH and Next Generation Sequencing.

In addition to general fetal medicine clinics, we have regular specialist clinics, including a fetal surgical clinic (running monthly), fetal neuro clinic (running weekly), and placenta clinic (for accreta spectrum and other placental anomalies).

Other specialist interests including complicated multiple pregnancies, fetal growth restriction (IRIS clinic), a Rainbow clinic, and a joint clinic reviews with clinical genetics, where fetuses at risk of genetic conditions, and suspected skeletal dysplasia are assessed using conventional, 3D and 4D ultrasound. This also helps identify pregnancies for consideration of the R21 rapid Exomes sequencing pathway. Our referral base includes a large consanguineous population and we are actively trying to engage with this chronically under-researched and deprived community.

We have good working relationships and referrals to local palliative care teams (both within the neonatal unit and local children’s hospices) and have a regular perinatal palliative care MDT for planning and ongoing care after birth.

**Research in Obstetrics**

The consultant team in Leeds are committed to carrying out, participating in, and promoting translational research in a variety of ways. Firstly, we have recruited to a wide range of observational and interventional obstetric studies from the NIHR-CRN Portfolio, including STRIDER, PRiDE, PHOENIX, DAPPA, and DiPEP. In Fetal Medicine and obstetrics we have been part of the RAPID, EACH, PAGE and MERIDIAN, Big Baby, TRUFFLE2, FERN studies. We are supported by a team of research midwives.

Secondly we have active scientific research programs and studies funded by MRC, BHF, and Cerebra within the laboratories of the Academic Division of Women and Children’s Health of the University of Leeds. These concern research into preterm birth, pre-eclampsia, and implantation, and are supported by a laboratory team of eight scientists and technical staff.

**CONDITIONS OF SERVICE**

#### General

The appointment is covered by the Terms and Conditions of Service for Hospital Medical and Dental Staff and by the Whitley Councils for the Health Services (Great Britain) Conditions of Service, as well as local agreements as amended from time to time.

**Hours and Salary**

The standard hours of duty will be the working week of forty hours, for which the salary scale currently applicable is £58,398 per annum under the 2016 conditions of service for doctors at ST6 and above.

In addition, the appropriate intensity multiplier will be payable commensurate with the on-call duty performed.

**Study and Annual Leave**

Study leave will be granted according to the nationally agreed Terms and Conditions.

The appropriate annual leave should only be taken after agreement with Consultant colleagues.

**Travelling Expenses**

Trainees may be eligible to claim travelling expenses in accordance with Section 23 (except paragraph 2.4 and 4) of the GWC Conditions, and paragraph 227-302 of The Hospital Medicine and Dental Staff Terms and Conditions.

## Medical Clearance

Any offer of appointment is subject to satisfactory medical clearance and confirmation that the successful candidate is Hepatitis B immune. Titre levels are checked by the Occupational Health Service prior to formal offer of appointment.

**Medical Indemnity**

**The employee is normally covered by the NHS Hospital and Community Health Service indemnity against the claims of medical negligence. Health Departments advise that employees maintain membership of a defence organisation, as in certain circumstances (especially in services for which a fee is paid) the employee may not be covered by the indemnity.**

The employee must hold current registration (full or limited) with the General Medical Council.

**Visits Prior to Interview**

Candidates may visit the hospital(s) by arrangement. Please contact to discuss:

Dr Thomas Everett MD MRCOG

Consultant in Fetomaternal Medicine / Clinical Director - Women's Services

thomas.everett@nhs.net

Andrew CG Breeze MD MRCOG
Consultant in Obstetrics, Subspecialist in Maternal & Fetal **Medicine**andrewbreeze@nhs.net

**Rehabilitation of Offenders Act 1974**

Because of the nature of the work, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants for the post are not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act and, in the event of employment, any failure to disclose such convictions could result in disciplinary action or dismissal by the Authority. Any information given will be completely confidential and will be considered only in relation to an application for a position to which the order applies.

**ROTATIONS**

All rotations are subject to revision in the light of recommendations by the Specialty Training Committee.

**ACCOMMODATION**

Whilst hospital accommodation may be available for non-resident staff, this will be determined by staff making their own local enquiries. Such **accommodation MUST be vacated when the trainee leaves or moves on to the next stage of the rotation.**

**TRAINING IN RADIATION PROTECTION**

Any person who has direct control over the exposure of a patient must have a 'Core of Knowledge'.

**NOTICE**

A period of three months' notice is applicable to this appointment (Paragraph 197a of the Terms and Conditions of Service for Hospital Medical and Dental Staff refers). Resignation letters must be sent to Yorkshire Deanery Medical Personnel Department.

**FLEXIBLE TRAINING**

Applicants considering working flexibly should contact the LTFT team at LTFTWest.YH@hee.nhs.uk to discuss this option

These arrangements are fully supported by the BMA***.***

**MEDICAL AND SCIENTIFIC STAFF CONTRIBUTING TO SUBSPECIALTY TRAINING**

**Name Specialty**

AC Breeze Fetal and Maternal Medicine (MFM Programme supervisor)

KE Cohen Fetal and Maternal Medicine

TR Everett Fetal and Maternal Medicine (deputy MFM Programme supervisor )

TJ Glanville Fetal and Maternal Medicine

SJ Pierce Obstetrics, fetal and maternal medicine

C Sparey Fetal and Maternal Medicine

**Others contributing**

J Campbell Genetics

J Hague Genetics

K Prescott Genetics

E Hobson Genetics

D Gray Cytogenetics

K Johnson Neonatology

C Harrison Neonatology

A Shaw Neonatology

S English Neonatology, Palliative care

S Barwick Paediatric Cardiology

E Brown Paediatric Cardiology

C Oakley Paediatric Cardiology

E Hannon Paediatric Surgery

E Sidebotham Paediatric Surgery

Alex Turner Paediatric Urology

K English Adult congenital heart disease

K Gatenby Adult cardiac disease

J Oliver Adult congenital heart disease

A Simms Adult acquired heart disease

E Ciantar Obstetric Haematology

J Nelson Obstetric Haematology

E Horne Haematology

N Simpson Obstetrics & Prematurity

E Bonney Obstetrics & Prematurity

J Shillito Obstetrics and Recurrent Pregnancy Loss

M Rathod Obstetrics and Maternal Medicine

D Wijeratne Obstetrics, Gynaecology (lead for placenta accreta service)

S Gilbey Diabetes

E Scott Diabetes

E Ward Endocrinology

T Halsey Obstetrics Anaesthesia

A Bodenham Anaesthetics and ICU

K Turner Perinatal Pathology

**Director of Training Programme:** ACG Breeze

**Deputy TPS:**  TR Everett

**Associate Supervisors:** K Cohen, T Glanville, SJ Pierce, C Sparey

**How to Apply**

For more information about applying to vacancies in Health Education England Yorkshire and the Humber please visit:-

<https://www.yorksandhumberdeanery.nhs.uk/recruitment-home>

Applications will only be accepted through the Oriel online application system:-

[https://www.oriel.nhs.uk](https://www.oriel.nhs.uk/)

Applications open:           07/03/2023

Applications close:           04/04/2023

After the application deadline no applications will be accepted. **There will be no exceptions to this deadline.** You are advised to complete and submit your application ahead of the deadline to allow for any unforeseen problems.

 *With effect from 6 October 2019, all medical practitioners are on the Shortage Occupation List. This means that with the exception of all applicants to Public Health, all specialty recruitment applicants will be exempt from the RLMT; there will be no restriction on their appointment.*

**Please note:  All applicants must hold a National Training Number (NTN) in order to be able to be eligible for this post.**

Interviews will be held online on 20/04/2023