

Job description

Consultant Ophthalmologist

Guernsey Channel Islands

November 2023

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 Ophthalmologist

1. Introduction

The Medical Specialist Group provides the emergency and elective specialist medical services for the Bailiwick of Guernsey within the secondary health care framework and in partnership with the Health and Social Services Department. The service is currently provided by 55 consultants with a range of professional interests.

In doing so, it aims to serve and care for the community through the provision of the highest standard of clinical care at all times.

It achieves this through a high quality, consultant-only service that is personalised and constantly evolving.

The MSG aims to serve the community through the provision of the highest standard of clinical care at all times. It achieves this through a high quality, **consultant delivered** service that is personalised and constantly evolving. It is based at Alexandra House and Mill House where the managerial, nursing, and other support staff are based. Both buildings are 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

2. Brief Description of the Post

The Medical Specialist Group seeks to employ a suitably qualified and experienced general Ophthalmologist.

The successful applicant must be on the GMC Specialist Register or be within 6 months of eligibility for inclusion at the time of interview.

The appointee will be expected to undertake the majority of their work in the outpatient department at Mill House whilst ophthalmic surgery is performed at the Princess Elizabeth Hospital (PEH). The appointee is expected to cover a general spectrum of ophthalmic cases and will work with three other consultant ophthalmologist and liaise where appropriate with specialist off island referral centres.

Responsibilities will include outpatient clinics, theatre lists and laser sessions.

The service is totally consultant delivered; Guernsey does not employ sub consultant grades, junior doctors, or advanced nurse practitioners.

The job plan as described is a 10 PA post with an average 7 sessions allocated to DCC (Direct Clinical Care) per week. There are 2 PA's on average per week allocated to SPA (Supporting Professional Activities).

This post is salaried and unlike jobs within the NHS is not based on the number of PA's worked.

Private practice can be carried out during the DCC element of the Job Plan.

3. Duties

The emphasis in this appointment is for general ophthalmology services and the appointee should have experience in the majority of common ophthalmic procedures to support the patients of the Bailiwick and skills to complement the existing consultants.

Responsibilities of the post include working in a team of four ophthalmologists to provide a wide ranging, responsive, up to date service to the people of Guernsey.

- Utilisation of Medisight, the ophthalmic electronic patient record.
- Utilisation of TRAK, the electronic patient record system implemented by the Health & Social Services Department.
- Provide an outpatient service for new, emergency and follow up patients.
- Outpatient monitoring of all ongoing chronic and recurrent ophthalmic conditions.
- Retinal Clinic; one stop clinic to assess and treat with anti-VEGF intravitreal injections; Avastin has been commissioned for the States Contract Patients. Private patients can pay for Eyelea or Beovu.
- Fluorescein angiography is performed on a Tuesday afternoon with one of the consultants inserting the venflon /butterfly into the patient and injection of fluorescein dye. ILS annual certificate required.
- Accept ophthalmic emergencies from the opticians, orthoptists, A&E, primary care, and general practitioners and, less frequently in the hospital, via referral from colleagues in other departments.
- Three theatre lists per week are shared between the 4 consultants on a rolling rota. Emergencies have to be arranged out of hours.
- Each consultant has a laser session each month with the laser machine at the PEH.
- There is a weekly minor ops session which is shared in rotation between the consultants.
- Undertake a range of ophthalmic elective surgery complimentary to the current consultants (apart from vitreo-retinal surgery which is currently referred to Southampton)
- Clinical support for the ophthalmic nurses in Mill House, theatre staff, DPU and ward nurses adopting an integrated multidisciplinary team approach.
- Provide a modern integrated multidisciplinary approach to ophthalmic services.
- Arrange appropriate investigations and liaise with carers, parents, colleagues, other health professional and tertiary centres if necessary.
- There is a local charitable organisation, the Guernsey Visual Support Association, which provides support and advice to patients with visual disabilities, as there is no dedicated Low Visual Aid clinic in the outpatient's department.
- Visual field testing is performed by Marianne Le Ray at the PEH.
- Participation in audit, we contribute annually to the NOD for cataract surgery via Medisoft
- Incidents are reported via a dedicated reporting system.
- Line manager is the Chairman of the surgical directorate.
- On call with cross cover between consultants for leave is on a 1 in 4 rota

CONSULTANT OPHTHALMOLOGIST – EXAMPLE TIMETABLE

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
AM	0740 Ward Round 0815 – 1245 Theatre Session	0840-1230 Outpatient Clinic On call Spaces for Emergencies	0840-1230 Outpatient Clinic	0840-1230 Outpatient Clinic	0840-1220 Retinal Clinic	On Call 1:4
PM	1340 -1500 Laser 1500-1730 SPA	1330-1730 Outpatient Clinic On Call Spaces for Emergencies	1340-1730 SPA	1340-1730 SPA	1330-1730 Half Day	

Cross cover means that this timetable is an example only.

OTHER DUTIES

Ward Rounds: review of any inpatients is usually at 0815

Monthly departmental meetings: the first Wednesday of the month 0800-0930

Teams Meeting Thursday 1800 – 1830 Ophthalmologists on average once per month
To discuss intradepartmental referrals/cases

Ophthalmic MDT Half day every month

- Ophthalmologists review FFA
- Discuss cases
- NICE guidance
- Conferences, papers, guidelines
- Audit etc

Surgical department meetings: 10 per year

Academic half days: 10 per year, with a presentation by each department annually of audit

Morbidity & morality meetings: every 2 months

Representing the department at meetings held jointly with HSC

On call duties: The ophthalmology department operates a 1-4 on call rota and weekends are shared out evenly wherever possible. When on-call duties fall on a bank holiday weekend a day off in lieu will be given for any consultant who works a day on-call shift. Further information is provided in the MSG's Consultant Guidelines.

A mentor will be offered to the appointee at the time of their appointment.

Supporting Professional Activities

All members of the department have on average 2- 2.5 sessions per week free of clinical duties to undertake Supporting Professional Activities.

Ten days of paid study leave are available to all consultants, which because of our location is nearly always taken off-island.

All consultants are also encouraged to take up an off-island attachment for up to 10 days per annum. This allows consultants to maintain skills that might otherwise be lost and to keep them current.

10 x 5 hour sessions are scheduled each year for “academic half days” in which departmental education meetings, audit presentation, mandatory training and morbidity meetings take place.

4. General Consultant Ophthalmologist

Each ophthalmologist has allocated sessions every week to undertake outpatient clinics which are held in Mill House on a rolling rota.

There are 2 consulting rooms with slit lamps, there is a retinal room also with slit lamp and couch for the intravitreal injections. All rooms have keyboards, and networked computer terminals.

The nurses have an equipment room with a networked Spectralis OCT, and Lenstar biometry machine. In addition, there is a topographer and auto-refractor and fundus/anterior segment camera (in the retinal room).

In addition there is secretarial support in Alexandra House which is located next door as well as onsite IT support, a medical records department, and a reception team at both locations. There is adequate extra desk and computer space at both Alexandra House and Mill House for administration tasks which are networked to printers and the diagnostic equipment.

The main theatres are at the PEH one of which is utilised for ophthalmic procedures with an Alcon Centurion phakoemulsification machine and freestanding Moller operating microscope, the laser machine is situated in a room near to the Emergency department.

The orthoptic department has 1 part time and 1 full time orthoptist also at the PEH.

The Visual Fields machine (Humphrey) is also located at the PEH and 3-4 sessions are performed by our field technician.

5. Management and organisation structure

5.1 Management Structure

As with all the disciplines in the Medical Specialist Group, this is a totally Consultant based department working without the support of either trainees or sub-consultant grades.

Consultant Ophthalmologist

- Tristian Mann – general and glaucoma
- Michael Blundell – general oculoplastic
- Nicolas Watson – general and paediatric and strabismus
- This post

5.2 The Department of Ophthalmology

The main ophthalmology department and support services are located at Mill House.

Working in an isolated community the ability to work flexibly and cross cover is essential.

The on-call commitment for the ophthalmologists is currently one in four with cross over for leave. When on call, the ophthalmologists see emergency patients during the day at Mill House in the outpatient department and clinic appointments are set aside for emergencies. When out of hours patients can be seen in the Emergency department where there is a slit lamp and indirect ophthalmoscope.

5.3 Off Island Referrals

There are no facilities for vitreoretinal operations on island and referrals are made to tertiary centres, especially Southampton for emergency detachment repairs and elective vitreoretinal procedures.

Neurosurgical cases are referred to Southampton.

Ocular oncology to Moorfields Eye Hospital.

5.4 Departmental clinic staffing structure

The department currently has four consultant posts with a range of services, comparable to most UK NHS district general hospitals. Consultants are supported by four part-time ophthalmology nurses. 1 bank nurse, 1 extended scope practitioner/injector and 1 part time orthoptist.

6. Clinical Governance

Everyone is expected to participate in all aspects of clinical governance.

Both MSG and HSC are committed to the clinical governance process and have a combined Clinical Governance Committee.

A local appraisal process has been in place for many years. We comply with the General Medical Council revalidation requirements. The MSG has employees with roles to assist audit and the appraisal process. HSC employ Clinical Audit and Healthcare Information staff and a Patient Safety Advisor. There is good IT support.

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 for up to 10 days per year in order to maintain standards and skills within their speciality. Proposals for such links are submitted to the combined Clinical Governance Committee for approval. Time spent away on an off island link is separate from the study leave allocation.

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

“Academic ½ Days” are held monthly (10 per year). These are divided into an initial session where the department has a clinical discussion/simulation session followed by a session primarily dedicated to the presentation of clinical audit projects.

There are weekly lunchtime clinical meetings aimed principally at the primary care doctors with lectures usually given by local or visiting consultants.

This post involves no formal teaching commitments but there are opportunities to teach elective medical students, GPs, midwives and nursing and other staff. Intradepartmental teaching occurs at the Academic ½ Days, as details above.

7. Contact and application details

Potential applicants are encouraged to make informal enquiries and/or to visit the island prior to applying.

Further information is available from: Michael Blundell, Consultant Ophthalmologist – email michael.blundell@msg.gg.

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

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PERSONAL SPECIFICATION

QUALITY	ESSENTIAL	HOW ASSESSED
Full GMC Registration & Licence to Practice	Essential	GMC register
On GMC Specialist register for Ophthalmology, or within 6 months of CCST	Essential	GMC specialist register
Team player capable of working within Multi-Disciplinary Team, with good communication skills.	Essential	References
Capable of working in isolation /independently	Essential	References
Broad ophthalmology experience	Essential	CV, logbook & references
FRCOphth or equivalent	Essential	Certificate & CV
Higher degree or publications	Desirable	Certificate & CV
Experience of Innovation/ service redesign/ leadership/ management	Desirable	CV & References
Experience of auditing a clinical service	Essential	NB: This is not a NHS post and there are no junior staff. A flexible approach is essential in respect to the MSG Partnership arrangement.
Evidence of regular appraisal/ revalidation	Essential	CV & References
Evidence of continuing professional development	Essential	CV
Satisfy Occupational Health requirements	Essential	Occupational health history reports