



# The Chelsea SITM

## Management of Complex Non-Malignant Disease

Academic Department of Obstetrics & Gynaecology

## JOB DESCRIPTION







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# Welcome to the Chelsea and Westminster NHS Foundation Trust by the Chief Medical Officer, Roger Chinn



## Dear candidate

Thank you for your interest in this post. This candidate pack contains all the information you need to apply for the post.

Chelsea and Westminster Hospital NHS Foundation Trust is proud to be one of the top performing and safest trusts in England. We are recognised as having one of the lowest hospital mortality rates in England and were Highly Commended finalists for HSJ “Trust of the Year” in 2023.

Our ambition is simple—to provide world class care. We combine globally recognised clinical expertise with locally delivered care to represent the NHS at its best. That begins with our 6700 staff across our 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.

I would like to extend my welcome to you and encourage you to consider joining our world class organisation.

I wish you every success with your application.

**Roger Chinn**  
Chief Medical Officer

## Job summary

<b>Job title</b>	Robotic SITM Fellow (HEE O&G ST5-7)
<b>Division</b>	Specialist Care Division
<b>Responsible to</b>	Jeffrey Ahmed, Service Director
<b>Accountable to</b>	Beth Cartwright, College Tutor
<b>Type of contract</b>	Rotational through HEE
<b>Hours per week</b>	Standard Resident Doctors Contract 1:8 3 tier rota
<b>Location</b>	Chelsea Site

### About our programme

Chelsea & Westminster's Robotic Gynaecology programme is a vanguard programme for benign robotic gynaecological surgery. It is used as a reference site across Europe and beyond for how a NHS hospital high-efficiency robotic total practice programme should deliver for both patients and the public purse.

The most recent graduate of the SITM (in its previous incarnation as the Advanced Laparoscopy ATSM) and was appointed locum consultant with us last month having performed 242 cases.

### About our robotic training

We are the only UK site with three robotic GYN Proctors (accredited trainers in robotic surgery, training robotic surgeons across the UK and beyond), and we have a track record in delivering in-house training to our fellows. We have appointed two previous fellows to consultant positions, both of whom were trained in-house in robotic surgery. The current Robotic SITM fellow (during the inaugural year of the new SITM) performed her first solo robotic hysterectomy skin-to-skin within four months of starting our programme.

### Our centre

We push the boundaries of what is possible in robotic benign GYN. We were the first site in Europe to undertake high-intensity robotic surgery, performing 24 major cases in a single weekend; now commonplace across the UK. Our high-efficiency model has been translated into normal weekday practice. Our Emergency Robotic Surgery

programme commenced in Summer 2023 to deliver the same patient benefits to patients with severe sepsis as those coming for elective surgery, another UK first.

Our consultant trainers lecture internationally in the field of robotic surgery and lead robotic training across Europe and beyond. We have high expectations of our robotic fellows: our group have presented over twenty oral or video presentations this year. We have ongoing research trials in robotic surgery and the site PI for a commercial trial in endometriosis surgery is our robotic lead.

## **Ultrasound**

All of our surgeons perform gynaecological ultrasound. Training will be provided to ensure the fellow meets the requirement of the SITM.

## **Endometriosis Surgery**

We perform regular complex benign and endometriosis surgery. With the introduction of robotic surgery, we rarely now perform segmental resection in keeping with leading endometriosis centres globally. Most patients have shave resection of rectovaginal disease or a stapled disc resection following a deep shave/debulking of the rectal nodule.

The fellow will complete online, technical and simulator training within the first eight weeks of starting and begin inculturation in our programme philosophy. In concert with the other fellow they will manage the entire patient's pathway. The fellow will commence console work as soon as they have completed 40 hours simulator practice on one of our two SimNow simulators in house. Normally we train new surgeons in hysterectomy first to familiarise them with operating in the pelvic sidewall, before progressing through (a) peritonectomy with ureterolysis then (b) deeper excisions.

We routinely perform cystoscopy, ureteric catheterisation and ICG injection and the fellows are taught this early on.

## **Our robotic surgery**

We perform *all* complex benign and endometriosis surgery robotically. We undertake routine deep endometriosis (including colorectal and urologic resections) surgery,



myomectomies and hysterectomies (both complex and simple) using one of our two da Vinci Xi Surgical Systems; one of which is dedicated to our division and was business cased for by our lead surgeon. We perform obliterative vaginectomy and peritoneal vaginoplasty on the daVinci system, as well as abdominal cerclage, resection of isthmocoeles, and in concert with colorectal colleagues perform joint exenterative surgeries.

We push the boundaries of benign robotic surgery. Our robotic emergency programme was the first-in-country. We have an ambulatory approach to robotic surgeries, with most patients joining our same-day discharge programme. We have a 1000+ procedure experience in daVinci surgery.

The Robotic SITM fellow will undertake the 3<sup>rd</sup> tier of our three tier on-call rota. Outside of this, they will join our minimally invasive group and become a core member of the team. We train, teach, work and play together. The fellow will be responsible end-to-end for the care of patients in the robotic programme in concert with the rest of the fellows and consultants. Our established fellow training commences with inculturation in the team, the programme and operating room set up. Within four months we expect the fellow to have completed our technical training and simulation programme, and be undertaking console-surgeon work.

## **Consultants in advanced laparoscopic surgery**

**Jeffrey Ahmed**, Service Director, SITM Preceptor, Proctor in Robotic Surgery

**Manou Kaur**, Consultant, Proctor in Robotic Surgery

**Nicholas Dixon**, Consultant

**Rich Flint**, Consultant

**Tom Bainton**, Locum Consultant

**Olivia Raglan**, Locum Consultant

## **Proposed job plan**







**Chelsea and Westminster Hospital**  
NHS Foundation Trust

369 Fulham Road  
London  
SW10 9NH

**Main Switchboard**  
+44 (0)20 3315 8000

**Website**  
[www.chelwest.nhs.uk](http://www.chelwest.nhs.uk)



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