

***CURRICULUM
VITAE***

OF

CHRISTOPHER L. SHEEN

FRCP Edin MD MB BS BSc

Name: Christopher Letchford Sheen

Address:

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Telephone:

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Date of birth:

GRO-C

Nationality:

British

Education:

King Edward's School at Bath

1978 – 1985

Medical School:

St. George's Hospital Medical School,
University of London

1985 - 1991

Qualifications:

BSc (2.1) Basic Medical Sciences/Physiology

June 1988

MB BS

June 1991

MRCP (UK)

June 1994

MD

October 2003

FRCP Edin

October 2003

FRCP

July 2006

Accreditation:

Gastroenterology and General (Internal) Medicine

June 2000

Research Award:

Scottish Society of Physicians Research Award

2001

Memberships:

Fellow, Royal College of Physicians, Edinburgh

Fellow, Royal College of Physicians of London

British Society of Gastroenterology

Employment

Present Post	Consultant Gastroenterologist and General Physician	St. Mary's Hospital Newport Isle of Wight	1.8.02 - Date
Previous Posts	Clinical Research Fellow	Medicines Monitoring Unit Department of Clinical Pharmacology Ninewells Hospital and Medical School Dundee	4.7.00 – 30.6.02
	Locum Consultant Gastroenterology and General Medicine	Ninewells Hospital and Medical School Dundee	14.1.02 – 31.5.02
	Locum Consultant Gastroenterology and General Medicine	Tayside University Hospitals NHS Trust – Stracathro Hospital, Angus	5.3.01 – 1.6.01
	Specialist Registrar Gastroenterology and General Medicine	Queen Alexandra Hospital, Portsmouth Professor Colin-Jones Dr PM Goggin Dr HD Duncan Dr RD Ellis	2.6.99 – 4.6.00
	Specialist Registrar Gastroenterology and General Medicine	The North Hampshire Hospital, Basingstoke Dr JK Ramage	3.6.98 – 1.6.99
	Specialist Registrar Gastroenterology, Hepatology and General Medicine	Southampton General Hospital Professor M Arthur Dr CL Smith Dr N Sheron Dr JP Iredale Dr WM Rosenberg	4.6.97 – 2.6.98
	Registrar Gastroenterology and General Medicine	Royal Bournemouth General Hospital Dr C Loehry	1.8.96 - 3.6.97

Registrar Gastroenterology and General Medicine	Whipps Cross Hospital, London Dr EM Alstead Dr PJ Wright Dr A Sawyerr	1.1.95 - 31.7.96
Senior House Officer General Medicine, Rheumatology and Haematology	St. Richard's Hospital, Chichester Dr M Ridley Dr P Bevan Dr P Stross	1.8.94 - 30.11.94
Senior House Officer General Medicine and Endocrinology	St. Richard's Hospital, Chichester Dr R Simpson	1.2.94 - 31.7.94
Senior House Officer Cardiology and General Medicine	St. Richard's Hospital, Chichester Dr C Reid	1.8.93 - 31.1.94
Senior House Officer Care of the Elderly and General Medicine	St. Richard's Hospital, Chichester Dr R Holman	1.2.93 - 31.7.93
Senior House Officer Rheumatology and General Medicine	St. Richard's Hospital, Chichester Dr M Ridley	1.8.92 - 31.1.93
House Surgeon	St. Mary's Hospital, Isle of Wight Mr P Donaldson Mr T Walsh	1.2.92 - 31.7.92
House Physician	St. Richard's Hospital, Chichester Dr AG Dewhurst Dr JM Hinton	1.8.91 - 31.1.92

Consultant Experience

I was appointed to a substantive consultant post with the Isle of Wight Healthcare NHS Trust in August 2002. Initially I worked with a part time colleague and then until March 2008 I was a single-handed gastroenterologist. Over the next few years the consultant numbers varied but has then settled to 1.8 whole time equivalents with support from a nurse specialists In hepatology and inflammatory bowel disease. Since May 2019 with the retirement of my colleague I have returned to single handed practice with the support of locum colleagues whilst we advertise and attempt to replace up to 2 more substantive colleagues. There is a large outpatient workload both in clinics and endoscopy. I have worked to meet all targets and to treat patients effectively and in a timely fashion. I provide emergency endoscopy outside scheduled lists although we are unable to provide an out of hours service due to lack of funding and adequate medical and nursing staff. I was on call for acute medicine on a 1 in 11 rota but over the last 2 years have withdrawn from the medical rota to allow time to give specialist gastroenterological, hepatological and nutritional advice as requested from my general medical colleagues.

I have supervised and trained up to two specialist registrars in gastroenterology each year as well as supervising their general medical training and that of other junior grade doctors.

I have also worked as a locum consultant at Ninewells Hospital and Medical School, Dundee and at Stracathro Hospital, Angus. In both posts my duties included participation in the on call rota for acute unselected medical admissions and supervision of the junior doctors in the initial and on going care of patients in acute and rehabilitation wards, weekly general medical and gastroenterological outpatient clinics and endoscopy sessions.

Apart from the medical duties I was required to perform administrative, mentoring and teaching duties.

Management and Committee Experience

I have a broad experience of management both locally and nationally. I take an active part in the development and improvement of services and already have a record of delivering change within the hospital. I work with primary care colleagues and the Clinical Commissioning Group to provide quality care and streamlined care pathways for patients.

I have personal skills of focus, time management and prioritisation which have allowed me to take part in a number of activities as well as developing and providing a high quality clinical service. Although I am keen to involve others and achieve change by understanding and consensus I realise there are times when this cannot be fully realised and difficult decisions need to be made. I am capable of making these decisions and standing by them.

Local

At St Mary's Hospital I was clinical director for the acute directorate, being appointed in August 2011 until November 2013. This manages approximately 800 whole time equivalent staff and a budget of approximately £45 million. The directorate is responsible for the provision of acute medical services, pathology, pharmacy and radiological services. It is also responsible for the hospital emergency department and ambulance service. As clinical director I lead the development of the directorate and engage at an executive board level to develop strategy for the entire Isle of Wight NHS Trust organisation. During my tenure successes have included recruitment of clinical staff including 2 consultant radiologists, a second microbiologist and a replacement histopathologist. We have improved clinical care by increasing the consultant ward presence to 3 ward rounds per week and "board" rounds on the other days. The medical assessment unit provides consultant presence for 12 hours per day during weekdays and we are exploring ways to provide more 3 session days and weekend working. We have agreed a £2.3 million

business case to redevelop our medical assessment unit. Last financial year we delivered services within our budget.

Since my appointment as a consultant I have taken on leadership roles and prior to becoming clinical director I have had 2 stints as lead clinician for medicine. I have taken a very active role in assessing the needs of the acute service as part of an external PriceWaterhouse Cooper's review. As part of this team I developed a strategy for service redesign to allow improved patient care with better access and less in patient bed utilisation. I presented this to stakeholders at a "Summit" in February 2011. The presentation and ideas behind it were extremely well received and hence we have continued to work to develop and deliver the ideas in the review.

I have worked with colleagues to improve the robustness of policies such as medical leave protocols and I am also looking at changing the medical rotas to improve ward cover. This was also be influenced by the planned service redesign.

I have also led and worked with colleagues to achieve a number of successes;

1. Developed and instigated a ward based, team based structure for the juniors and consultants allowing more focussed periods dealing with acute, general medical and specialty patients.
2. Redeveloped junior doctor rotas to comply with junior doctor hour's requirements. The current rota is now compliant to 2009 standards.
3. Developed a new medical rota for both the juniors and consultants, establishing a physician of the week on call system.

4. Increased the number of SHO equivalents and specialist registrars. I have taken a very active role in the appointment of junior doctors and regularly short listed and interviewed applicants.
5. Closed the Nightingale wards and opened a new medical ward.
6. Changed the medical ward structure and working practices to accommodate the new medical ward.
7. Increased the number of registrars on regional rotational appointments.
8. Increased the number of consultant posts such that all major specialties are no longer single handed as recommended by the Royal College of Physicians.

I have sat on a number of committees and boards including the Emergency and Medical Care Group and Service Delivery boards. These have allowed me to gain an awareness of financial control policies in the NHS and the effects of these policies on the organisation. I have also gained knowledge of the overarching needs, targets and constraints of the hospital and how this interacts with the priorities of the strategic health authority and government.

As part of the expansion of the consultant body I have been involved with planning the use of resources as well as considering the effect on the Care Group budget and by overseeing the "project" of the restructuring of medicine I have gained an awareness of project and change management and service redesign. I have written a number of project documents as part of this redevelopment.

I am lead clinician for endoscopy and by working with the staff, users and managers of the endoscopy unit to reach and maintain exacting targets we have obtained national

accreditation to allow the hospital to colorectal cancer screening. I have led on the development of several business cases to redevelop the endoscopy unit. In 2016 we were able to design and build a new unit within the hospital. This has provided an exceptional state of the art environment for endoscopy fulfilling all requirements of JAG for patient flow, segregation of male and female recovery and separation of clean and dirty scope movements as well as a superb area for staff and patients.

I am an educational supervisor for an FY1 doctor and have previously been educational and clinical supervisor for Foundation year and Specialist Training level junior doctors.

Regional and National

For 4.5 years up to May 2014 I was the Gastroenterology Training Programme Director and chairman of the Wessex Deanery Specialist Training Committee in gastroenterology. I was involved in the appointment and assessment of all the gastroenterology SpRs in the region. I developed the training programme for the region to cover all aspects of the curriculum, which changed in 2010, and organise the rotational training posts of registrars so as to ensure that they received appropriate experience to accredit as consultants. This required a degree of diplomacy and negotiation to achieve the best for the trainees, but at times has also required some hardnosed decision making to achieve goals and targets demanded by the deanery and higher authorities within the NHS.

I sat on national committees including the British Society of Gastroenterology Training Committee and the Gastroenterology Specialist Advisory Committee of the Joint Royal Colleges of Physicians' Training Board. This allows me to understand and influence national policy.

In June 2013 I was elected as a member of the inflammatory bowel disease (IBD) section committee of the British Society of Gastroenterology(BSG). This committee works to develop national guidelines and standards as well as contributing to the assessment of drugs for IBD and to organise IBD specific research presentations at the BSG annual meeting.

I was Regional Advisor for the South East of England for the Royal College of Physicians of Edinburgh for 3 year up to 2016. I represented the College and encouraged educational activities and support Fellowship applications. I was also asked to comment on consultation documents such as the NHS White Paper. My comments were then included as part of the College response. This role kept me abreast of national issues and how the medical Royal Colleges respond. I was also able to influence, in a small way, such responses.

I have been an examiner at the Southampton Medical School finals and I am a Royal Colleges of Physicians PACES examiner.

In the past I have been a member of the Royal College of Physicians of Edinburgh collegiate members committee and the Scottish Intercollegiate Guidelines Network (SIGN) executive committee.

Teaching

- International
 - Whilst visiting a friend in India in January 2015 I was shown around a new medical school in Madurai and gave a lecture on the NHS and training in the UK to 80 2nd year undergraduates.
- Undergraduate
 - Bedside and clinical skills.
 - Small group tutorials.
 - Lectures on gastrointestinal topics and gastrointestinal pharmacology.
 - Organised formal end of firm practical assessments.
- Postgraduate
 - Lectures and “mini-clinics” to Isle of Wight GPs
 - Invited talks to GPs
 - Invited lecturer to Isle of Wight pharmacists
 - Clinical examination for the MRCP.
 - Organised the MRCP part 2 clinical examination.
 - Lectures on gastrointestinal topics to all levels of health care professionals.
 - gastro-oesophageal reflux disease and dyspepsia
 - non-variceal and variceal bleeding
 - medical treatment of pancreatic carcinoma
 - PEG feeding
 - total parenteral nutrition
 - Invited tutor at the Dundee Endoscopy Workshop.

Endoscopic Experience

The endoscopy unit at St Mary's hospital is JAG certified.

Upper gastrointestinal endoscopy

I am fully competent in diagnostic, therapeutic and urgent/emergency endoscopy.

I am experienced in;

- treatment of gastrointestinal haemorrhage
- oesophageal balloon and bougie dilatation (including achalasia dilatation)
- placement of rigid and self-expanding metal oesophageal stents
- injection sclerotherapy and band ligation of oesophageal varices placement of percutaneous endoscopic gastrostomy tubes
- placement of nasojejunal feeding tubes
- pyloric balloon dilatation
- treatment of vascular lesions with electrocautery and argon-plasma coagulation

I am the only consultant trained and accredited in upper gastrointestinal interventional techniques and so am called upon to treat emergencies such as gastrointestinal bleeding at times. The placement of all oesophageal stents and other treatments for upper gastrointestinal lesions are also all performed by me.

Colonoscopy and flexible sigmoidoscopy

I am a JAG certified bowel cancer screening programme colonoscopist.

Personal audit data of the colonoscopies I have performed in the last 12 months (to September 2019 shows a caecal intubation rate of 96%. A polyp detection rate of 38% and retrieval rate of 96%. Modal sedation doses for age less than 70 years; for midazolam is 3 mg and for fentanyl is 50 mcg, and in those over 70; for midazolam is 2mg and for fentanyl is 25mcg.

I am proficient in;

- polypectomy
 - including endoscopic mucosal resection techniques
- treatment of vascular lesions with electrocautery and argon-plasma coagulation.
- balloon dilatation of colonic strictures
- placement of colonic stents.

ERCP

I currently carry out one ERCP list a week and perform approximately 100 procedures a year. I have worked with the nursing staff to train and improve their confidence in assisting at ERCP. I have also changed the equipment we use in order to improve ability, confidence and success rates. I currently perform a full range of ERCP procedures including sphincterotomy and stone extraction techniques, mechanical lithotripsy and the insertion of biliary and pancreatic stents.

Other experience

Abdominal ultrasound scanning

Whilst at Whipps Cross Hospital I was trained in the basics of abdominal ultrasound scanning and performed a weekly supervised list.

Research Experience

I have completed an MD at Ninewells Hospital and Medical School, Dundee. My thesis has examined the burden on healthcare resources from the use and abuse of over the counter analgesics with particular emphasis on the liver and gastrointestinal tract. I have shown that recent licensing changes to the availability of paracetamol have had a variable effect on toxicity and death despite an overall reduction in over the counter supply. Ibuprofen, the only oral nonsteroidal anti-inflammatory drug available without a prescription in the UK is safe in the quantities sold over the counter. Costs of treatment, both in the need for medical care and financially, remain high. I have concluded that ibuprofen and perhaps newer analgesics should be better promoted with the aim of reducing the use of paracetamol.

I have gained experience in epidemiological and statistical method and the application of information technology resources as tools in research and the manipulation of large data sources.

I am also aware of the data protection implications incumbent on the use of computers in medical practice and research.

Audit

- Audits pertaining to GRS
- National Inflammatory Bowel Disease Audit 2008 and 2010
- National Colonoscopy Audit
- Appropriate use of Antibiotics in PEG and ERCP
- PEGs and complications
- Consent and patient satisfaction
- Colonoscopic completion rates
- Gastrointestinal bleeding and endoscopic therapy
- Endoscopic referral and the investigation of anaemia
- Junior doctors hours
- Appropriate use of bleeps

Publications

Published Papers

Paracetamol-related deaths in Scotland 1994 to 2000.

C.L. Sheen, J.F. Dillon, D.N. Bateman, K. Simpson, T.M. MacDonald
British Journal of Clinical Pharmacology. 2002 Oct;54(4):430-2

Paracetamol toxicity: Epidemiology, prevention and costs to the healthcare system. A review.

C.L. Sheen, J.F. Dillon, D.N. Bateman, K. Simpson, T.M. MacDonald
Quarterly Journal of Medicine. 2002 Sep;95(9):609-19

Paracetamol pack size restriction. The impact on paracetamol poisoning and the over the counter supply of paracetamol, aspirin and ibuprofen.

C.L. Sheen, J.F. Dillon, D.N. Bateman, K. Simpson, T.M. MacDonald
Pharmacoepidemiology and Drug Safety 2002; **11(4)**:329-331

Gastrointestinal side effects of non-steroidal anti-inflammatory drugs – pharmacoeconomic implications.

C.L. Sheen and T.M. MacDonald
Expert Opin Pharmacother 2002; **3(3)**:265-269

Review article: Over-the-counter drugs and the gastrointestinal tract.

C.L. Sheen and D.G. Colin-Jones
Aliment Pharmacol Ther 2001; **15(9)**:1263-1270

Severity of overdose after restriction of paracetamol availability. Study's results conflict with those of other papers.

C.L. Sheen and T.M. MacDonald
BMJ 2001; **322**:553

Clinical features, diagnosis and outcome of acute portal vein thrombosis.

C.L. Sheen, H. Lamparelli, A. Milne, I. Green, J.K. Ramage
Q J Med 2000; **93**:531-534

Effects of cafeteria feeding from weaning on body composition, lipofuscin accumulation and longevity in male and female rats.

I.P. Connoley, N.J. Rothwell, C.L. Sheen, M.J. Stock
pp 127 - 131 in "Obesity in Europe '88 - Proceedings of the first European Congress on Obesity" P.J. Bjorntorp and S. Rossner (Eds) 1989 John Libbey and Company.

Abstracts / Poster and Oral Presentations

Calprotectin and inflammatory bowel diseases: Isle of Wight experience

A Al-Bahrani, L Grellier, C Sheen, C Tracey, A Domanski

Poster Presentation at Focus 2011 – Association for Clinical Biochemistry National Meeting, Harrogate – May 2011

The Contribution of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) to Hypertension in Primary Care.

S.Y.S. Wong, K.Y.K. Wong, L. Wei, C.L. Sheen, T.M. MacDonald

Poster presentation at the International Society of Hypertension European Meeting, Prague, Czech Republic – June 2002

Gastrointestinal Haemorrhage and Over the Counter Ibuprofen Use.

C.L. Sheen, J. Wang, J.F. Dillon, D.N. Bateman, K. Simpson, T.M. MacDonald

Oral presentation to be given at the British Society of Gastroenterology Meeting, Birmingham – March 2002

Paracetamol related deaths in Scotland between 1993 and 1999.

C.L. Sheen, J.F. Dillon, D.N. Bateman, K. Simpson, T.M. MacDonald

Pharmacoepidemiol Drug Saf 2001; **10 (Suppl 1)**:S28

Oral presentation at the International Conference on Pharmacoepidemiology, Toronto, Canada - September 2001

The Effect on Toxicity of Reducing the Size of Available Paracetamol Pack Sizes.

C.L. Sheen, J.F. Dillon, D.N. Bateman, K. Simpson, T.M. MacDonald

Poster presentation at the European League Against Rheumatism Meeting, Prague, Czech Republic – June 2001

Effect on Toxicity and Healthcare Costs of Reducing the Size of the Available Acetaminophen Pack Sizes in the Tayside Region of Scotland.

C.L. Sheen, J.F. Dillon, D.N. Bateman, K. Simpson, T.M. MacDonald

Gastroenterology 2001; **120 (5, Suppl 1)**:A228

Poster presentation at the Digestive Diseases Week Meeting, Atlanta, USA – May 2001

The Effect on Toxicity on Reducing the Size of Available Paracetamol Pack Sizes.

C.L. Sheen, J.F. Dillon, D.N. Bateman, K. Simpson, T.M. MacDonald

Gut 2001; **48 (Suppl 1)**:A105

Poster presentation at the British Society of Gastroenterology Meeting, Glasgow, Scotland – March 2001

Clinical features, diagnosis and outcome of acute portal vein thrombosis.

C.L. Sheen, H. Lamparelli, A. Milne, I. Green, J. Ramage

Gut 1999; **44 (Suppl 1)**:A57

Poster presentation at British Society of Gastroenterology Meeting, Glasgow, Scotland - March 1999

Hypertension and Chronic Non-Steroidal Anti-Inflammatory Drug Use in Tayside.

S.Y.S. Wong, K.Y.K. Wong, C.L. Sheen, L. Wei, T.M. MacDonald

Poster at the Scottish Society of Experimental Medicine, Dundee, – November 2001

Other publications

Contributor to; Self-Assessment Colour Review of Gastroenterology
A. Forbes, N.H. Gilinsky
Manson Publishing 1999

Exam Essentials (How to organise the MRCP part 2 practical exam)
C.L. Sheen
Hospital Doctor, 20 November 1997