

NHS Blood and Transplant

and

The Christie NHS Foundation Trust

## JOB DESCRIPTION & PERSON SPECIFICATION

Post title: **Consultant Haematologist with an interest in Stem Cell Transplantation and Cellular Therapeutics**

Based at NHSBT Manchester and The Christie Hospital.

## Section 1. THE POST

This is a new substantive `e post for a full-time (10 programmed activities per week) Consultant in Haematology to join the NHS Blood & Transplant (NHSBT) Cell, Apheresis and Gene Therapies (CAGT) team and the Haematology, Transplant and Donor services service at The Christie hospital.

The role has 2 separate but aligned components. It is important to note that there will be close links and overlap between the two parts of this role:

1. The post holder will be an integral member of the NHSBT cellular, apheresis and gene therapies (CAGT) team. They will be the medical lead of the NHSBT Therapeutic Apheresis Service (TAS) unit providing ECP at The Christie, with national leadership within the NHSBT team. They will provide medical input into the Cellular & Molecular Therapies laboratory including the advanced therapy team located within the NHSBT Unit in Barnsley and Liverpool. They will also provide medical support to a broader range of stem cell services provided by NHSBT including the NHS Cord Blood Bank (CBB) and British Bone Marrow Registry (BBMR).

2. The post holder will provide care for patients receiving transplant and cellular therapies (allogeneic haematopoietic stem cell transplantation). These clinical activities are based at the The Christie NHS Foundation Trust. The post holder will be the local lead for stem cell donors and will have a specialist GvHD/Late effects clinic. Depending on the applicant there is potential for either Immune effector cell or stem cell transplant clinics. The post holder will contribute to BMT and help to shape local and regional policy development and the BMT quality agenda.

This is an exciting opportunity to work in clinical and academic departments with JACIE accredited adult stem cell transplantation programmes and a busy haemato-oncology service.

### **Haematology & Stem Cell Transplantation/CAR-T service**

The Christie Stem Cell Transplant Program was established in 1982 since when it has performed over 3000 procedures (autologous, allogeneic, and alternate donor). In recent years the department undertakes between 120 and 160 procedures annually for patients with haematological malignancies (data shown in figure below). The department has been fully JACIE accredited since 2009. In 2017, the Christie was selected as the second donor centre outside London by Anthony Nolan and in 2022 was selected as a national donor centre for the Delete Blood Cancer Registry (DKMS).

In 2018 the program was accredited as one of 7 UK phase 1 treatment centres for delivery of CAR-T therapy. Advanced cellular therapies (CAR-T, tumour infiltrating lymphocytes) have been used at the Christie for over 10 years as part of clinical trials and we will be treating the first standard of care patients for lymphoma and leukaemia in 2019. CAR-T activity for both haematological and solid tumours is anticipated to grow significantly over the next few years. The Trust has supported a comprehensive business case to support the delivery of this service.

As well as delivery of routinely commissioned therapies, the Christie has a strong research program for development and delivery of novel treatments in clinical trials. In 2018, the Christie was awarded £6.9m from Innovate UK (one of 3 successful awards in the UK) to support the iMATCH program which is a Christie led collaboration between 3 NHS Trusts, University of Manchester and 7 industry partners to support the development of advanced therapies for the region. This is part of a UK wide network of 5 Advanced Therapy Treatment Centres which will increase the ability of the NHS to deliver these state-of-the-art treatments.

The NHSBT service provides cell collection services to hospitals across England through the HTA licenced and JACIE accredited units utilising cell separator technology (Spectra Optia). NHSBT TAS is by far the largest provider of apheresis with over 100 WTE nursing staff and a team of medical experts. The portfolio of treatments includes extracorporeal photopheresis, plasma exchange and red cell exchange both in one of 8 units and also via outreach to hospitals across ~50% of England.

The post is, in broad terms, intended:

***NHSBT:***

To provide the medical leadership of laboratory aspects of stem cells and immunotherapies at NHSBT.

To advise on the care and selection of unrelated registry donors and donors and donations of umbilical Cord Blood

To provide medical leadership and strategic direction to the Therapeutic Apheresis Services provided by NHSBT in Manchester.

To organise the teaching and training in stem cells, immunotherapies and therapeutic apheresis at NHSBT to undergraduates and postgraduates in medicine, nursing, midwifery, science and other staff to whom it is relevant.

To support clinical research in cellular therapies and therapeutic apheresis.

To contribute to national policies relating to stem cells, immunotherapies and therapeutic apheresis.

To cooperate with other NHSBT consultants in providing cross cover for leave for each other as required (remote work), to cover TAS, SCI, CBB and BBMR duties

The post holder will participate in a NHSBT out of hours cell, apheresis and gene therapies on call rota following suitable induction.

***The Christie Haematology:***

To lead the Donor and late effects service

To provide expertise and leadership for management of patients with graft versus host disease following allogeneic stem cell transplantation

To be a member of the stem cell transplant team

To be principle or chief investigator for trials in management of complications of allogeneic stem cell transplant

To provide education and leadership for junior medical staff, allied health professionals and nursing staff

## Section 2: PROFILE OF NHS BLOOD AND TRANSPLANT

NHSBT was established as a Special Health Authority for England and Wales in October 2005 by the merger of UK Transplant (UKT) with the National Blood Authority (NBA). The remit of NHSBT is to provide a reliable efficient supply of stem cells, tissues, blood, and organs and associated services to the NHS.

NHSBT collects around 8,000 blood donations daily to ensure a constant supply to hospitals. Our work also makes ~ 5,500 organ and corneal transplants possible every year. In addition, we retrieve and store other tissues, such as skin and bone, manufacture a range of therapeutic products from plasma, and provide a number of related specialist services, such as diagnostic laboratory services, therapeutic apheresis and cord blood banking. We are responsible for the NHS Organ Donor Register (which has over 13 million names), the NHS Cord Blood Bank, the British Bone Marrow Registry and a Clinical Biotechnology Centre.

NHSBT has multiple sites across England for blood and stem cell collection, manufacturing / processing, therapeutic apheresis, diagnostics (compatibility testing and infectious diseases), research and development (see below).

### NHSBT Senior staff

Peter Wyman	Chair
Executive Directors:	
Jo Farrar	Chief Executive Officer
Wendy Clark	Deputy Chief Executive Officer
Gail Mifflin	Chief Medical Officer
Carl Vincent	Finance Director
Vacant	Director of Donor Experience
Anthony Clarkson	Director of Organ & Tissue Donation & Transplantation
Paul O'Brien	Director of Blood Supply.
Deborah McKenzie	Chief People Officer
Rebecca Tinker	Interim Chief Digital and Information Officer
Helen Gillan	Director of Quality
Gerry Gogarty	Director of Plasma for Medicines

### Medical Staffing Arrangements in NHSBT

There are approximately 50 NHSBT Consultants nationally, many as joint appointments with universities or hospitals. NHSBT medical staff work within 3 operational directorates. The roles in this job all lie within the Clinical Services directorate. Consultants are organised in national teams to provide services within areas of specialism including donor medicine, diagnostics, blood components, microbiology, tissue and eye services, stem cell donation and transplantation, cellular and molecular therapies, therapeutic apheresis, and patient blood management.

NHSBT has four Medical Directors (MDs):

MD Organ & Tissue Donation and Transplantation (OTDT): Prof Derek Manas

MD Transfusion: Dr Farrah Shah

MD Pathology: Prof David Roberts

MD CAGT: Dr James Griffin

The post holder will report to the Medical Director for CAGT, Dr James Griffin and hence to the Chief Medical Officer, Dr Gail Mifflin. Dr Mifflin will be the Responsible Officer.

Directorate of Clinical Services

Cell, Apheresis and Gene Therapies (CAGT) are provided by NHSBT via the Cellular and Molecular Therapies (CMT), Stem Cell Donation and Transplantation (SCDT) and Therapeutic Apheresis Services (TAS) teams within the Clinical Services directorate.

CMT encompasses the NHSBT stem cell laboratories in England located in Barnsley, Liverpool, Birmingham, Bristol, Oxford and Southampton and the Clinical Biotechnology Centre in Bristol. This combination of facilities and staff enables ATMP production. Gene-editing and advanced diagnostic capabilities are also provided by the International Blood Group Reference Laboratory (see Diagnostics below).

SCDT support is provided via the British Bone Marrow Registry (BBMR) and the NHS Cord Blood Bank (CBB) which are based at NHSBT Filton in Bristol, which also has accredited facilities for stem cell processing.

TAS provides apheresis-based services, as well as counselling and assessment for stem cell donors to Trusts and Bone Marrow Registries. NHSBT has a long history of providing lifesaving and life-enhancing therapeutic apheresis services within the NHS. TAS provides over 12000 treatments for patients each year with access to a portfolio of therapies across a range of clinical specialties using technology that exchanges, removes, or collects certain components within the blood.

TAS is delivered from eight units that are based within NHS Trusts and which operate an outpatient model for non-acute patient procedures. Delivering services from within an acute setting enables TAS to offer a peripatetic outreach model for paediatrics and acutely unwell patients. Units are located in the following NHS Trusts:

The Christie NHS Foundation Trust.  
University Hospitals Bristol & Weston NHS Foundation Trust  
Oxford University Hospitals NHS Foundation Trust  
Sheffield Teaching Hospitals NHS Foundation Trust  
Leeds Teaching Hospitals NHS Trust  
Royal Liverpool and Broadgreen University Hospitals NHS Trust.  
Great Ormond Street Hospital for Children NHS Foundation Trust  
Sandwell and West Birmingham Hospitals NHS Trust

Each unit operates as a regional service provider as part of a national infrastructure. This has established a scale (for what are low volume activities for individual hospitals) that enables NHSBT to offer a robust, responsive and comprehensive portfolio of high quality and cost-effective services for the NHS. The strategic aim is for TAS to become the preferred provider and supplier of choice for therapeutic apheresis services in the NHS.

Cell, Apheresis and Gene Therapy Medical Staff:

The current team focussed on cell and gene therapies;

Dr Khaled El-Ghariani, Barnsley and Liverpool  
Dr Rachel Pawson, Oxford, Southampton (& London)  
Dr Kirsty Sharplin, Oxford  
Dr James Griffin, Bristol  
Dr Ulrike Paulus, NHSCBB and collection facilities  
Dr Charlotte Graham, Kings' College Hospital – Currently on career break for research (Locum appointment Maria Cuadrado Collados)  
Dr Suhail Asghar, BBMR and TAS  
Dr Julia Wolf, Clinical Fellow, Bristol  
Dr Julia Peck, Clinical Fellow, Bristol

Zareen Godburdhun, Research Fellow, Birmingham  
Vacant, Birmingham  
Dr Katja Kimberger, Leeds

In view of the broad range of therapeutic apheresis services additional medical support is provided by the following medical staff with a background in blood transfusion:

Dr Vickie MacDonald, London  
Dr Marina Karakantza, Leeds  
Dr Jayne Peters, Manchester  
Dr Therese Callaghan, Liverpool

From the perspective of NHSBT, work in NHS Trusts is essential to provide the Consultants with experience for their work in national audit, clinical research, education, guideline development, and leading better practice initiatives in their regions, and nationally.

#### Research within NHSBT

NHSBT runs a national programme of research, in four major research centres (Oxford, Cambridge, Bristol and Colindale) with additional immunotherapy research in Birmingham, and tissues research and development in Speke, Liverpool. At all sites, research is embedded into our partner University. In addition, there is infrastructure for clinical studies and randomised trials: a systematic reviews group (Oxford), a Clinical Trials Unit (Cambridge /Oxford /Bristol) and separate GMP production facilities for cellular products (multiple sites); therapeutic antibodies/vectors for gene therapy (Bristol); and tissues (Liverpool).

#### Clinical Research

NHSBT has strategic objectives related to blood, organs, tissues, cellular, apheresis and gene therapies linked to National Institute for Health Research (NIHR) Blood and Transplant Research Units (BTRUs) the elements of research support include:-

The Systematic Reviews Initiative (SRI) based in Oxford for the development of the evidence base for safe clinical transfusion practice and the effective use of blood components by carrying out systematic reviews of the transfusion medicine literature, assessing its strength and weaknesses, and identifying the need for new clinical trials.

A further emphasis for the SRI is the dissemination of its output within NHSBT and, more widely, to the UK health services and international readers. The SRI section of the Joint Professional Advisory Committee for the UK Blood Transfusion Services (JPAC) website ([www.transfusionguidelines.org.uk](http://www.transfusionguidelines.org.uk)) was launched in March 2005 to improve access to citations for systematic reviews. A database is being developed to present references for the randomised controlled trials (RCTs) identified by systematic reviews and handsearching of transfusion medicine literature.

The Stem Cell Evidence Library is curated by the SRI team on behalf of NHSBT and the other three UK transfusion services: <http://www.stemcellevidence.com/>

The Clinical Trials Unit: The unit has supported the production of high quality research in solid organ transplantation and blood transfusion backed up by a very experienced team of statisticians. <https://www.nhsbt.nhs.uk/clinical-trials-unit/>

The current NIHR BTRU in Precision Cellular Therapeutics [was awarded to Prof R Chakraverty, University of Oxford in collaboration with University of Birmingham and began in April 2022.](#)

NHSBT supports several other programs of clinical research in the field of cellular therapies. Examples include

The manufacture and clinical assessment of cultured red cells: <https://www.nhsbt.nhs.uk/research-and-development/current-research/btrus/manufacture-and-clinical-assessment-of-cultured-red-cells/>.

Research into the stem cell niche: <https://www.nhsbt.nhs.uk/research-and-development/current-research/research-programmes/haematopoietic-stem-cell-niche/>

The REALIST study of mesenchymal stromal cells in patients with COVID-19 and acute respiratory distress syndrome (ARDS) <https://clinicaltrials.gov/ct2/show/NCT03042143>.

#### Organisation of research

Research across NHSBT is managed by the Chief Medical Officer (Dr Gail Miflin), with ultimate accountability to the NHSBT Board through the Research and Development (R&D) committee. The R&D committee is responsible for the overall direction and strategy of NHSBT research, and reports through its chair to the NHSBT Board. There are three international members, who provide independence. The R&D committee meets twice each year to receive reports on on-going research and to allocate funding. Research monies are allocated to Principal Investigators on a rolling basis, subject to satisfactory progress and 5-yearly site visits.

#### Section 3: Profile of The Christie NHS Foundation Trust

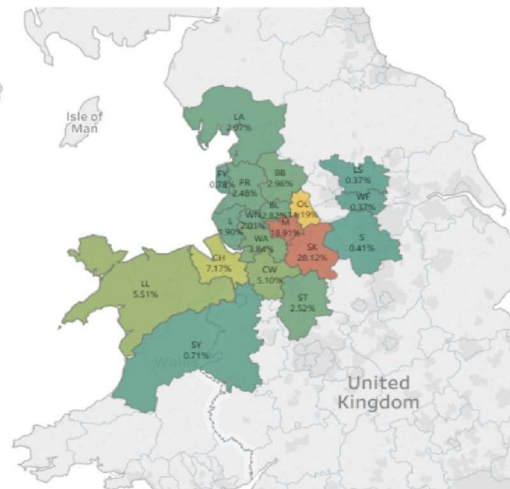
### **Clinical Service**

#### *Inpatient and outpatient facilities*

Haematology and transplant inpatient services are provided on the Palatine treatment ward, a £12M inpatient facility which opened in June 2014. The ward consists of 31 individual ensuite bedrooms. 12 of which have HEPA filtration. The ward also houses Teenage and Young Adult (TYA) patients (age 16 to 24 years) of the Young Oncology Unit (YOU). It is co-located with the Haematology and Transplant Day unit (HTDU) which was built in 2008 to expand ambulatory facilities. HTDU houses a dedicated outpatient clinic (5 consulting rooms), day care facilities (4 individual rooms, 8 chairs, 2 beds) and an apheresis suite. An ambulatory care facility (8 treatment spaces) for patients undergoing chemotherapy, supportive therapies and stem cell transplantation was opened in 2018 and a further 4 bed inpatient unit (Withington Ward) was opened in 2021 to provide additional capacity and expansion in ambulatory care provision. When required, patients undergoing less intensive therapy are managed on the Medical Oncology wards (11 and 12). Emergency admissions are assessed on the Oncology Admissions Unit which is staffed during the week by Consultants in Acute Medicine supported by junior medical staff and Nurse Clinicians.

#### *Referral population*

The Haematology and Transplant service acts as a tertiary referral centre for patients with a wide range of haematological malignancies and hosts regional specialist MDTs for lymphoma, leukaemia, myeloma, stem cell transplantation. Level 2-4 Haematology care is provided for the Southern sector of the Greater Manchester and Cheshire Cancer network (GMCCN) (population 900,000). Referrals for specialist treatments (received from a wider Northwest of England and Wales (population 6 million) and beyond. Source of referrals for stem cell transplantation (2015-20) are as illustrated below.



### *Clinical Apheresis.*

Apheresis is provided by a team of Specialist Nurses overseen by a Consultant Medical Director. The apheresis unit is co-located with the haematology day unit and was expanded in 2018. Procedures are undertaken on 4 Terumo Optia machines. The department primarily undertakes cellular apheresis with a small number of plasmapheresis procedures performed for patients with hyper viscosity or complications of treatment. An out of hours service for emergencies is available if required via NHS Blood and Transplant. In 2017 the Christie was selected as the second donor collection centre outside London by Anthony Nolan. As shown in the figure below, activity is expected to grow significantly in relation to healthy donors collections for the Anthony Nolan and DKMS. This post will support this activity.

### *Cellular Processing*

Cellular processing is provided onsite by the Christie Pathology Partnership. The processing lab is run by a senior Biomedical Scientist who is also the HTA Designated Individual. A new storage facility for cryopreserved cells (completed 2020) significantly increased onsite storage capacity and also redevelopment of the laboratory. The introduction of closed system processing and increased staffing (from 2023) will expand capacity support the increased demand.

### *Support services*

Delivery of intensive therapies and clinical trials requires a full repertoire of support services which are available at the Trust. Level 3 Intensive Care is available onsite in an 8 bedded unit and supported by a nurse led outreach team available 24/7 to support the ward team in identification and management of deteriorating patients. Non-oncology medical services are provided by 2 onsite acute medical physicians with additional services provided as a visiting basis by medical staff via an SLA with Manchester University NHS Foundation Trust. Neurology advice and consultation is provided by Salford Royal NHS Foundation Trust.

The Trust offers comprehensive state of the art diagnostic imaging using all modalities (ultrasound, CT, MRI, isotope, echocardiography, and CT-PET). Pharmacy is onsite although chemotherapy is reconstituted offsite by a third-party provider. Patients have access to a full range of allied health professional services (eg dietetics, physiotherapy, occupational therapy) and are supported by psycho-oncology and complementary therapy services. A Maggie's

Centre was opened on the site in 2016 providing practical, emotional, and social support to patients and careers.

Extra-corporeal photopheresis (ECP) is provided onsite by NHSBT for treatment of patients with cutaneous lymphoma and GvHD arising as a complication of stem cell transplantation.

### *Christie@ services*

The Christie has been responsible for delivery of Clinical Haematology services at Tameside and Glossop Integrated Care NHS Foundation Trust (based in Ashton-under-Lyne since 2018) and East Cheshire NHS Trust (based in Macclesfield since 2021) in order to support the development of haematology services across the southern sector of the Greater Manchester and Cheshire Cancer Network (GMCCN). Both sites operate a 'Christie@' model whereby treatment is delivered by Christie staff working at local sites in order to ensure the highest standards of care but facilitating treatment closer to home.

Haematology and transplant inpatient services are provided on the Palatine treatment ward, a £12M inpatient facility which opened in June 2014. The ward consists of 31 individual ensuite bedrooms. The Haematology Department works closely with colleagues in Clinical and Medical Oncology who run the lymphoma service and also collaboration with other Haematology Departments of the South sector of the GMCCN. Through the weekly MDT hosted at Christie all newly diagnosed patients are discussed, with all patients requiring level 2-4 therapy being referred to the Christie

### **Clinical Department Staffing**

#### *Consultant Staff - Haematology*

Dr Ahmed Abdulgawad	Clinical lead for CART therapy
Prof Adrian Bloor	Clinical Director and Transplant Director. Clinical Lead lymphoid Malignancies and CLL. MAHSC Honorary Clinical Chair.
Dr Anna Castleton	Clinical Lead for ALL and TYA patients
Dr Jim Cavet	Clinical Lead for Myeloma
Dr Richard Chasty	Clinical Lead for Laboratory and Haematological Cancer Diagnostic Partnership (HCDP) Medical Lead
Dr Mike Dennis	Clinical Lead for AML
Dr Simon Jowitt	Consultant Haematologist (Macclesfield)
Dr Samar Kulkarni	Clinical Lead in Apheresis and stem cell transplantation in myeloma
Dr Suzanne Roberts	Locum Consultant Haematologist (Tameside)
Dr Emma Searle	Clinical Lead for Early Phase Clinical Trials
Dr Faye Sharpley	Consultant Haematologist (Macclesfield)
Dr Rachael Smith	Consultant Haematologist (Macclesfield)
Prof Tim Somerville	Professor of Haematology (University of Manchester) and Clinical Lead for myeloproliferative disorders
Dr Dan Wiseman	Senior Lecturer and Clinical Lead for MDS
Vacant	Consultant Haematologist (Tameside)

#### *Consultant Staff - Lymphoma*

Dr Clara Chan	Consultant Clinical Oncologist
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Dr Christina Hague	Consultant Clinical Oncologist
Dr Maggie Harris	Consultant Clinical Oncologist
Prof Tim Illidge	Professor of Targeted Therapy and Consultant Clinical Oncologist
Dr Kim Linton	Consultant Medical Oncologist, Chair Manchester Lymphoma Group
Dr Beth Phillips	Consultant Haematologist
Prof John Radford	Consultant Medical Oncologist

*Junior Medical staff - Haematology*

2 Fellows in Haematology (1 research and 1 Young adult Haematology)  
 1 Research Fellow in Haematology  
 4 Speciality Trainees in Haematology  
 3 CMT trainees

*Senior Nurses - Haematology*

Jo Tomlins	Nurse Clinician and Head of Directorate Services
John Murray	Nurse Clinician in Stem Cell Transplantation
Ruth Clout	Lead Nurse for Education and Inpatients
Angie Leather	Lead Nurse for Outpatients and Cell Therapy Team
Anne Marie Kelly	Nurse Clinician (Tameside)
Hanna Simpson	Lead Nurse for TYA and Ambulatory Services
Roxanne Spencer	Nurse Clinician (Macclesfield)
Rebecca Anderson	Palatine Ward Manager
Naomi Brennan	Palatine Ward Manager
Vacant	Day Unit Ward Manager
Siobhan Donaghey	Ambulatory Care Manager
Nicola Myers	Lead Apheresis Nurse
Lisa Jeffrey	Senior Clinical Nurse Specialist
Rose Brewster	Senior Cell Therapy Coordinator
Sharon Jackson	Transfusion practitioner
Laura Roger	Apheresis Coordinator
Ali Braden	Cell Therapy Coordinator
Rubia Ali	Clinical Nurse Specialist
Caitlin Wheatley	Clinical Nurse Specialist
Vicky Rothwell	Clinical Nurse Specialist
Lyndsey Griffiths	Clinical Nurse Specialist (TYA service)
Maggie Quinn	Clinical Nurse Specialist (Tameside)
Emma Whitham	Clinical Nurse Specialist (Macclesfield)
Helen Morgan	Donor coordinator
Lorna Diggory	Deputy Transfusion practitioner

Additionally, the HTU team is supported by a dedicated Haematology Pharmacists (David Kaye, Jess Pealing, Tasneem Ganjee and Emily Flanagan), Operations Manager (Rachael Hastwell) and 2 quality managers.

*Research team*

The Clinical Research Team supports clinical trial activity for the department across all disease areas. Currently the team comprises 7 administration staff (lead Ryan-James Roberts) and 8 nursing staff (lead Ellie Pearce). We are also currently recruiting to 2 additional posts in the administration team to support growth in activity.

Consultant staff are all allocated a shared secretary / personal assistant.

### **Diagnostic Haematology service**

Diagnostic services on the Christie Site are provided by The Christie Pathology Partnership (CPP); a joint venture which brings together the clinical expertise of the Christie NHS Foundation Trust Synlab UK (the UK division of one of the largest providers of laboratory services in Europe).

The services provided by the CPP currently comprise:

- Histopathology
- Blood Sciences (Biochemistry, Haematology, Blood Transfusion, Stem Cell Processing)
- Oncology Cytogenetics (regional service)
- Breast Tumour Receptors (regional service)
- Mortuary & Bereavement services

Microbiology & Virology and Cytology are contracted services that are performed off-site by Salford Royal NHS Foundation Trust and Manchester University NHS Foundation Trust respectively.

#### *Histopathology*

The department of Histopathology provides tumour pathology diagnostics and staging. Specimens are derived from two main sources: (a) biopsies and surgical specimens from theatres, wards, and outpatients in the hospital and (b) pathological material for review from other hospitals in the Northwest region, for cancer patients referred to the Christie's surgical and medical oncology Clinicians.

#### *Blood Sciences*

Biochemistry provides a rapid turnaround of routine biochemistry profiling. Specialised testing, reflecting the patient population of this tertiary centre include tumour markers, hormone assays including dynamic function tests, therapeutic drug monitoring, protein electrophoresis and immunofixation. Haematology provides a rapid turnaround for routine full blood counts and coagulation screens. A haematological diagnostic immunophenotyping service is provided. CD34 counts – pre and post stem cell harvest – are provided for the stem cell team. The blood transfusion laboratory provides a full cross matching and blood component service to support patients undergoing surgery and chemotherapy.

#### *Stem Cell Processing*

The Stem Cells laboratory service supports the Christie Stem Cell Transplant Program). The laboratory manager acts as the Designated Individual for the Human Tissue Authority (HTA) and is responsible for ensuring that harvesting of Peripheral Blood Stem Cells and Bone Marrow meets the required standards. The Stem Cell Laboratory carries out processing,

quality assessment, cryopreservation, storage and distribution of human progenitor cells and Donor lymphocytes.

### *Oncology Cytogenetics*

Oncology Cytogenetics is a specialised regional service department that provides conventional cytogenetic analysis and fluorescence in situ hybridization (FISH) analysis of bone marrow and blood samples for the detection of acquired chromosome abnormalities, the diagnosis and monitoring of leukaemia and of other clonal haematological disorders.

The department is also the major provider of FISH for cancer gene rearrangements on paraffin embedded tissues for Greater Manchester and currently offers tests on Lymphoma, Sarcoma and Oligodendroglioma brain tumours. FISH tests are also provided on paraffin-embedded tissue for the detection of HER2 gene abnormalities in breast and gastric tumours (with the Breast Tumour Receptor section).

### *Haematological Cancers Diagnostic Partnership (HCDP)*

HCDP was launched in 2018 following completion of an external review in October 2017 and is a Specialist Integrated Haematology Malignancy Diagnostic Service (siHMDS) for Greater Manchester. Manchester University NHS FT (MFT) are the lead provider for this service, whilst the Christie acts as a key provider particularly for provision of specialist lymphoma diagnostic services. Specimen reception and initial analysis (including immunophenotyping) are undertaken at MFT. The analysis of liquid samples is centralised at the MFT laboratories on the Oxford Road campus, and the analysis of solid samples is consolidated at The Christie. Dr Richard Chasty (Consultant Haematologist) and Dr Anshuman Chaturvedi (Consultant Histopathologist) lead the service for the Christie site working in close collaboration with colleagues at MFT.

## Section 4: JOB DESCRIPTION

### **NHSBT – 5 Programmed Activities**

- To support and develop Therapeutic Apheresis Services provided by NHSBT in Manchester and where appropriate other parts of the country especially Liverpool(remote support).
- To lead and participate in NHSBT clinical research activities, including clinical trials and studies, and systematic reviews.
- To undertake the review and authorisation of cord blood donations as suitable for transplantation and registry donors as fit to donate.
- To provide cellular and molecular therapy laboratory related clinical advice and participate in governance and strategic development activities.
- To provide support and cross cover for other NHSBT colleagues working in CAGT.
- To provide out of hours support related to cell therapies and apheresis.
- To participate in teaching and training of medical and non-medical staff, and to contribute to the teaching programmes of Haematology Specialty Registrars preparing for the Part I and Part II of the FRCPath examination.
- To participate in the consultant appraisal programme, revalidation & job planning. This will be arranged to cover duties for the Trust as well as NHSBT and will be undertaken jointly with representatives from both organisations.
- To participate in & contribute to continuing professional development (CPD).
- To participate in internal / external training programmes.
- To undertake additional duties as requested by the Medical Director.

- To ensure that staff for whom they are responsible receive adequate training and are fully aware of how the principles of health and safety and good manufacturing practice (GMP) apply to their duties and of the need to achieve the quality requirements as specified in current guidelines.
- Study leave and training will be subject to the NHSBT / LTHT Medical Staff Study and Professional Leave Policy. NHSBT gives high priority to CPD, and the appointee is expected to participate fully in the RCPATH scheme. The appointee will currently be entitled to up to 30 days of study leave in a rolling period of three years and up to £900 per year in a rolling three-year period.
- The appointee will be expected to share with consultant colleagues in the medical contribution to management.
- Junior Medical Staff will be appropriately involved in the work of the appointee in both NHSBT and LTHT.
- The duties of this post will be subject to regular review through the agreed job planning process.

### **CFT– 5 Programmed Activities**

- The appointee will provide medical leadership for the donor collection service as well as the direct assessment and clearance of donors.
- The appointee will lead the transplant late effects/ECP service.
- The appointee will take an active role in improving the quality of the service including clinical audit and standard setting, clinical outcome review, improving patient safety, improving patient experience and improving service delivery.
- The appointee will be involved in clinical research, teaching and continuing professional development.
- On appointment, all consultants will be encouraged to participate in the activities established by CFT to support doctors in their new role, such as the New Consultants' Network and a formal mentoring programme.

### **MAIN CONDITIONS OF SERVICE**

- The post is subject to the national Terms and Conditions – Consultants (England) 2003, and relevant General Whitley Council Conditions of Service as amended from time to time.
- The salary is on the consultant scale as set out in the Terms and Conditions – Consultants (England) 2003.
- Removal expenses, where appropriate, will be paid to the appointee in accordance with NHSBT policy.
- The successful applicant will be required to reside within a reasonable distance/travelling time from LTHT.
- Any offer of employment is subject to satisfactory health clearance and, where appropriate, other conditions e.g. Right to Work, Disclosure and Barring Service (DBS) check etc.
- Because of the nature of the work, the post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975. You are therefore not entitled to withhold information about convictions, which for other purposes are “spent” under the provisions of the Act, and any failure to disclose such convictions could result in disciplinary action by the Authority. Any information given will be kept in strict confidence and used only in relation to the position to which the order applies.
- NHSBT complies with all relevant codes of practice and legislation in respect of consideration of any criminal record. In this respect a criminal record will be taken into account for recruitment purposes, only when the conviction is relevant. Having a criminal record will not necessarily bar an ex-offender from employment with the organisation; this will depend on the nature of the position and the background to the offence. If the role

you are applying for requires a [Disclosure and Barring Service check](#) to be obtained this will have been indicated in the advertisement. Full details of how this will be obtained will be given to you at the relevant stage of the recruitment process. This together with the NHSBT policy on the Recruitment of Ex-offenders are also available on request from the Recruitment Department.

- The successful candidate must hold full and specialist registration with a licence to practise with the GMC (or be eligible for registration within six months of interview).
- The successful candidate if UK trained, must ALSO be a holder of a Certificate of Completion of Training (CCT), or be within six months of award of CCT by date of interview. The successful candidate if non-UK trained, will be required to show evidence of equivalence to the UK CCT.
- Staff are required to abide by the professional code of conduct relevant to their governing body.
- The post holder will be required to take part in the NHSBT Consultant appraisal programme and participate fully in the processes for revalidation.
- The successful candidate is not required to subscribe to a recognised professional defence organisation to fulfil their contractual obligations but should ensure that they have adequate defence cover as appropriate, for example, for private and Category 2 work, and for GMC disciplinary proceedings.
- Any applicant who is unable, for personal reasons, to work full-time will be eligible for consideration for the post; if such a person is appointed, modification of the job content will be discussed on a personal basis with the LTHT clinical service lead and NHSBT Medical Director (CAGT)
- The post-holder must be willing to travel within the UK and internationally to fulfil organisational needs.
- Good Medical Practice: both organisations are committed to providing safe and effective care for patients. The postholder is expected to carry out their duties and responsibilities in line with Good Medical Practice.
- The appointee will be expected to share the responsibility with the other consultants in contributing to the management clinical work within the employing organisations structures. The appointee will Act as custodian of data under the Data Protection Act and custodian of stored samples. Service and administrative duties on various committees, which may include the following:
- Ensure all communication, which may be complex, contentious, or sensitive, is undertaken in a responsive and inclusive manner, focusing on improvement and ways to move forward.
- Ensure all communication is presented appropriately to the different recipients, according to levels of understanding, type of communication being imparted and possible barriers such as language, culture, understanding or physical or mental health conditions.
- Information relating to patients, employees and business of the employing bodies must be treated in the strictest confidence. Under no circumstances should such information be discussed with any unauthorised person(s) or organisations. All staff must operate within the requirements of the Whistleblowing Policy (Freedom of Speech policy).
- The appointee will be required to work within the financial and other constraints decided upon by NHSBT / LTHT budgeting responsibilities will be undertaken where agreed. Additional expenditure will not be committed without the approval of the appropriate manager / budget holder.
- Subject to the Terms and Conditions of Service there will be an expectation to observe policies and procedures of NHSBT and LTHT These will be drawn up in consultation with the profession where they involve clinical matters. It is the responsibility of staff to be familiar with the employing bodies policies that affect them, and work within the scope set out in them. Any queries should be raised via the line manager. Managers are responsible for ensuring staff know of, and work within the employing body's policies, procedures, and protocols.

- An office (NHSBT is increasingly using “agile working” in an open plan area), relevant IT/Internet equipment and shared secretarial support will be provided at both sites (to a maximum total of 0.5WTE).
- All medical staff are required to undertake the employing bodies inductions as soon as possible after commencing work. They are also expected to have a local induction to their place of work which will be undertaken by their line manager or nominated person and a record kept in accordance with organisational policy.
- Members of staff should be skilled in IT to the required level for the job. The employing bodies reserve the right for these skills to be developed appropriately.
- The duties of this post will be regularly reviewed as part of the routine job planning process. Changes to the duties may be made with the agreement of the postholder and their employers.
- The employing bodies are committed to the principle that no member of staff should work, on average, more than 48 hours per week. Any member of staff who undertakes work outside the employing body, regardless of whether they exceed 48 hours or not, must inform their manager of this in writing.
- The postholder must take reasonable care of their own health and safety and any other personnel who may be affected by their omission. Organisational policies must be followed at all, times.
- Controls Assurance is an `over-arching` policy providing a framework of control covering a whole range of other NHS policies enshrined in the 18 Controls Assurance standards. Through self -assessment and external and internal audit, Trusts are expected to monitor their progress against these Standards. Risk management is the core standard. Staff responsibilities will be outlined in the [Risk Management Strategy](#).

### SECTION 5: JOB PLAN TIMETABLE (Illustrative)

Job planning will occur annually led by the Medical Director for cellular therapies at NHSBT via the online Allocate system. A joint meeting with the Lead clinician/Clinical director is advised. 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.

Day	Time	Type of work	No. of PAs
Monday AM	0900-1300	NHSBT	1PA
Monday PM	1300-1700	Late Effects Clinic	1PA
Tuesday AM	0900-1300	SPA	1PA
Tuesday PM	1300-1700	Donor Clinic	1PA
Wednesday AM	0900-1300	NHSBT	1PA
Wednesday PM	1300-1700	NHSBT	1PA
Thursday AM	0900-1300	SPA	1PA
Thursday PM	1300-1400 1400-1430 1430-1700	Donor Clinic (1 donor) Donor Clearance Reports Haematology departmental meetings) (Management/quality)	0.125PA 0.125PA 0.625PA
Friday AM	0900-1200 1200-1300	SPA Donor management/Admin	0.75PA 0.25PA
Friday PM	1300-1400 1400-1700	Donor clearance reports Admin	0.25PA 0.75PA

#### Activity Summary

ACTIVITY CLASSIFICATION		JOB PLAN: 10 PAs x 4 hrs = 40 HRS	
		No. of PA's	No. of Hours
<b>DIRECT CLINICAL CARE</b> <i>(Including unpredictable On-Call)</i>		LTHT: 4.25 NHSBT 4	17 16
<b>SUPPORTING PROFESSIONAL ACTIVITIES</b>	NHSBT SPA	1	4
	LTHT: SPA	0.75 LTHT	3
	<b>SUB-TOTAL:</b>	1.75	7
<b>TOTALS</b>		<b>10</b>	<b>40</b>

**Attending Duties:** This post's attending duties cover in-patient admitted under the allogeneic bone marrow transplant team.

## SECTION 6: PERSON SPECIFICATION

Our Core **Purpose** is to demonstrate our values every step of the way, to save and improve more lives than ever.

REQUIREMENTS	ESSENTIAL	DESIRABLE
<b>Qualifications</b>	<ul style="list-style-type: none"> <li>• Full and specialist registration and a licence to practise with the General Medical Council (GMC) (or eligible for registration within six months of interview)</li> <li>• Applicants that are UK trained, must ALSO be a holder of a Certificate of Completion of Training (CCT), or be within six months of award of CCT by date of interview. Applicants that are non-UK trained, will be required to show evidence of equivalence to the UK CCT</li> <li>• FRCPATH or equivalent.</li> <li>• MRCP or equivalent.</li> </ul>	<ul style="list-style-type: none"> <li>• Postgraduate thesis</li> </ul>
<b>Clinical Experience</b>	<ul style="list-style-type: none"> <li>• Demonstrates clear interest and commitment to therapeutic apheresis, stem cell and tissue transplantation (fields relevant to this post).</li> <li>• Recent experience of hospital based clinical and laboratory practice in therapeutic apheresis, stem cell and tissue transplantation.</li> <li>• Able to offer expert opinion on therapeutic apheresis stem cell and tissue transplantation problems.</li> <li>• Demonstrates clear interest and commitment to Outpatient BMT work</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical audit in the field of therapeutic apheresis, stem cell and tissue transplantation.</li> </ul>
<b>Management and Administrative Experience</b>	<ul style="list-style-type: none"> <li>• Experience of managing and leading clinical teams.</li> </ul>	<ul style="list-style-type: none"> <li>• Experience of budget management</li> <li>• Proven experience of change management</li> </ul>
<b>Teaching Experience</b>	<ul style="list-style-type: none"> <li>• Ability to teach all grades of clinical staff, including those in training.</li> <li>• Experience of teaching basic clinical skills to undergraduates</li> </ul>	<ul style="list-style-type: none"> <li>• Experience of supervising medical trainees</li> <li>• Ability to supervise the research of others</li> </ul>
<b>Research Experience</b>	<ul style="list-style-type: none"> <li>• Publications/ presentations in national/ international meetings in fields relevant to this post.</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical trial and/or research experience</li> </ul>
<b>Personal Attributes</b>	<ul style="list-style-type: none"> <li>• Able to work with/influence senior colleagues across a range of specialties.</li> <li>• Effective interpersonal and motivational skills</li> <li>• Ability to communicate effectively with colleagues, patients, and their relatives</li> <li>• Able to work against a background of uncertainty</li> <li>• Able to demonstrate personal credibility</li> <li>• Self-motivated, pro-active, and innovative</li> </ul>	<ul style="list-style-type: none"> <li>• Proven leadership experience</li> </ul>

	<ul style="list-style-type: none"> <li>• Commitment to team-working, and respect and consideration for the skills of others</li> <li>• Commitment to Continuing Medical Education and the requirements of Clinical Governance and Audit</li> <li>• Willingness to undertake additional professional responsibilities at local, regional, or national levels</li> </ul>	
<b>Other</b>	<ul style="list-style-type: none"> <li>• Mobility: able to efficiently undertake the travel requirements of the post.</li> </ul>	

Our Core **Values** are: **Caring** about our donors, their families, our staff, and the patients we serve; Being **Expert** in meeting the needs of our external and internal customers and partners; Providing **Quality** products, services and experiences for donors, staff and patients.

## SECTION 7: FURTHER INFORMATION

Further details may be obtained from:

### NHSBT

Dr James Griffin  
 Medical Director for Cell, Apheresis & Gene Therapies  
[james.griffin@nhsbt.nhs.uk](mailto:james.griffin@nhsbt.nhs.uk)  
 Tel: 07823 351 726

PA Kathleen Thompson [Kathleen.thompson@nhsbt.nhs.uk](mailto:Kathleen.thompson@nhsbt.nhs.uk) , 01179217465

### The Christie

Please contact Prof Bloor via the department secretary 01132068465

## APPOINTMENT PROCEDURE

The appointment will be made by NHSBT/ The Christie on the recommendation of an Advisory Appointment Committee constituted in accordance with the terms of the National Health Service (Appointment of Consultant) Regulations Statutory Instrument 1996 No. 701.

### **Visiting Arrangements**

Applicants or prospective applicants are encouraged to visit NHSBT and Christie to meet prospective colleagues.

Arrangements for visiting NHSBT may be made through Dr Griffin's PA Kathleen Thompson.

For visits to The Christie please contact the department secretary, telephone 0113 206 8465.

### **Travel and Subsistence Allowance**

Travel and subsistence expenses will be reimbursed by NHSBT for preliminary visits, in addition to interview expenses, only to those candidates selected for interview. Reimbursement is restricted to two preliminary visits, whether these are made before or after the constitution of the short-list is known. In the case of candidates travelling from abroad, travelling expenses are normally payable only at the point of entry to the UK.

### **Equal Opportunities**

Both organisations are committed to the development of positive policies and practices to promote equal opportunity and will take all possible steps towards eliminating discrimination and promoting good employee relations and equality of opportunities generally.

### **UK Visas and Immigration**

Applicants should be aware that regardless of country of origin, their ability to communicate in written and spoken English to the standard required to carry out the post will be [assessed](#) during the selection process.

Applications from job seekers who require [Tier 2 sponsorship](#) to work in the UK are welcome and will be considered alongside all other applications.

### **Privacy & Dignity & Respect and Equality of Opportunity**

Both organisations are committed to ensuring that all current and potential staff, patients, and visitors are treated with dignity, fairness and respect regardless of gender, ethnicity, disability, sexual orientation, age, marital or civil partnership status, religion or belief or employment status. Staff will be supported to challenge discriminatory behaviour.

### **Major Incident or Civil Unrest**

In the event of a major incident or civil unrest all employees will be expected to report for duty on notification. All employees are also expected to play an active part in training for and preparation for a major incident or civil unrest.