

NHS Blood and Transplant

and

Kings College Hospital NHS Foundation Trust

JOB DESCRIPTION & PERSON SPECIFICATION

Post title: Consultant Haematologist with an interest in Haematopoietic Stem Cell Transplantation and Therapeutic Apheresis

Based at NHSBT Tooting and Kings College Hospital NHS Foundation Trust (KCH).

SECTION 1. THE POST

This is a full-time (10 programmed activities per week) Consultant in Haematology as a member of the NHS Blood & Transplant (NHSBT) cellular, apheresis and gene therapies team and the haematology team at Kings College Hospital (KCH) focussing on malignant haematology and stem cell transplantation. Within NHSBT, the post-holder will focus on medical support to the NHS Stem Cell Donor Registry (SCDR) and NHS Cord Blood Bank (CBB), being NHSBT's representative at the Joint Medical Advisory Committee (JMAC). The post holder will also be a member of NHSBT's Therapeutic Apheresis Service (TAS) team who work flexibly to support patients at Great Ormond Street and other London Hospitals, providing cross cover by phone to other sites nationally. They will sit within a team providing medical support to a broad range of cellular and medicinal therapy services provided by NHSBT also including Cellular and Molecular Therapies (CMT) laboratories, and the Clinical Biotechnology Centre (CBC).

The adult transplant service at KCH provides care for patients from London and other parts of the country requiring both sibling and alternative donor transplants. There will be a weekly stem cell transplant clinic based at KCH and shared attending duties. This is an exciting opportunity to work in clinical and academic departments where there is a JACIE accredited adult and paediatric stem cell transplantation program and busy haemato-oncology service, working in partnership with NHSBT CAGT.

The post is, in broad terms, intended:

NHSBT:

To advise on the care and selection of unrelated registry donors and donors and donations of umbilical Cord Blood and represent NHSBT at JMAC

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

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

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, CMT and SCDT duties

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

Kings:

The post will be based in KCH with support being provided to the stem cell facilities in London and other sites as required.

To provide medical leadership along with the other transplant and cell therapy consultants to the stem cell and advanced therapeutic medicinal product (ATMP) program at KCH

Contribute to the adult allogeneic BMT and GVHD follow up clinic

Provide a clinical lead in the use of Extracorporeal Photopheresis (ECP) for the management of graft versus host disease.

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 8,00 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 NHS Stem Cell Donor 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: Prof Lise Escourt

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 Miflin. Dr Miflin will be the Responsible Officer.

Directorate of Clinical Services (CAGT, Pathology and Patient Blood Management)

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 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.

SCDT support is provided via the NHS Stem Cell Donor Registry (SCDR) 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, 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 based 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;

This post, Kings' College Hospital – (current locum appointment Maria Cuadrado Collados)

Dr Khaled El-Ghariani, Barnsley and Liverpool

Dr Rachel Pawson, Oxford

Dr Kirsty Sharplin, Oxford

Dr James Griffin, Bristol and Southampton

Dr Katja Kimberger, Leeds and Birmingham

Vacant, Birmingham

Vacant, The Christie

Dr Ulrike Paulus, NHSCBB and collection facilities

Dr Suhail Asghar, BBMR and TAS

Due to the broad range of therapeutic apheresis services medical support is also provided by the following medical staff specialising in non-malignant haematology:

Dr Vickie MacDonald, London

Dr Terese Callaghan, Liverpool

Additional consultant posts in planning – Manchester Royal Infirmary, East Anglia

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 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, 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) 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 Mifflin), 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 KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

King's College Hospital NHS Foundation Trust is one of the UK's largest and busiest teaching Trusts with a turnover of c£1 billion, 1.5 million patient contacts a year and more than 15,000 staff based across South East London. The Trust provides a full range of local and specialist services across its five sites. The Trust-wide strategy of Strong Roots, Global Reach is our Vision to be BOLD; Brilliant people, Outstanding care, Leaders in Research, Innovation and Education, Diversity, Equality and Inclusion at the heart of everything we do. By being person-centred, digitally-enabled, and focused on sustainability, we aim to take Team King's to another level.

We are at a pivotal point in our history and we require individuals who are ready to join a highly professional team and make a real, lasting difference to our patients and our people.

At King's College Hospital NHS Foundation Trust we are proud of our diverse workforce and the strength that gives us to provide compassionate care to all of our patients. We are fortunate to employ a workforce that represents the population we care for, and we celebrate the value of differences in age, disability, gender reassignment, marital status, pregnancy and maternity, race, sex, sexual orientation and religion or belief. We have demonstrated our commitment to diversity, equality and inclusion by making it one of our four headline ambitions in our BOLD vision (brilliant people, outstanding care, leaders in research, innovation and education and diversity, equality and inclusion at the heart of everything we do) and there is significant work undertaken at the Trust to ensure that this is a reality for all of our staff.

King's is committed to delivering Sustainable Healthcare for all via our Green Plan. In line with national Greener NHS ambitions, we have set net zero carbon targets by 2040 for our NHS Carbon Footprint and 2045 for our NHS Carbon Footprint Plus. Everyone's contribution is required in order to meet the goals set out in our Green Plan and we encourage all staff to work responsibly, minimising their contributions to the Trust's carbon emissions, waste and pollution wherever possible.

The Trust is recognised internationally for its work in liver disease and transplantation, neurosciences, cardiac, haemato-oncology, fetal medicine, stroke, major trauma, and emergency medicine.

Through its sites including King's College Hospital and the South Sites (Princess Royal University Hospital, Orpington Hospital, Queen Mary's Hospital Sidcup and Beckenham Beacon) the Trust cares for patients in the boroughs of Bromley and Bexley in addition to Lambeth, Southwark and Lewisham. Many services, such as trauma and neurosurgery, are delivered on a regional basis, whilst people from throughout the UK and beyond come to us for our world-renowned specialist services such as liver and foetal medicine. Already one of only 4 major trauma centres in London, King's became the largest provider of stroke services with hyper acute stroke units based on both acute hospital sites in Kent and London. Our elective orthopaedic centre at Orpington Hospital has grown to become the second largest orthopaedic centre in London.

King's specialist services include some world-renowned departments. The Liver Department has the largest transplant centre in Europe, and is celebrated for its innovative practice, the development of split liver transplants, as an example. In foetal medicine, the Harris Birthright Centre has led the world in the development of foetal scanning and surgery. King's has two highly rated hyper acute stroke centres. The hospital also provides innovative cardiac, neurosurgery and haemato-oncology services, and the largest bone marrow transplant centre in Europe.

King's College Hospital NHS Foundation Trust is part of an NIHR ARC (Applied Research Collaboration), a collaborative partnership between universities and surrounding NHS organisations, focused on improving patient outcomes through the conduct and application of applied health research.

The Trust has an annual income of around £1 billion. Education and research are important sources of income, currently contributing around 8% of the total. The Trust is embarking on a strategy to achieve greater diversification of its income, with growth anticipated in tertiary referrals, research and commercial services activities. There is also a developing fund-raising partnership within King's Health Partners for the Clinical Academic Partnership programs in Cardiovascular, Haematology and Neurosciences.

King's organisational values are focused on being a kind, respectful team:

- **Kind.** We show compassion and understanding and bring a positive attitude to our work.
- **Respectful.** We promote equality, are inclusive and honest, speaking up when needed.
- **Team.** We support each other, communicate openly, and are reassuringly professional.

We offer a family-friendly working approach for all staff to ensure a good work-life balance. The Trust provides a supportive mentoring and career planning programme. Applications for job sharing are welcome.

King's Health Partners Academic Health Science Centre (AHSC)

King's is known as an innovative organisation and it is working hard to develop significant partnerships with health and social care partners across London and with industry, designed to improve the provision of integrated care to patients. It is a pivotal founding member of one of the country's Academic Health Science Centres (AHSC) known as King's Health Partners (KHP).

King's Health Partners bring together three leading NHS Foundation Trusts – Guy's and St Thomas' now incorporating Royal Brompton and Harefield, King's College Hospital and South London and Maudsley – with a globally renowned university, King's College London.

The driving purpose behind King's Health Partners is to continually seek and bring about swifter and more effective improvements in health and well-being for patients and people everywhere, by combining the best of basic and translational research, clinical excellence and world-class teaching to deliver ground-breaking advances in physical and mental healthcare.

King's Health Partners (KHP) is one of only eight Academic Health Science Centres in the UK accredited by the Department of Health. This followed a selection process carried out by a panel of internationally renowned clinicians and researchers.

KHP brings together an unrivalled range and depth of clinical and research expertise, spanning both physical and mental health. The AHSC's combined strengths will drive improvements in care for patients, allowing them to benefit from breakthroughs in medical science and receive leading edge treatment at the earliest opportunity.

KHP has:

- Nearly 4.8 million patient contacts each year
- More than 46,000 staff
- Nearly 31,000 students
- A combined annual turnover of more than £4.2 billion

Further information on KHP can be found on its website www.kingshealthpartners.org

Integrated Care Board

The NHS South East London Integrated Care Board is an NHS statutory organisation. They bring together partners involved in planning and providing NHS services, working together to meet the health needs of the population within south east London and deliver the Integrated Care Partnership's strategy.

They are responsible for allocating NHS resource to deliver this plan.

For further information please visit [NHS South East London - Integrated Care Board \(selondonics.org\)](http://selondonics.org)

SPECIFIC AREAS AND CLINICAL ORGANISATION

Haemato-Oncology – King's College Hospital NHS Foundation Trust

The King's Haematology service satisfies all the level 4 BCSH criteria including bed numbers, isolation facilities, equipment, hospital infra-structure, laboratory services, radiotherapy, medical and nursing staffing, pharmacy facilities and support services. The department has dedicated Haemato-oncology consultants, in addition to medical and nurse transplant co-ordinators, specialist junior medical and nursing staff. The multidisciplinary team extends to all clinical specialties that are represented in the established weekly regional MDT meetings.

The Department, which is the largest in South East of the UK, has an extensive referral base within the SE London, Kent, Sussex and Surrey area with more than 75% of regional referrals coming to Kings. This hub and spoke network is a model for the sharing of patient care

between centre and unit. Patients are referred nationally for the treatment of MDS, aplastic anaemia and other myeloid malignancies as well as plasma cell dyscrasias and lymphoproliferative diseases. This service has been expanding steadily over the past five years..

All aspects of haematological malignancy are managed within the service. This includes both the laboratory diagnostic facilities and the highly specialised clinical facilities. The department is a member of EBMT (European Group for Blood and Marrow Transplantation) and BSBMTCT (British Society for Blood and Marrow Transplantation & Cellular Therapy). The Service is also accredited as one of the Anthony Nolan Trust harvest centres.

Kings Transplant and Cellular Therapy

The transplant team at Kings provides one of the largest services for adult stem cell transplantation in the UK. This includes both autologous and allogeneic transplantation for a range of haematological malignancies with a specialist interest in myeloid disorders and bone marrow failure syndromes. In addition, the department has established a programme for autologous transplantation for autoimmune disorders and in collaboration with the sickle cell team across KHP is leading the development of a sickle cell transplant programme for adult patients.

The Department accepts referrals for bone marrow transplants from the SE England region and nationally for myeloid disease. The transplant service carries out >200 transplant procedures per year (~ half autologous and half allogeneic). The haematology service undertook approximately 25,000 outpatient appointments; 11,000 day cases appointments; 1,300 inpatient admissions during the same period.

This JACIE accredited service is led by a transplant director and staffed by a team of consultants and clinical nurse specialists. There are four nursing transplant coordinators, two medical transplant coordinators and dedicated administrative support. Post-Transplant care is supported by two post-transplant CNS and two post-CCT fellows. In addition to this, transplant research and visiting fellows participate in clinics and follow-up of transplant patients. A formal transplant MDT is held weekly to discuss new cases and the coordination team meet weekly to review planned and possible transplant procedures. This ensures that all relevant information is shared amongst the team and provides the opportunity for open discussion about policy. There is a dedicated transplant clinic once a week, regular schedule for day unit reviews and a weekly nurse-led specialist late effects clinic. A monthly specialist GVHD clinic has been established with the support of dermatology, ophthalmology and oral medicine. The transplant programme clinical activity is supported by an active prospective clinical and translational research programme. In January 2019 the Department started a CAR-T programme as one of the first centres approved nationally by NHSE. The department is also involved in a number of CAR-T trials.

King's has a large support team of medical and surgical specialists for consultation. Radiology, anaesthetics, surgical, respiratory, renal, liver support, dermatological, microbiological, psychological and ITU facilities are all on site and immediately accessible. All laboratory services, which are on site, can provide rapid turnaround with none of the problems associated with off-site testing.

Kings Myeloid and Bone Marrow Failure Service

The myeloid service at Kings offers comprehensive care from diagnosis to management to clinical trials for patients with the full spectrum of myeloid disorders. This includes but is not limited to AML, MDS, MPN, Aplastic Anaemia, PNH and bone marrow failure (BMF) disorders. Patients are referred nationally for treatment of bone marrow failure syndromes, PNH, MDS

and AML. Specialist myeloid clinics operate on Monday (aplastic anaemia/bone marrow failure/PNH/MDS) and Wednesday (AML/MDS/MPN) mornings and are supported by a team of four clinical nurse specialists. The bone marrow failure service also incorporates diagnosis and management of inherited BMF, rare cytopenias with an integrated clinical genetics service and a bespoke MDT for patients referred within UK. Haematology Clinical Genetics clinic (every fortnight) is a multiprofessional clinic with haematologists, immunologist and clinical geneticist (Prof Sahar Mansour). The NHSE commissioned King's PNH service (one of the two national centres) is an exemplar service for management of PNH patients in London/Home counties and is a hub for delivery of innovative clinical trials in association with NIHR Wellcome CRF. The department has an extensive clinical trials portfolio supported by the Haematology Research Unit (HRU) and NIHR Wellcome Clinical Research Facility (CRF). Academic and translational research within this area is led by Professor Ghulam Mufti, Professor Eric So and Dr Lynn Quek and focusses on genetic, epigenetic and immunological basis for disease phenotype, drug effects and response to therapies, in the context of MDS, AML and aplastic anaemia.

Sickle Cell disease and other Haemoglobinopathies

King's has a long history of caring for patients with haemoglobin disorders. The high prevalence of sickle cell disease in the local boroughs of Lambeth and Southwark means King's is one of the two largest specialist centres for sickle cell and thalassaemia in the UK. In addition to providing care for patients who reside locally, we provide services for patients from across South East England and beyond. King's is a tertiary referral centre for a number of other specialities, including liver and neurosciences and as such, patients with sickle cell disease who require these services are not infrequently transferred here. The service also expects to start a Sickle BMT programme in 2020/1.

The Department looks after approximately 1200 adults and children with Sickle Cell disease. Established strengths in this area include a Regional Neonatal Screening Programme and Pre-natal diagnosis. Care pathways have been established for both paediatric and adults. Prof D Rees, Dr S Height and Dr S Chakravorty provide these services for children and Dr S Stuart Smith and M Awogbade for adults. The research and clinical interests of this section are a priority for the Medical School as well as the Trust.

The core multidisciplinary team for the adult service comprises of two consultants, 2.6 WTE clinical nurse specialists, a community clinical nurse specialist, 0.8 WTE clinical psychologist (to be appointed), a Specialist Registrar and a core medical trainee/Trust SHO.

The South Thames Sickle Cell and Thalassaemia Network (STSTN) was established in 2011 bringing together the specialist services at King's and GSTT, DGHs in the South and community services. The STSTN is working to unify practices, provide training and support services in the network.

King's is accredited as a Specialist Centre for Haemoglobinopathies and in November 2019 was successful in a joint bid with Guy's & St Thomas' to be the Regional Haemoglobinopathy Coordinating Centre (HCC) and to host the National Haemoglobinopathies Panel.

Haemostasis and thrombosis

King's is the first NHS Exemplar Centre for prevention and management of venous thromboembolism (VTE). Exemplar Centres are a key component of the national VTE prevention strategy, providing a valuable resource for promoting and sharing best practice. Such centres will be based within hospitals with an existing track record of excellent VTE management and will work together to develop a national risk assessment strategy, local

quality control measures, audit of local practice and provide educational material. The multidisciplinary Anticoagulation and Clinical Thrombosis Team at King's, works across both sites, led by Professor Roopen Arya and Dr Raj Patel, comprises six consultants, 10 specialist nurse, 2 pharmacists, a clinical research fellow supported by an administrator. We were among the first hospitals to have a Thrombosis Committee and a Thrombosis Team. Since its inception, the multidisciplinary VTE team has managed over 4000 patients with suspected DVT. Over 90% of those with proven DVT are treated entirely as outpatients. Some stable patients with PE are managed according to an early discharge protocol. This patient-centred service is widely appreciated both within and outside the Trust and was awarded the first King's Innovation Award.

The Anticoagulation & Clinical Thrombosis team provide leadership for the Trust on guidelines for preventing and treating VTE. It comprises a vital part of haematology at King's providing both clinical and laboratory support to this busy teaching hospital. The laboratory provides a wide range of automated (Siemens) and manual coagulation tests which include routine coagulation studies, factor assays, testing for lupus anticoagulant and inhibitors, platelet function tests and thrombophilia work-up. There is a large Anticoagulant Clinic managed by a dedicated Anticoagulant Team overseen by the Coagulation Consultants. A computerised dosing system (DAWN) is in place on both sites. The diagnosis and management of thrombophilia is of particular importance and there is close collaboration with several units especially obstetrics, neurology and hepatology. Facilities are available for full phenotypic and genetic thrombophilia screening. Global tests of coagulation (thrombin generation, TEG) are also available.

General Haematology

The Department has a large and vibrant General Haematology practice and accepts general haematology referrals internally at King's and from local General Practitioners as well as the region. The hospital provides services to a local catchment area with a population of 220,000 which is ethnically diverse providing a large workload of routine clinical and laboratory haematology. Moreover there are important interfaces with a host of specialist departments including Liver, Renal, Cardiac Sciences, Neurosciences, Women's Health and Paediatrics. The department provides a major resource to service simple as well as complex medical and haematological problems, with access to 'state of the art' laboratory diagnostic facilities spanning haematological malignancy, bone marrow failure, red cell, specialist haemostasis and genomics.

The South-East Haematological Malignancy Diagnostic Service (SE-HMDS)

The South-East Haematological Malignancy Diagnostic Centre (SE-HMDS) is one of the largest services of its type in the UK providing integrated diagnostic services for a catchment population of almost 6 million for haematological neoplasms and nationally for bone marrow failure syndromes and histiocytic disorders. The SE-HMDS provides diagnostic services for the South East Genomics Laboratory Hub.

SE-HMDS has an established track record and delivers all elements of the NICE NG47 guidance on Improving outcomes in haematological cancers; established organisational structure/management, clinical director, centralised reception, IT system, morphology and flow cytometry, reflex genetic testing, co-located component parts of the specialist haematological malignancy diagnostic services including histopathology and age-appropriate specialist

haematologists and haematopathologists for diagnosis and the authorisation of integrated reports.

The Trust hosts well established MDT's in South London, Kent and Sussex providing a clinical interface, and ability to assess clinical benefits and the financial/resource impact of new diagnostic and therapeutic techniques.

As part of the Genomics England tender for Genomics Hub London and South of England we have committed to further unify the HMDS services within the London/South geographical region to give uniformity and consistency of service to patients. Within our existing services we have an enhanced ability to deliver robust, consistent, quality assurance systems, audit, validation, effective multiparameter diagnosis, results validation, turn-around times and integrated reporting for diagnosis, prognosis, residual disease monitoring and teaching.

The SE-HMDS services are provided in partnership with SYNLAB and encompasses the following laboratories and specialities: cytomorphology, immunophenotyping, cytogenomics and histopathology.

Departmental staffing and resources

Current Staff		Specific clinical/ scientific interest
Consultant Haematologist Clinical Director for Haematology (trust wide)	Professor Roopen Arya	Haemostasis and thrombosis
Consultant in PNH and bone marrow failures (NCG funded) Lead Clinician-DH	Dr Austin Kulasekararaj	PNH, Aplastic Anaemia, Myeloid malignancies and transplantation
Consultant Haematologist (Haemato-oncology)	Dr Roochi Triikka	Aplastic Anaemia-Bone Marrow Failure syndromes and transplantation
Consultant Haematologist	Dr Mili Shah	Myeloid malignancies and transplantation
Consultant Haematologist Transplant and Cell Therapy Director	Dr Victoria Potter	Myeloid malignancies and transplantation
Consultant Haematologist	Dr Pramila Krishnamurthy	Myeloid malignancies and transplantation
Consultant Haematologist	Dr Lynn Quek	Myeloid malignancies (MDS/AML) KCL joint appointment
Consultant Haematologist (haemato-oncology / haemato-pathology)	Dr Guy Hannah	Myeloid malignancies & SE-HMDS

Consultant Haematologist (haemato-oncology)	Dr Deborah Yallop	SE-HMDS Co-Director and Lymphoma/ALL
Consultant Haematologist (haemato-oncology)	Dr Shireen Kassam	SE-HMDS Co-Director and Lymphoma
Clinical Senior Lecturer Consultant Haematologist	Dr Piers Patten	Lymphoma and CLL Clinical Trials Lead KCL joint appointment
Consultant Haematologist (haemato-oncology)/	Dr Andrea Kuhn	Lymphoma/Cellular therapies
Consultant Haematologist (haemato-oncology)/	Dr Robin Sanderson	Lymphoma/Cellular therapies
Consultant Haematologist (Haemato-oncology)	Dr Shreyans Gandhi	PNH and Bone Marrow Failure
Consultant Haematologist (haemato-oncology)	This post	Myeloid malignancies and transplantation
Consultant Haematologist (haemato-oncology);	Dr Varun Mehra	Myeloid malignancies and transplantation
Consultant Haematologist (Haemoglobinopathies)	Dr Moji Awogbade	Haemoglobinopathies
Consultant Haematologist (Haemoglobinopathies)	Dr Sarah Stuart-Smith	Haemoglobinopathies
Consultant Haematologist (Haemoglobinopathies)	Dr Arne De Kreuk	Haemoglobinopathies
Consultant Haematologist (Haemoglobinopathies)	Dr John Brewin	Paediatric Haematology and Haemoglobinopathies
Consultant Haematologist	Professor David Rees	Paediatric Haematology and Haemoglobinopathies
Consultant Haematologist	Dr Majid Kazmi	Myeloma and transplantation (Based at GSTT)
Consultant Haematologist (Haemato-oncology)	Dr Reuben Benjamin	Myeloma and Cell Therapy
Consultant Haematologist (Haemato-oncology)	Dr Kirsty Cuthill	Myeloma and Cell Therapy
Consultant Haematologist (Haemato-oncology)	Dr Arief Gunawan	Myeloma Cell Therapy

Consultant Haematologist (Haemato-oncology)	Dr Katherine Bailey	Myeloma and Cell Therapy
Locum Consultant Haematologist (Haemato-oncology)	Dr Madson Correia de Farias	Myeloma and Cell Therapy
Locum Consultant Haematologist (Haemato-oncology)	Dr Prudence Hardefeldt	ALL/transplantation and SEHMDS
Consultant Haematologist (Haemato-oncology)	Dr Henry Wood	Myeloid malignance and SEHMDS
Consultant Haematologist	Dr John Jones	Myeloma Based at Eastbourne/Brighton (academic appointment)
Consultant Haematologist (coagulation)	Dr Raj Patel	Haemostasis and thrombosis
Consultant Haematologist (Thrombosis) DH and PRUH sites	Dr Lara Roberts	Haemostasis and thrombosis
Consultant Haematologist (Thrombosis) DH and PRUH sites	Dr Micky Tsui	Haemostasis and thrombosis
Consultant Haematologist (Thrombosis) DH and PRUH sites	Dr Julia Czuprynska	Haemostasis and thrombosis
Consultant Haematologist	Dr Penny Stein	Porphyria
Consultant Haematologist (transfusion medicine)	Dr Kamala Gurung	Immunohaematology
Consultant Haematologist	Dr Mansour Ceesay	General & Consultative Haematology
Consultant Haematologist (paediatrics)	Dr Sue Height	Paediatric Haematology
Consultant Haematologist	Professor Francesco Dazzi	Immunology and Transplantation
Consultant in Dermatology (GvHD)	Dr Tanya Basu	Dermato-Haematology
Consultant Haematologist (Haemato-oncology) PRUH site Lead Clinician-PRUH	Dr Paraskevi Gkreka	Myeloid malignancies
Consultant Haematologist (Thrombosis) PRUH site	Post covered by associate specialist	Haemostasis and thrombosis

Consultant Haematologist (Haemato-oncology) PRUH site	Dr Stella Bowcock	Myeloma
Consultant Haematologist (Haemato-oncology) PRUH site	Dr Jin-Sup Shin	Lymphoid Malignancies
Consultant Haematologist (Haemato-oncology) PRUH site	Dr Musab Omer	Myeloid Malignancies & Myeloma
Consultant Haematologist (Haemato-oncology) PRUH & DH sites	Dr Paula Garland	General Haemato-Oncology & SE-HMDS
Consultant Haematologist (Haemato-oncology) PRUH site	Locum	Lymphoid Malignancies

The post-holder will be responsible to the Clinical Director in Haematology. An annual consultant appraisal is undertaken. The post holder will share an office with a PC with colleagues and will have a named secretary within the secretarial team.

The Trust has in place a range of policies, procedures and protocols to support and encourage staff to raise concerns, which may include concerns about themselves. These include a process for individual performance appraisal and policies to encourage reporting of untoward incidents. Policies are also in place to allow staff to raise concerns around bullying and harassment, as well as issues relating to their personal capability and/or difficulties such as health, or alcohol and substance abuse. Individual support mechanisms may include professional counselling and access to occupational health services.

DUTIES AND RESPONSIBILITIES

1. MENTORING

Coaching and mentoring can be effective approaches to developing employees. Both have grown in popularity; we want to use them to enhance the skills, knowledge and performance of our people around specific skills and goals. We want to develop and strengthen our Grass Roots and Brilliant People aspects of our strategic objectives. Our vision is to create an internal pool of coaches and mentors, from all professions, enabling King's staff to realise their full personal and professional potential. We have launched an in-house coaching skills development programme to upskill current King's coaches and mentors.

The Trust Mentoring Scheme is an opportunity for a relationship that can provide support and direction for newly qualified consultants.

2. MEDICAL STUDENT TEACHING

The appointed practitioner will normally participate in teaching medical students, post-graduate doctors/dentists and other groups at King's College Hospital NHSFT and King's College London (KCL) School of Medicine.

King's College Hospital NHS Foundation Trust, as a major teaching Trust, works in partnership with King's College London to provide the highest possible quality of medical education. The mutual interest of the Trust and School in quality medical education is supported by the SIFT contract.

All consultants are expected to be committed to teaching and to play their part in the delivery of the undergraduate curriculum. These activities would include the planning and review of teaching, and the assessment of students, which could, where properly structured, be undertaken simultaneously with service delivery commitments, including ward rounds and outpatient clinics.

Of necessity, the requirements of the undergraduate medical curriculum change over time and it is not always possible to identify specific teaching commitments in job plans. Some specific roles will be job planned.

The need for flexibility is acknowledged by the Trust and within a Care Group. It is possible that the overall teaching commitment can be unevenly allocated amongst staff to achieve optimal teaching and service quality.

3. POST-GRADUATE TEACHING

The Trust has over 700 training posts and over 400 Trust doctors/dentists across all specialties. The postholder will be expected to participate in teaching and training postgraduate doctors/dentists, which in addition to direct clinical supervision is likely to include acting as an 'educational supervisor' to one or more individuals, providing them with regular appraisal and support. Consultants that undertake educational supervision will be provided with appropriate training in accordance with national requirements and accredited by the Director of Medical Education. Allocation of time for post-graduate education is normally job planned as a team.

4. RESEARCH AND INNOVATION

Involvement in high quality research is strongly encouraged at King's NHSFT, as this supports both the delivery of high quality clinical care, and our role as a partner in a major Academic Health Science Centres.

Support for Research

An important component of the Trust's Research and Development (R&D) strategy is to strengthen the support available to researchers, to make it as easy as possible to participate in, and to lead in clinical research – both commercial and academic.

Each Care Group is aligned with a Research Delivery Unit (RDU) that has a designated R&D Lead, Matron or Manager and a team of R&D research delivery staff. The R&D Office provides support for governance, contracts, costings and research Quality Assurance. The Care Groups and RDUs are encouraged to maintain a mixed model balanced portfolio of research activity, including Clinical Research Network (CRN) studies, research grants, commercial studies, charity funded studies and health services research.

Commercial trials are costed and set up supported by the KHP Clinical Trials Office (KHP CTO) and this office also provides support for applications to the regulatory bodies for all non-commercial CTiMP studies, and Good Clinical Practice (GCP) training. Multi-disciplinary involvement in the research process is strongly encouraged.

Research and Job Planning

The undertaking of research within a job plan should be discussed as part of job planning activities. All staff should be aware of the research being undertaken within their Care Group and in the Trust, and actively support recruitment into all studies, whether or not they have a primary research component to their job plan. All individuals undertaking research are expected to have a good working knowledge of research governance standards, and are required to undertake GCP training as appropriate for the research they are involved in.

Governance of Research

All R&D projects are required to go through the Trust's R&D office, which manages and coordinates the National R&D and ethics approvals process. This ensures that all projects meet the required national standards of research governance and quality, and are in receipt of appropriate ethical approval and both national and local agreements, prior to R&D governance approval being issued.

Each RDU is required to convene a local research governance meeting chaired by the RDU research lead, where feasibility of new studies is discussed and agreed.

5. CLINICAL GOVERNANCE

The postholder will be expected to contribute to and participate in the Care Group's ongoing clinical audit programme and quality improvement programmes, and will carry out all necessary administrative duties associated with the care of their patients. The postholder also has a general duty of care for the health, safety and well-being of work colleagues, visitors and patients within the hospital, in addition to any specific risk management or clinical governance accountabilities associated with this post.

6. STUDY AND ANNUAL LEAVE

The postholder will be expected to comply with the Continuing Professional Development (CPD) requirements of the relevant Royal College or Faculty and provide appropriate documentation and reflection in their appraisal. Study leave may be requested in accordance with the Trust's Policy for CPD.

Annual leave may be taken in accordance with the Trust's Guidelines on Leave Arrangements for Medical and Dental Staff. Consultants are entitled to 32 days of annual leave (34 days after 7 years of service), plus bank holidays. Consultants who work less than full time or compressed hours, should ensure their holiday allowance is adjusted in line with their working patterns.

To ensure the smooth running of the service the postholder will ensure that, in conjunction with colleagues, adequate arrangements are made to cover planned absences and the expected approvals would go through e-leave planning on the Trust's approved system. Leave must be booked with appropriate time lines to allow effective service continuity and should not solely be taken during consultant's clinical time, but also during SPA and APA activity.

7. TERMS AND CONDITIONS

The post is covered by the current Terms and Conditions - Consultants (England) 2003, the Terms and Conditions of Service of NHS Medical and Dental Staff (England) and Trust Policies and Procedures where relevant.

There is a commitment to undertake routine job planned work on Saturdays or Sundays with appropriate job planning and commensurate time without commitment to the Trust.

Appointment is conditional upon a satisfactory medical assessment, which may include an examination.

8. SAFEGUARDING RESPONSIBILITIES

The Trust takes the issues of safeguarding children, adults and addressing domestic abuse very seriously. All employees have a responsibility to support the organisation in our duties by:

- Attending mandatory training on safeguarding children and adults
- Familiarising themselves with the Trust's processes for reporting concerns
- **Reporting any safeguarding child or adult concerns appropriately**

9. INFECTION CONTROL

The postholder has an important responsibility for, and contribution to, infection control and must be familiar with the infection control and hygiene procedures and requirements when in clinical areas.

These requirements are set out in the National Code of Practice on Infection Control and in local policies and procedures which will be made clear during your induction and subsequent refresher training. These standards must be strictly complied with at all times.

10. APPRAISAL & JOB PLANNING

Annual appraisal is a contractual requirement in the NHS and is part of GMC revalidation. You have the responsibility to have an appraisal within twelve months of your last appraisal or within six months of starting at King's if you have not had an appraisal previously in the UK. ARCPs count as previous appraisals for former HEE trainees.

To support appraisal and revalidation, the Trust ensures that every full-time consultant has one SPA in their job plan dedicated to undertaking activities to support this.

Less than full time consultants receive a pro rata amount of funded time for revalidation activity in their job plan.

Job planning review is conducted annually in line with the Care Group's operational plan.

The above represents an outline of the duties of the post and will, together with the job plan, be reviewed on an annual basis in accordance with the Trust's performance review scheme for consultants. Consultants will be expected to be compliant with statutory and mandatory training.

SECTION 4: JOB DESCRIPTION

Key Duties and Responsibilities

KCH – 5 Programmed Activities

- The appointee will undertake direct clinical care duties relevant to haematopoietic stem cell transplantation and malignant haematology as required and agreed with the Lead Clinician for Clinical Haematology.
- The appointee will undertake related and unrelated donor assessments and a weekly BMT follow up clinic and associated multi-disciplinary team meetings.
- The On-Call commitment is for a 1:14 rota, which is classed as Category A. There is a commitment to undertake routine job planned work on Saturdays or Sundays as part of the total job planned PAs.

NHSBT – 5 Programmed Activities

- To undertake the review and authorisation of cord blood donations as suitable for transplantation and registry donors as fit to donate.
- To lead and participate in NHSBT clinical research activities, including clinical trials and studies, and systematic reviews.
- To support and develop Therapeutic Apheresis Services provided by NHSBT in London and where appropriate other parts of the country.
- To provide cellular and molecular therapy laboratory related clinical advice and participate in governance and strategic development activities related to the laboratories in Southampton and other parts of the country where appropriate.
- To provide support and cross cover for other NHSBT colleagues working in Therapeutics.
- It is anticipated as part of the reorganisation of services that the post holder will be included on the NHSBT national on call rota for Therapies which will be medium frequency, 1:6, category B with a 2% supplement
- To undertake other medical functions within the Clinical Services Directorate as required in co-operation with consultant colleagues. Personal periods of study, holiday or sickness will be covered by mutual agreement between senior colleagues.
- 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, including visitors from overseas.
- To participate in the consultant appraisal programme, revalidation & job planning. This will be arranged so as 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 Clinical 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 / KCH 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. This will include a programme of learning designed to develop and maintain core knowledge of transfusion medicine as defined at the time within NHSBT. 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.
- The appointee will be required to work within the financial and other constraints decided upon by NHSBT and KCH. Budgeting responsibilities will be undertaken where agreed. Additional expenditure will not be committed without the approval of the appropriate manager/budget holder.
- Junior Medical Staff will be appropriately involved in the work of the appointee in both NHSBT and KCH. Regional Specialty Registrars in Haematology rotate through all haematology specialities as part of their training.
- The duties of this post will be subject to regular review through the agreed job planning process.

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 KCH / Tooting Blood Centre.
- 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. Further information is available on the internet at <http://www.homeoffice.gov.uk/agencies-public-bodies/dbs/>. 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 must be a Holder of Certificate of Completion of Training (CCT), or within six months of award of CCT or equivalent by date of interview.
- 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 KCH clinical service lead and NHSBT Clinical Director (Patient Blood Management)
- 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 / KCH 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 KCH 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 total of approximately 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.

<http://www.publications.parliament.uk/pa/cm199900/cmselect/cmpublic/173/0011702.htm>

SECTION 5 : JOB PLAN TIMETABLE (Illustrative)

The postholder will typically undertake 8 DCCs (Direct Clinical Care sessions) and 2 SPAs (Supported Programmed Activities). In common with all posts within the Trust and NHSBT the Consultants will be expected to agree job plans with the Clinical Director (NHSBT), Clinical Service Lead for Haematology and the Medical Director of the Trust which will be reviewed annually.

Day	Time	Location	Type of Work	Activity	Duration (hours)	PAs
Monday am	8.30-12.30	KCH	Malignant haematology / stem cell transplantation work	DCC	4	1
Monday pm	1.30 - 5.30	KCH	Malignant haematology / stem cell transplantation work	DCC	4	1
Tuesday am	8.30-12.30	NHSBT	Donor administration (SCDT) / TAS advice	DCC	4	1
Tuesday pm	1.30 - 5.30	NHSBT	TAS advice / KCH BMT quality meeting (monthly) /SCDT Senior management team meeting (monthly)	DCC	4	1
Wed am	8.30-12.30	KCH	Malignant haematology / stem cell transplantation work	DCC	4	1
Wed pm	1.30 - 5.30	KCH	Sibling donors / admin / patient care	DCC	4	1
Thursday am	8.30-12.30	NHSBT	CPD / audit / teaching	SPA	4	1
Thursday pm	1.30 - 5.30	NHSBT	Donor administration (SCDT) / TAS advice	DCC	4	1
Friday am	8.30-12.30	NHSBT	Donor administration (SCDT) / TAS advice	DCC	4	1
Friday pm	1.30 - 5.30	KCH	CPD, audit, teaching	SPA	4	1

Activity Summary

ACTIVITY CLASSIFICATION		JOB PLAN: 10 PAs x 4 hrs = 40 HRS	
		No. of PA's	No. of Hours
DIRECT CLINICAL CARE <i>(including unpredictable On-Call)</i>		4 KCH 4 NHSBT	16 16
SUPPORTING PROFESSIONAL ACTIVITIES	Under/postgraduate Teaching:	0.5 NHSBT / 0.5 KCH	2+2
	Research/Audit	0.5 KCH and 0.5 NHSBT	2 + 2
	Other:		
	SUB-TOTAL:	1.0 KCH/ 1.0 NHSBT	4+4
OTHER NHS RESPONSIBILITIES			
EXTERNAL DUTIES			
TOTALS		10	40

ON CALL COMMITMENT

It is anticipated as part of the reorganisation of services that the post holder will be included on the NHSBT national on call rota for Therapies which will be medium frequency, 1:6, category B with a 2% supplement to the salary as outlined below.

The On-Call commitment is for a 1:14 rota, which is classed as category A. There is a commitment to undertake routine job planned work on Saturdays or Sundays as part of the total job planned PAs

On-Call Supplements

	NHSBT	Trust
Agreed On-Call Rota	1:6, medium	1:14 Low
Agreed Category	B	A
On-Call Supplement	2%	3%

Job Plan: Average Number of Weekly Hours Spent on NHS Duties

TYPE OF DUTY	DCC Trust	SPAs Trust	DCC NHSBT	SPAs NHSBT
Out-Patient (or other) Clinic	4			
Ward Rounds	8			
Stem cell and tissue donor care			8	
Investigative/Diagnostic or Laboratory				
NHSBT Therapeutic Apheresis Services			8	
Clinical Correspondence / Administration	4			
Teaching – Under-Graduate *		0.5		
Teaching – Post-Graduate *		0.5		0.5
Training of other NHS Staff *				0.5
Professional Development / Study		1		1
Audit / Clinical Governance		1		1
Clinical Research		1		1
Management of the Service (eg. Lead Clinician/ Clinical Director duties)				
On-Call/Emergency Attendance				
Other: (please specify)				
TOTAL (* NB. See below)	16	2	16	6

***Where an activity occurs concurrently, for example, undergraduate or postgraduate teaching which happens as part of a clinical activity, this time should only be counted once.**

Personal Administration, including CPD and Clinical Audit, is pertinent to the work, both for the NHSBT and Trust, and will be worked flexibly between them.

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.

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.

REQUIREMENTS	ESSENTIAL	DESIRABLE
Qualifications	<ul style="list-style-type: none"> • Full and specialist registration and a licence to practise with the General Medical Council (GMC) (or eligible for registration within six months of interview) • Applicants that are UK trained, must also be a Holder of Certificate of Completion of Training (CCT), or within six months of award of CCT or equivalent by date of interview. • Applicants that are non-UK trained, will be required to show evidence of equivalence to the UK CCT • FRCPATH or equivalent. • MRCP or equivalent. 	<ul style="list-style-type: none"> • Postgraduate thesis
Clinical Experience	<ul style="list-style-type: none"> • Demonstrates clear interest and commitment to therapeutic apheresis, stem cell and tissue transplantation (fields relevant to this post). • Recent experience of hospital based clinical and laboratory practice in therapeutic apheresis, stem cell and tissue transplantation. • Ability to offer expert opinion on therapeutic apheresis stem cell and tissue transplantation problems. 	Clinical audit in the field of therapeutic apheresis, stem cell and tissue transplantation.

Management and Administrative Experience	<ul style="list-style-type: none"> • Experience of managing and leading clinical teams. 	<ul style="list-style-type: none"> • Experience of budget management • Proven experience of change management
Teaching Experience	<ul style="list-style-type: none"> • Ability to teach all grades of clinical staff, including those in training. 	<ul style="list-style-type: none"> • Experience of teaching basic clinical skills to undergraduates • Experience of supervising medical trainees • Ability to supervise the research of others
Research Experience	<ul style="list-style-type: none"> • Publications/ presentations in national/ international meetings in fields relevant to this post. 	<ul style="list-style-type: none"> • Clinical trial and/or research experience
Personal Attributes	<ul style="list-style-type: none"> • Able to work with/influence senior colleagues across a range of specialties. • Effective interpersonal, motivational and influencing skills • Ability to communicate effectively with colleagues, patients and their relatives • Able to work against a background of change and uncertainty • Able to demonstrate personal credibility • Self-motivated, pro-active and innovative • Commitment to team-working, and respect and consideration for the skills of others • Commitment to Continuing Medical Education and the requirements of Clinical Governance and Audit • Willingness to undertake additional professional responsibilities at local, regional or national levels 	<ul style="list-style-type: none"> • Proven leadership experience
Other	<ul style="list-style-type: none"> • Mobility: able to efficiently undertake the travel requirements of the post. 	

SECTION 7: FURTHER INFORMATION

Further details may be obtained from: Victoria Potter, Consultant Haematologist KCH, victoriapotter@nhs.net

Dr James Griffin Medical Director for Cell, Apheresis and Gene Therapies NHSBT
james.griffin@nhsbt.nhs.uk Tel: 07823351726

APPOINTMENT PROCEDURE

The appointment will be made by NHSBT/ KCH 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 KCH to meet prospective colleagues. Arrangements for visiting may be made through Dr Potter / Dr Griffin.

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.

www.ukba.homeoffice.gov.uk/visas-immigration/working/

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

www.ukba.homeoffice.gov.uk/visas-immigration/working/tier2/general/

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, race, 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