NHS Blood & Transplant (NHSBT)

JOB DESCRIPTION & PERSON SPECIFICATION

Post title: Consultant in Haematology, Iron and Transfusion Medicine

Oxford post based at Oxford NHSBT site and
Oxford University Hospitals NHS Foundation Trust

1. JOB TITLE: Consultant in Haematology and Transfusion Medicine

2. BASE LOCATION: NHS Blood and Transplant (NHSBT) Centre Oxford and OUH

3. EMPLOYER: NHSBT will be the main employer.

4. ACCOUNTABLE TO: NHSBT Professional Accountability – to Dr Lise Estcourt, Medical Director for Transfusion who in turn reports to Dr Gail Miflin Chief Medical Officer and Director of Clinical Services, NHSBT.
NHSBT Managerial Accountability – to Dr Andrew Charlton
OUH Managerial Accountability – Clinical Director Oncology Directorate via Clinical Director of Haematology and Clinical Lead for the Iron Deficiency Management Service.

5. JOB PURPOSE

This post is based in Oxford. The purpose is to provide clinical leadership in all aspects of Transfusion Medicine, including patient blood management (PBM). This post is a substantive position and is a joint appointment between NHS Blood and Transplant (NHSBT) and Oxford University Hospitals NHS Foundation Trust (OUH). For OUH, the principal role is the day-to-day running of the Iron Deficiency Management Service. They will also join the OUH transfusion and patient blood management team, supporting various initiatives related to safety and appropriateness of transfusion.

NHSBT – 6 Programmed Activities including 1 SPA

- To provide medical leadership for transfusion medicine within the South East region, developing close links with hospitals to promote best practice. This will include being an active participant in the activities of the Regional Transfusion Committee. The postholder may provide expertise into RTCs beyond the South East region depending on national requirements.
- To be the Regional Consultant for Patient Blood Management and Components within the NHSBT Hospital Liaison Team, working with the Customer Services Manager and the Patient Blood Management Practitioner to support hospitals in the region to provide safe and effective transfusion practice.
- To lead and participate in NHSBT clinical research activities, including clinical trials and studies, and systematic reviews.
- To lead and participate in regional and national audit initiatives in transfusion medicine working with the National Comparative Audit Team and regional support.
- To support the development of clinical benchmarking of Patient Blood Management implementation
- To support the Red Cell Immunohaematology (RCI) laboratories both on call and general medical support and leadership for one or more laboratories.
- To support and develop expertise in blood components including working as part of the components clinical team for part of the role.
- To undertake other medical functions within the NHSBT Clinical 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 and Transfusion Medicine Specialty Registrars preparing for the Part I and Part II of the FRCPath examination, including visitors from overseas (NHSBT short courses and degree courses).
- To participate in the NHSBT Patient-Facing On Call rota in-hours and out-of-hours, and other rotas within NHSBT as the job responsibilities dictate (for example, component or red cell Immunohaematology work).

- 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 / OUH 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 OUH. 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 OUH. Regional Specialty Registrars in Haematology and Blood Transfusion 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.

The appointee will have good communication skills and be able to work effectively as part of a team. The appointee will have a track record as an effective team leader with an understanding of current NHS management and be fully aware of the responsibilities that a consultant post brings.

The successful candidate must have full and specialist registration (and a licence to practise) with the General Medical Council (GMC) (or be eligible for registration within six months of interview). 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. Induction and post CCT training in the specialist aspects of the post will be provided to candidates who can offer the essential core capabilities (see later and person specification). Required qualifications will be those needed to enter the relevant area of the Specialist register.

OUH Trust (4 PAs including 1 SPA)

The post holder's Trust duties will be primarily at the John Radcliffe Hospital and the Iron Deficiency Management Service at Bicester Community Hospital, but it is a condition of the appointment that the post holder will be willing to work in any of the Trust's locations.

The post holder will join the Iron Deficiency Management Service and support patient blood management initiatives in the Trust. They will join the existing clinical and laboratory Blood Transfusion team, led by Dr Polzella and Dr Pavord.

The transfusion team lead and support the following services and initiatives

Blood Transfusion Services and management of the digital processes:

- Further development and implementation of the transfusion decision support module within the OUH Electronic Patient Record, and specifically the use of electronically collected data about clinical teams' compliance with agreed thresholds for transfusion to ensure appropriate blood usage and cost efficiency.

- Better usage of blood by the clinical teams across the Trust with data feedback on transfusion practice and provide education and specific clinical advice on appropriate blood use. **The prime role of this post is to lead that work, engaging with peers in clinical teams to change practice, reduce the considerable unnecessary use of blood, and derive cost savings for the Trust.**

- Discipline-specific guidelines, in collaboration with medical and surgical teams, to reduce inappropriate transfusions and to explore methods to manage patients without blood transfusion, including cell salvage and anaemia management (see below).

- Work with the hospital transfusion team, comprising transfusion practitioners, laboratory senior BMSs and transfusion consultants and registrar (HTT), to further develop the transfusion decision support modules within the OUH Electronic Patient Record

- Cell salvage programme and perioperative advice regarding use of cell salvage and near patient haemostasis tests.

- Related research activities of the department.

- Outpatient transfusion services.

- Support clinical teams across the Trust, with specific advice on safe and appropriate blood use.

- Support initiatives to reduce costs. Successive savings have been made by the Blood Safety and Conservation Team in the annual expenditure on blood components.
- **More active feedback of blood use** data to clinical teams to further reduce unnecessary transfusions. In 2016, we established an electronic system of making available data on inappropriate blood use using ORBIT Plus. These data can be viewed by Division, clinical specialty, diagnosis and individual clinician. However, use of this excellent resource by Divisions and clinical teams has been minimal to date. Our experience in clinical haematology, where compliance with guidelines has increased from 50% to over 95% and been maintained at that level for 2 years, is that direct and regular (monthly) face-to-face meetings with clinicians (particularly the junior doctors who actually order blood) are needed to review these data and drive best practice. Increased medical resource is required in our team to enable this degree of interaction with other clinical teams.
- **Reducing blood wastage**. Root cause analysis has identified a number of areas where wastage could be reduced, and we have already managed to reduce waste from 12% of issued blood components to 5%. We aim to continue to reduce this figure with the appointment of a new consultant post.
- **Support of the cell salvage and thromboelastography services.** Both activities are carried out by the conservation team and use of these services has been shown to reduce transfusion of blood components in many surgical settings. There is good evidence for the success of these local programmes, but there is a need to expand it to cover more surgical settings.
- **Support the Iron Deficiency Management Service** in patient blood management within various clinical settings, particularly preoperative anaemia. OUHFT audits in cardiac and orthopaedic surgery show that up to 20% of patients have preoperative anaemia. Better

anaemia management has been demonstrated to reduce transfusion requirements and enhance postoperative recovery. NICE Quality Standards in Blood Transfusion require, among other recommendations, evidence of local arrangements to ensure that people with iron deficiency anaemia who are having surgery are offered iron supplementation before surgery. We have established a pilot project of preoperative anaemia management in primary joint surgery at the Nuffield Orthopaedic Centre. We are also working with gynaecological surgery (where we showed a correlation between severity of anaemia and increased length of stay) and cardiothoracic surgery to ensure preoperative anaemia is identified and corrected. Other surgical disciplines need input once a new consultant is appointed. Medical specialities also need to address iron deficiency, for example our collaborative work within oncology has resulted in an average reduction of 4 transfusions per week. Continued input is required to maintain the good work in existing areas and to expand to other medical disciplines.

- **Continued surveillance of the end-to-end electronic transfusion process** to ensure safe use of blood components at all times. We have developed an expert nursing and laboratory team to conduct training and maintain the correct functioning of this process. It requires a high level of consultant oversight to ensure that it is robustly maintained. Correct patient identification is a crucial aspect of this, and our transfusion nurses continually strive to raise awareness of this and provide education across the trust and community.

  All these initiatives will maintain a high level of patient safety and help to avoid never events, as well as reducing the use of blood components and delivering cost savings, supporting the Trust's High-Quality Costs Less strategic theme.

Teaching
Oxford University Hospitals NHS Trust is a teaching hospital trust, and it is expected that this will be an integral part of everyday clinical activity. In addition, the post holder may choose to be actively involved in undergraduate and postgraduate teaching, if time in their job plan allows.

Appraisal
All consultant staff are required to undertake an annual appraisal in accordance with GMC guidelines. All consultants are required to have a job plan, which should be reviewed annually in accordance with OUH Trust policy. The appointee may be required to undertake appraisals of laboratory staff, non-consultant medical staff or trainees.

Clinical Governance
The post holder will participate in all clinical governance activities, including clinical audit, clinical effectiveness, risk management, quality improvement activities as required by the Trust, and external accrediting bodies.

Personal and Professional Development
The post holder will be required to keep himself/herself fully up to date with their relevant area of practice and to be able to demonstrate this to the satisfaction of the Trust. Professional or study leave will be granted at the discretion of the Trust, in line with the prevailing Terms and Conditions of Service, to support appropriate study, postgraduate training activities, relevant CME courses and other appropriate personal development needs.

Management
The post holder will be required to work within the Trust's management policies and procedures, both statutory and internal, accepting that the resources available to the Trust are finite and that all changes in clinical practice or workload, or developments requiring additional resources must have prior agreement with the Trust. They will undertake the administrative duties associated with the care of their patients, and the running of his/her clinical department under the direction of the lead clinician and/or directorate chair.

Risk Management
The management of risk is the responsibility of everyone and will be achieved within a progressive, honest, and open environment.

Staff will be provided with the necessary education, training and support to enable them to meet this responsibility.

Staff should be familiar with the Major Incident Policy, Fire Policy, and other relevant Trust policies and should make themselves familiar with the 'local response' plan and their role within that response.

Responsibilities for Health & Safety
The post holder is responsible for ensuring that all duties and responsibilities of this post are carried out in compliance with the Health & Safety at Work Act 1974, Statutory Regulations and Trust Policies and Procedures. This will be supported by the provision of training and specialist advice where required.

Infection Control
Infection Control is everyone's responsibility. All staff, both clinical and non-clinical, are required to adhere to the Trusts' Infection Prevention and Control Policies and make every effort to maintain high standards of infection control at all times thereby reducing the burden of Healthcare Associated Infections including MRSA.

All staff employed by the OUH Trust have the following key responsibilities:

- Staff must decontaminate their hands prior to and after direct patient contact or contact with the patient's surroundings.
- Staff members have a duty to attend mandatory infection control training provided for them by the Trust.
- Staff members who develop an infection (other than common colds and illness) that may be transmittable to patients have a duty to contact Occupational Health.

Equality and Diversity
The OUH values equality and diversity in employment and in the services we provide. We are committed to promoting equality and diversity in employment and will keep under review our policies and procedures to ensure that the job-related needs of all staff working in the Trust are recognised.

The Trust will aim to ensure that all job applicants, employees, or clients are treated fairly and valued equally regardless of sex, marital status, domestic circumstances, age, race, colour, disablement, ethnic or national origin, social background or employment status, sexual orientation, religion, beliefs, HIV status, gender reassignment, political affiliation or trade union membership. Selection for training and development and promotion will be based on the individual's ability to meet the requirements of the job.

Disputes with management
Should a disagreement with Trust management occur, the appointee has an obligation to endeavour to resolve any dispute constructively, through the normal channels or by informing the Clinical Director, Medical Director, Chief Executive or Chair of the Trust. Should the problem not be resolved, the Trust should have a specific person – normally a non-Executive Director – to hear complaints. If the problem is still unresolved, the appointee should seek advice from an authoritative external medical source such as the College's Regional Specialty Advisor, the British Society for Haematology, or a mentor from the Association of Clinical Pathologists.

Freedom of Information

The post holder should be aware of the responsibility placed on employees under the Freedom of Information Act 2000 and is responsible for helping to ensure that the Trust complies with the Act when handling or dealing with any information relating to Trust activity.

Patient and Public Involvement
The Trust is committed to, and has a statutory duty to, involve service users, carers, and the public in the work of the organisation. We consider that patient and public involvement is the responsibility of every individual working for our Trust. All staff have a responsibility to listen to the views of patients and to contribute to service improvements based on patient feedback. You will be expected to support the Trust in this aim through your working practice.

Serious Untoward Incidents
All staff must report incidents and near misses so that the Trust can reduce the risk of harm by investigating and incorporating risk-reducing measures to safe guard patients, visitors, and staff, in accordance with the Trust Incident Reporting Policy.

Children's Rights
The post holder will endeavour at all times to uphold the rights of children and young people in accordance with the UN Convention Rights of the Child.

Safeguarding Children and Vulnerable Adults
The Trust is committed to safeguarding children and vulnerable adults throughout the organisation. As a member of the trust there is a duty to assist in protecting patients and their families from any form of harm when they are vulnerable.

Information Governance
You must maintain a Trust email account. All staff must complete annual information governance training, which can be completed on-line. For further details, go to the Information Governance intranet site: http://ouh.oxnet.nhs.uk/InformationGovernance/Pages/Default.aspx

General
The post holder will assume a continuing responsibility for the care of patients in his/her charge and the proper functioning of his/her department.

6. KEY WORKING RELATIONSHIPS

6.1 NHSBT

Internal:

- The Associate Medical Director (AMD) for Transfusion and Components (the line manager)
- MD Serious Hazards of Transfusion (SHOT)
- Patient Blood Management and Component Consultants
- Patient Blood Management Team
- Chair JPAC SACCSD and SAC TTI
- Donor Consultants led by AMD in Donor Medicine and administrative staff.

- Chief Nurses (Blood Supply, Clinical) and Regional senior operational and Quality Assurance staff through the regional clinical governance meetings.
- Director Blood Supply, Director of Donor Experience, Assistant Directors of Blood Donation and Nursing and other members of the Blood Donation Senior Management Team
- Medical and Research Director and other members of the Clinical Directorate Senior Management Team
- The Medical Director of Transfusion, medical, nursing, scientific and administrative staff in Donor, Patient facing and Customer Service teams
- The Medical Director and Director of Pathology, medical, nursing, scientific and administrative staff. Including close working with all staff in the RCI laboratory

6.2 External:

- Members of the National and Regional Transfusion Committees
- General Practitioners, Physicians, Surgeons and Scientists in Haematology, Transfusion Medicine, and other users of NHSBT services such as Obstetrics, Orthopaedics, Plastic surgery and stem cell & solid organ transplantation.
- JPAC and SAC Care and Selection of Donors and Transfusion Transmitted Infections
- Regulatory bodies such as CQC, Human Tissue Authority, MHRA
- Advisory Committee for the Safety of Blood Tissues and Organs (SaBTO)
- British Blood Transfusion Society
- Royal Colleges and other professional societies
- Donor and Patient groups
- European Blood Alliance and other Blood Service representative bodies

7. KEY DUTIES AND RESPONSIBILITIES

7.1 Core Clinical Areas within NHSBT

- **Clinical Transfusion and Components:** This includes working with other PBM and component consultant colleagues, regional and national transfusion chairs, PBM nurses and transfusion practitioners, the NHSBT blood stocks and hospital teams, the components clinical team and Components Development Lab (CDL), in the provision of appropriate blood and components to hospitals.
- **Regulatory and Compliance to BSQR regulations:** Representing Transfusion Clinical Team on the national committees, operational/ project management teams and ad hoc working groups, as required by the Joint Professional Advisory Committee (JPAC) and QA.
- **Red Cell Immunohaematology:** All aspects of clinical RCI work, including clinical support for one or more particular labs, plus support for the national RCI clinical on-call (in-hours rota), and any associated MDTs, education initiatives and support for the HSST training programme.
- **Education and Innovation:** To participate in teaching and training of medical and non-medical staff, including HSSTs, and to contribute to the teaching programmes of Haematology Specialty Registrars preparing for the Part I and Part II of the FRC Path examination, including visitors from overseas. To assist with the provision of educational materials on courses and lectures.

7.2 Specialist or Research Interest

Transfusion Medicine Consultants are encouraged to have an area of expertise. Any area of Transfusion Medicine is available aligned within the organisational strategy and the needs of the team within which the postholder will work.

7.3 Other General Duties

- Provide advice as required to the NHSBT Executive Management Team and Board.

- Provide input to NHSBT and UK Blood and Transplantation Services' national committees, DH, and other relevant bodies as required, e.g., Therapeutic Products Safety Group, Serious Hazards of Transfusion (SHOT), SaBTO (Advisory committee on Safety of Blood Tissues and Organs.
- Be prepared to represent NHSBT in interactions with the media as required, working closely with the Communications and Public Affairs Team.
- Undertake Continuing Professional Development, including management and media training as agreed with the Medical and Research Director.
- Undertake teaching of medical, nursing, and scientific staff in NHSBT as required.
- Share with consultant colleagues in the medical contribution to management.
- Work in close collaboration with the Medical and Research Director and other colleagues, promoting transfusion and transplantation medicine across the NHS and internationally by effective networking, appropriate attendance at meetings and influencing key players and groups.
- Participate in Appraisal, clinical audit and other activities which are required for revalidation

8. ESSENTIAL QUALITIES OF NHSBT SENIOR EMPLOYEES

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

We expect all our senior employees, whatever their role, to have a core set of key competencies and attributes. These include always:

- showing a passion for our core purpose - to save and improve lives
- demonstrating energy and drive in getting things done
- evaluating the quality of their service and always trying to do better
- focussing on what the customer or donor needs rather than what will suit the organisation
- being committed to personal development and learning for themselves and for their team
- showing insight into their own behaviour and the behaviours of others
- understanding how to embed change so that improvements are sustainable and consistent
- building, strengthening, and empowering their team and planning for succession
- being committed to communicating the vision, goals, successes, and lessons learned to their colleagues and team members

9. FACILITIES

The consultant will have access to shared office space / Hot desk at the Oxford NHSBT centre. The post has access to the services of a senior PA (medical) and NHSBT IT facilities, including access to a desktop computer in the Blood Centre, a Hybrid device and mobile telephone.

10. JOB PLAN

This is a 10 PA post, to include 2.0 SPAs for research, teaching, audit, and CPD. Because much of the work in NHSBT is project related, an annualised approach is permitted for job planning for NHSBT.

An indicative timetable and Job Plan is outlined below. The final Job Plan for the post will be agreed with the clinical director upon appointment and will be subject to renegotiation at least annually. Up to 5% of time may be spent on administration or management, though the proportion may vary from time to time by agreement with the clinical director.

The work will be broadly split:

- **OUH Clinical Work: 4.0 PA**
- **PBM & Components Clinical Work: 6.0 PA**
- **SPA: 2.0 PA (included in the 10 PA total)**

Day	Time	Location	Description of work	Category	PAs
Monday	9:00-13:00	OUH	Blood transfusion Lab review and management of issues over weekend. HTT safety huddle (review of incidents arising)	DCC	1
Monday	13:00-17:00	NHSBT	Clinical Transfusion and components	DCC	1
Tuesday	9:00-13:00	OUH	Medical haematology clinic	DCC	1
Tuesday	13:00-17:00	NHSBT	Clinical Transfusion and components	DCC	1
Wednesday	9:00-13:00	OUH	HTT monthly meeting, alternate day safety huddle, quarterly hospital transfusion committee meeting, other HTC subcommittee meetings and related work	DCC	1
Wednesday	13:00-17:00	NHSBT	Clinical Transfusion and components	DCC	1
Thursday	9:00-13:00	OUH	SPA/audit/research/teaching	SPA	1
Thursday	13:00-17:00	NHSBT	SPA/audit/research/teaching	SPA	1
Friday	9:00-13:00	NHSBT	Clinical Transfusion and components	DCC	1
Friday	13:00-17:00	NHSBT	Clinical Transfusion and components	DCC	1

11. ON CALL COMMITMENT

There is an on-call commitment on the Patient-facing NHSBT Consultant On-Call 1:5-1:8 regional rota, currently at 1:5 but with the aim to reduce this frequency with the appointment of new colleagues. This is remunerated through category A on call payments and covers in-hours and out-of-hours to deliver a 24/7 on call service. In-hours on calls may also be required depending on RCI and Components duties. On call services across the organisation are continuously reviewed, to ensure that NHSBT delivers an on-call service as required by the NHS to provide the best care to donors, patients, and organ recipients.

12. 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 their base Blood Centre by agreement with the Medical and Research Director.

Any offer of employment is subject to satisfactory health clearance and, where appropriate, other conditions e.g. Right to Work, 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 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, however they should ensure that they have has 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 AMD Blood Donation

The post-holder must be willing to travel within the UK and internationally to fulfil organisational needs.

Good Medical Practice: NHSBT is committed to providing safe and effective care for patients. The post holder is expected to carry out their duties and responsibilities in line with Good Medical Practice.

The appointee will be expected to share with consultant colleagues in the medical contribution to management and clinical work throughout NHSBT.

The appointee will be required to work within the financial and other constraints decided upon by NHSBT. 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 NHS Blood and Transplant. These will be drawn up in consultation with the profession where they involve clinical matters.

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 post holder and their employer

The appointee is required to follow health and safety policies, risk assessments and safe systems of work to ensure personal safety and the safety of others. Managers will address the health, safety, and wellbeing of any staff they are responsible for, in proportion to the level of risk in their department and promote a positive safety culture.

13. APPOINTMENT PROCEDURE

The appointment will be made by NHSBT 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.

Initial Interest
Interested candidates are welcome to seek further information concerning the post by contacting Lise Estcourt via email lise.estcourt@nhsbt.nhs.uk to arrange a chat.

Visiting Arrangements
Applicants or prospective applicants are encouraged to visit NHSBT Oxford to meet prospective colleagues. Arrangements for visiting may be made through Alessandra Claridge via email Alessandra.Claridge@nhsbt.nhs.uk.

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 from the point of entry to the UK,

APPENDIX 1. BACKGROUND INFORMATION NHS BLOOD AND TRANSPLANT (NHSBT)

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

NHSBT collects around 5,000 blood donations every day to ensure a constant supply of blood to hospitals. Our work also makes some 5,500 organ and cornea, transplants possible every year. In addition, we retrieve and store other tissues, such as skin and bone, ready for patient use. We provide a number, of related specialist services, such as diagnostic laboratory services, solid organ tissue typing and cord blood banking. We are responsible for the NHS Organ Donor Register (which has over 13 million names), the British Bone Marrow Registry (BBMR), and the NHS Cord Blood Bank, with over 13,000 donations banked.

NHSBT has 13 sites across England for manufacturing, diagnostics, and R&D (see below), as well as multiple fixed donor clinics and mobile donor collection facilities.

NHSBT Organisation Structure

Senior staff

Mr Peter Wyman	Chairman

Executive Directors:

Ms Caroline Walker	NHSBT Chief Executive (Interim)
Dr Gail Miflin	Chief Medical Officer/Director of Clinical Services/Deputy CEO
Mr Carl Vincent	Director of Finance
Mr Mark Chambers	Deputy Director of Donor Experience and Communication
Mr Anthony Clarkson	Director of Organ and Tissue Donation & Transplantation
Mr Gerry Gogary	Director of Blood Supply.
Ms Deborah McKenzie	Chief People Officer
Ms Julie Pinder	Chief Digital & Information Officer
Ms Helen Gillan	Director of Quality

Medical Staffing Arrangements in NHSBT

There are approximately 50 NHSBT consultants nationally, many with joint appointments with universities or hospitals. They work within one of the 3 operational directorates but are professionally responsible to the NHSBT Medical and Research Director, Dr Gail Miflin.

Medical staff work within 4 teams reflecting the operational structure each headed by a medical director:

- MD Transfusion: Professor Lise Estcourt, Oxford
- Medical Director Cellular Therapies: Dr James Griffin, Filton
- MD Organ Tissue Donation and Transplantation: Professor Derek Manas, Newcastle
- MD Pathology: Professor David Roberts, Oxford

Within this structure Transfusion consultants are further organised into national teams, each under a Lead (s) to provide services within specific areas:

- Transfusion and Components Lead: Dr Andrew Charlton & Dr Laura Green (deputy)
- Lead in Donor Medicine & Plasma: Dr Andrew Fletcher
- Lead in R & D: Professor Laura Green
- Lead in Education: Dr Suzy Morton

Directorate of Blood Supply. Allied with Medical Director Transfusion

This Directorate is responsible for the collection of blood. All events relating to this are also managed largely by Clinical Teams. These include donor adverse events, processing events, positive microbiology results in donors and clinical governance. Processing and secondary manufacture of components, testing and distribution to hospitals.

Clinical Transfusion and Blood Components:

Management of partnerships between hospitals and NHSBT, and support and advice to hospitals on all aspects of transfusion medicine, including the implementation of Patient Blood Management.

The Clinical Transfusion, Blood Components and R&D Team, Medical Staff:

The Patient Blood Management Team has a network of haematology consultants with a proven record in clinical transfusion medicine led by Dr Andrew Charlton (Newcastle). The main current objective of these posts is to promote better blood transfusion practice. The funding is shared, proportionate to the programmed activities between NHSBT and the host trust. In the hospital, the consultant has clinical responsibility for clinical and laboratory transfusion services, and they provide an advisory and leadership role for these services in the surrounding region through the relevant Regional Transfusion Committee (RTC). Their work in trusts provides the experience for their work in national audit, clinical research, guideline development, and leading better practice initiatives in their regions, and nationally.

The current Consultants Team, together with the RTC they support, and the Trust where they hold their joint appointment is outlined below.

- **Dr Sam Aliman:** Joint post with University College London Hospital
- **Dr Shubha Allard**: NHSBT Consultant Haematologist
- **Dr Catherine Booth**: NHSBT Tooting and Barts Health NHS Trust.
- **Dr Andrew Charlton:** North East RTC, joint post with Newcastle upon Tyne Hospitals NHS Foundation Trust, Clinical Lead
- **Dr Fateha Chowdhury:** London RTC, Imperial College Healthcare NHS Trust
- **Dr Michael Desborough:** Main role Oxford University Hospitals Trust, 2 PAs NHSBT
- **A/Prof Lise Estcourt:** NHSBT, Oxford shared post with NHSBT R+D
- **Dr Dora Foukaneli**: East of England RTC, Cambridge University Hospitals NHS Foundation Trust.
- **Dr Marina Karakantza:** Yorkshire and The Humber RTC, Joint post with Leeds Teaching Hospitals.
- **Dr Anne Kelly:** Main role Great Ormond Street Hospital, 2 PAs NHSBT
- **Dr Suzy Morton**: Joint post with University Hospitals Birmingham, NHS Foundation Trust, Clinical tutor
- **Prof Mike Murphy:** NHSBT.
- **Dr Jayne Peters**: North West RTC, Joint post with Manchester University Hospitals NHS Foundation Trust.
- **Prof Simon Stanworth**: South-East RTC, Joint post with Oxford University Hospitals (OUH), and remit within the team for clinical research.
- **Dr Sarah Wheeldon:** Joint Post with Royal Devon and Exeter Hospitals

Donor Clinical Team

The Donor Clinical Team has responsibility for clinical leadership for Blood donors assuring their safety is addressed through robust clinical governance processes (Blood Donation and Regional CARE (Clinical audit, risk, and effectiveness) groups), working closely with operational colleagues. Consultants manage SAS doctors as part of the Donor Medical Team. Operational advice is provided to Change Programmes and procurement projects run by operational teams. Clinical input is also provided into the JPAC Standing Advisory Committee on Care and Selection of Donors.

The MD Transfusion is Professor Lise Estcourt and Donor Medicine is part of the Transfusion and Clinical Directorate. The other members of the donor medical team are

- Dr Shruthi Narayan (Manchester) – Consultant & MD SHOT
- Dr Angus Wells (Liverpool) – Consultant & Chair SAC CSD
- Dr Charlotte Washington (Bristol) – Consultant and Deputy CMO
- Dr Lianwea Chia (Tooting) – Consultant
- Dr Chiara Vendramin (Colindale) – Locum Consultant
- Dr Suhail Asghar (Bristol) – Associate Specialist, Donor, TAS & BBMR
- Dr JB Muller (Manchester) – SAS
- Dr Liezl Gaum (Manchester) – SAS
- Dr Jill Clarkson (Newcastle) - SAS

Directorate of Pathology

Pathology:
Red Cell Immunohaematology, Histocompatibility and Immunogenetics (H&I) and Microbiology laboratories across England provide support for transfusion, solid organ and haemopoietic stem cell transplantation. The International Blood Group Reference Laboratory (IBGRL) undertakes complex red cell serology investigations and molecular genotyping of patients and foetuses. Foetal genotyping for blood groups is predominantly performed using free foetal DNA from maternal plasma.

The Pathology Team, Medical Staff:
The 7 Red Cell Immunohaematology (RCI), 6 Histocompatibility and Immunogenetics (H&I) and the International Blood Group Reference Laboratories are supported by a team of medically qualified Haematology Consultants. Wisdom Musabaike, the head of RCI is developing a team of Consultant Clinical Scientists in Blood Transfusion, which is similar to the approach previously taken in H&I laboratories managed by Dr Katy Latham. Dr Nicole Thornton is the head of IBGRL. The medical consultants are led by the Clinical Director for Diagnostics Dr Fiona Regan. They are generally 50% funded by NHSBT and 50% by the host trust as is the case for this post. In the hospital, the consultant has clinical responsibility for clinical and laboratory transfusion services, and they provide an advisory and leadership role for these services.

The current Diagnostics Consultants Team, together with the RTC they support, and the Trust where they hold their joint appointment is outlined below.

Cath Booth: NHSBT Tooting and Barts Health NHS Trust.
Tom Latham: NHSBT Bristol and University Hospitals Bristol, NHS Foundation Trust
Akila Chandrasekar: NHSBT Liverpool and Tissue and Eye Service
Andrew Charlton: NHSBT Newcastle and Newcastle upon Tyne Hospitals NHS Foundation Trust.
Tracy Hui: NHSBT Colindale & Imperial College Healthcare NHS Trust
Kamala Gurung: NHSBT Tooting and Kings College Hospital NHS Foundation Trust.
Suzy Morton: NHSBT Birmingham and QE Birmingham

Directorate of Cellular Apheresis and Gene Therapy:

Cellular Therapies provided by NHSBT, includes the NHSBT stem cell laboratories in England and the Clinical Biotechnology Centre in Bristol.

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

Therapeutic Apheresis Services (TAS): This clinical function provides apheresis-based services, as well as counselling and assessment for stem cell donors to Trusts and Bone Marrow Registries. These services are provided from eight units (Liverpool, London, Leeds, Sheffield, Oxford, Bristol, Birmingham, and London).

NHSBT has a long history of providing lifesaving and life-enhancing therapeutic apheresis services within the NHS. TAS provides over 1000 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. The service is delivered from eight units that are based within NHS Trusts and which operate an outpatient model for non-acute patient procedures. Each unit operates as a regional service provider as part of a national infrastructure.

Research within NHS Blood and Transplant

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 Filton, Bristol. 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 studies unit (Cambridge/Oxford) and separate GMP production facilities for cellular products (multiple sites); therapeutic antibodies/vectors for gene therapy (Bristol); and tissues (Bristol). There is a senior lecturer post in Virology of Transplantation which is hosted in the University Department of Medicine in Cambridge. This is a research post which is intended to develop the study of viral adverse events and their management in haematology/oncology transplant patients.

NHSBT research is organised in themes, linking work carried out at different locations:

- Donor health
- Transfusion and transplantation virology
- Appropriate blood use
- Erythropoiesis
- Platelet biology and genomics
- Improving the number and quality of organs for transplantation
- Stem cells and immunotherapies
- Cellular and tissue engineering

These are linked to service areas through themed strategy groups comprising operational and R&D staff.

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) 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 hand-searching of transfusion medicine literature.

The Transfusion Evidence Library (TEL): The TEL was redeveloped and relaunched on 8 October 2013 with a commercial partner: Evidentia Publishing. It now contains over 700 systematic reviews, 3800 randomised control trials and 60 economic evaluations and is updated monthly. The TEL was endorsed by the Cochrane Collaboration, recognising it as a unique, evidence-based resource for the transfusion medicine community.

The NHSBT Clinical Trials Unit (CTU) for the conduct of:

- Epidemiological studies e.g., studies to determine what types of patients receive blood transfusions and the effect of transfusion on their long-term survival.
- Clinical outcome studies in specific clinical settings, usually with the aim of establishing baseline data to power future clinical trials e.g., the frequency of haemorrhage and use of platelets in thrombocytopenic neonates, and the relationship between coagulopathy, bleeding and FFP use in patients in adult and paediatric intensive care units.
- Randomised controlled trials to improve the evidence base for good transfusion practice e.g., the use of red cell transfusions prior to surgery in patients with sickle cell disease, the use of prophylactic platelet transfusions in patients with haematological malignancies and defining the thresholds for platelet transfusions in neonates.

Research into Donor Health

The main location for this research is Cambridge where a team headed by Prof Emanuele di Angelantonio leads a Blood and Transplant Research Unit into Donor Health. Prof Emanuele di Angelantonio is a NHSBT Principal Investigator into Donor Health and Epidemiology. Prof Dave Roberts is a NHSBT Principal Investigator and Deputy Director of the Blood and Transplant Research Unit into Donor Health and clinical research in donor health will also be undertaken at Oxford and other NHSBT Centres.

Any research undertaken should come within the scope of the NHSBT strategy for R&D.

1. APPENDIX 2. BACKGROUND INFORMATION OXFORD UNIVERSITY HOSPITALS TRUST (OUH)

Clinical Haematology

The Department of Clinical Haematology in the Oxford University Hospitals NHS Foundation Trust (OUHFT) provides a tertiary regional service to a population of ~1.4 million. It includes consultants broadly covering all major specialties in haematology with variable levels of site specialisation.

It provides comprehensive treatment of all haematological malignancies (including allogeneic bone marrow transplantation) and non-malignant haematological conditions, including coagulation disorders and is closely associated with the NHS Blood and Transplant (NHSBT), Blood Transfusion Centre in Oxford. In 2009, the Clinical service was relocated to a new state-of-the-art Haematology and Cancer Centre, with 25 inpatient beds, comprehensive outpatient and day care facilities, and dedicated research beds. Support is provided by the laboratory Specialist Integrated Haematological Malignancy Diagnostic Service (SIHMDS) and regular multidisciplinary team meetings.

The clinical department is staffed by 15 full time NHS Consultant Haematologists. The Clinical Lead of the department is Ms Sandy Hayes who reports to the Clinical Director for Oncology and Haematology Directorate, Prof. Bass Hassan and the Divisional Director, Mr Chris Cunningham. One of the consultants (Dr Wale Atoyebi) is responsible for the satellite laboratory and outpatient facility at the Horton Hospital. Two additional consultant haematologists are part funded by the BRC (5 PAs each) to support the development of clinical trials and translational research. Prof Paresh Vyas is responsible for leading the department's research portfolio. Stem cell and cellular therapy support to the clinical haematology department is provided by NHSBT. The Department of Haemostasis and Thrombosis is situated on the Churchill Hospital site and is managerially integrated with Clinical Haematology. The centre offers a comprehensive service for the treatment and managements of patients with bleeding and clotting disorders.

Laboratory Haematology

Laboratory Haematology is a sub-directorate within the Pathology and Laboratories Directorate. The Pathology and Laboratories Directorate is part of the Clinical Support Services Division. The Divisional Director is Dr Vivienne Addy, and the Clinical Director of Pathology is Dr Derek Roskell. These fixed-term positions are appointed by the OUH Trust Board.

The clinical lead for the NHS haematology laboratory is Dr Sue Pavord. The NHS budget holder is Mr Dan Smith, Lead Biomedical Scientist and Laboratory Manager; he is accountable to the Laboratory Medicine Directorate Manager for budget issues. The Departmental Quality Manager is Mr Andrew Platt. Legal responsibility rests with Mr Dan Smith who reports into a Directorate and Trust-wide Clinical Governance structure.

The main Haematology Laboratory is situated at the John Radcliffe Hospital with satellite laboratories at the Horton Hospital, Banbury and the Churchill Hospital, Oxford. The Department is well equipped with Sysmex FBC equipment including on line Slide Maker stainer, Stago Coagulation analysis, Siemens Immunoassay equipment and Galileo Blood Grouping equipment. All equipment is standardised and duplicated across the Trusts multiple sites.

The workload is wide and varied as would be expected in a large tertiary referral centre. It runs to approximately 1.4 million tests per annum, which includes 650,000 FBC but also a wide variety of specialist haemophilia or molecular tests. The source of workload is approximately 40% from the OUH, 50% from Primary care and 10% from other Trusts either nearby or specialist referrals from further afield.

The laboratory also provides a large and varied range of tertiary specialist testing through close integration with the Oxford BRC Molecular Diagnostics Centre (MDC). In collaboration with the MDC, it supports the largest Haemostasis Centre in the UK, an established regional Specialist Integrated Haematological Malignancy Diagnostic Service (SIHMDS) and the National Haemoglobinopathies Reference Laboratory (NHRL). The NHRL provides over 200 prenatal diagnoses per annum, runs a national antenatal screening programme and a national telephone advice service for hospitals dealing with haemoglobinopathy care. More recently, together with the MDC, the NHRL has also developed next generation sequencing technology for the diagnosis of rare red cell syndromes and a range of other technologies that have led to patent submissions.

Total staff in the laboratory is approximately 100 including everyone from clerical to senior clinical scientists and consultant level. There is 1.3 WTE consultant cover and 1.8 WTE SpR cover.

The Department is recognised by JRCPTB for Training purposes for medical staff, and by the HPC for Biomedical Science staff. The Department holds full CPA accreditation and is accredited by the IBMS for training of BMS staff.

Total staff in the haematology laboratory is approximately 200 including everyone from clerical to consultant. MLA approximately 20, Medical budget is 2.0 WTE Consultant at 50:50 (clinical and laboratory) and 1.8 WTE SpR. Most of the rest of the staff are BMS's.

The Department is recognised by JRCPTB for Training purposes for medical staff, and by the HPC for Biomedical Science staff, (CPSM was abolished and replaced by Health professions Council about 5 years ago). The Department holds full CPA accreditation. The Department is accredited by the IBMS for training of BMS staff.

3c. The blood transfusion services for all the hospitals in the OUH are centralised within the haematology laboratories at the John Radcliffe and Horton Hospitals. Approximately 21,500 units of red cells, 3,800 units of platelets and 4,400 units of plasma are transfused each year at a cost of £3.6 million in acquisition costs for the products, making it one of the largest hospital transfusion services in England.

The OUH transfusion services have been transformed over the last 20 years by the development and implementation of an end-to-end electronic transfusion process through to the bedside with a focus on transfusion safety and efficiency. This has been recognised by QIPP as an exemplar for NHS transfusion services and has won numerous national awards.

The transfusion team includes 12 non-laboratory staff to provide training in the correct use of the electronic process, intra-operative cell salvage for patients undergoing major surgery and near patient haemostasis testing for patients with major haemorrhage. The electronic transfusion process is currently being fully integrated with the OUH electronic patient record and further efficiencies are anticipated.

One of the benefits of the integration of blood transfusion with EPR has been the development of a process for electronic blood ordering and prescription with 'decision support'; this means

that more accurate information is provided about the reason for transfusion and doctors are alerted to inappropriate transfusion. We have developed a process for feeding back comparative data on blood usage to clinical teams using ORBIT Plus. We have worked very effectively with the junior doctors in haematology to discuss all inappropriate transfusions at a monthly meeting. This has reduced transfusions outside locally agreed guidelines from over 50% to less than 5% and produced significant cost savings for the OUH. We intend to us this approach to deliver the same benefits in other large blood using specialties.

Department of Haematology Medical Staff – Consultants

John Radcliffe Hospital and Churchill Hospitals, Oxford

- Dr Wale Atoyebi
- Dr Graham Collins
- Dr Oni Chowdhury
- Dr Rob Danby
- Dr Michael Desborough
- Dr Toby Eyre
- Dr Angela Hamblin
- Dr Deborah Hay
- Dr Jaimal Kothari
- Dr Murali Kesavan
- Professor Adam Mead
- Dr Sue Pavord
- Dr Andrew Peniket
- Dr Paolo Polzella
- Dr Beth Psaila
- Dr Noemi Roy
- Professor Anna Schuh
- Professor Paresh Vyas
- Dr Karthik Ramasamy

Haemophilia and Thrombosis Centre

- Professor Nikki Curry
- Dr Susie Shapiro
- Dr Dalia Khan

NHSBT

- Dr Michael Desborough
- Professor Lise Estcourt
- Professor Mike Murphy
- Dr Rachel Pawson
- Professor David Roberts
- Dr Kirsty Sharplin
- Professor Simon Stanworth

Medical Staff – others

- Specialist Registrar 20
- Academic Clinical Fellow 4
- Academic Clinical Lecturer 1
- ST2 4

Specialist nursing staff

- The haematology specialist nursing team is led by the Haematology deputy matron: Hayley Smith
- The iron deficiency management service (IDMS) has 3 specialist nurses
- Each malignant site specific group has specialist nursing support
- BMT specialist nurses undertake BMT and donor coordination and pre and post transplant support
- The red cell service also has specialist nurse support
- Two transfusion Practitioners

13. PERSON SPECIFICATION

REQUIREMENTS	ESSENTIAL	DESIRABLE
Qualifications	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 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	Degree in Biomedical science or equivalent Postgraduate thesis Management qualification
Clinical Experience	Training and experience equivalent to that required for entry to the specialist register Broad knowledge of general medicine Experience of clinical audit Recent experience of hospital based clinical and laboratory transfusion medicine. Ability to offer expert opinion on transfusion problems.	Clinical audit in the field of transfusion medicine. Demonstrates clear interest and commitment to transfusion medicine. Experience at consultant level working in an acute teaching hospital
Management and Administrative Experience	Ability to liaise with members of the operational teams working in Blood Donation (collections and marketing) & clinical teams Ability to work as part of a multidisciplinary team Experience of managing services – planning processes and managing people and resources Proven experience of managing and leading clinical teams, including laboratory staff. Proven experience of change management Experience of improving services – critically evaluating and encouraging improvement and innovation	Experience in setting direction – making decisions and evaluating impact, contributing to strategy and aspirations of the Organisation Experience of budget management

REQUIREMENTS	ESSENTIAL	DESIRABLE
Teaching Experience	Ability to teach students, nurses, scientific staff, and non-consultant medical staff	Experience of supervising medical trainees Ability to supervise the research of others Assistance with curriculum design and/ or postgraduate training days/courses
Research Experience	Involvement in clinical trials research as expected in training, and an active GCP qualification.	Publications in peer-reviewed journals Broad understanding of research governance Clinical trials set-up and selection / recruitment experience.
Other Attributes	Self-motivated, proactive, and innovative Demonstrates ability to work with others – building and maintaining relationships working in teams and networks Demonstrates the ability to influence, persuade and negotiate with others within and external to the organisation Enquiring, critical approach to work Able to demonstrate personal credibility Demonstrates an awareness of the most effective means to communicate Able to work against a background of change and uncertainty Commitment to Continuing Medical Education and the requirements of Clinical Governance and Audit Willingness to undertake additional professional responsibilities at a local, regional, or national level Willingness and ability to undertake travel and spend time away from base to meet the requirements of the post (with appropriate prior notice).	

NHS Blood and Transplant

The Clinical Directorate Medical Management Structure (NHSBT)