

NHS Blood and Transplant (NHSBT)

and

University Hospitals Birmingham

**JOB DESCRIPTION & PERSON SPECIFICATION**

**Post title: Consultant in Haematology and Transfusion Medicine**

based at University Hospital Birmingham, across  
Birmingham Heartlands Hospital, Good Hope Hospital and Solihull Hospital

## 1. BACKGROUND

This is a new post for a full-time Consultant in Haematology and Transfusion Medicine (although less-than-full-time can be considered) and will be a joint appointment between NHS Blood and Transplant (NHSBT) and University Hospitals Birmingham NHS Foundation Trust (UHB). NHSBT is the employing organisation. In broad terms, the appointee is intended:

- To provide a local, regional, and national expert transfusion medicine service as part of the wider NHSBT Patient Blood Management (PBM) and Components clinical team.
- To work as part of a team with the Regional Transfusion Committee (RTC), and the other members of the multidisciplinary NHSBT customer services and Patient Blood Management teams to support hospitals in the Midlands region and promote safe and effective transfusion practice.
- To participate in clinical research in transfusion medicine and local, regional and national audit initiatives in transfusion medicine.
- To participate in teaching and training of medical and non-medical staff, regionally and nationally, and to contribute to the teaching programmes for Haematology and Transfusion Medicine Specialty Registrars preparing for the Part 1 and Part 2 examinations for Fellowship of the Royal College of Pathologists (FRCPath) in Haematology, including visitors from overseas.
- 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 Patient Blood Management and Components (PBMC) Team and Transfusion Clinical Services Directorate as required, in co-operation with consultant colleagues, particularly those in the Midlands region.
- To participate in the NHSBT consultant appraisal and revalidation programmes and job planning for both NHSBT and UHB. These can be arranged jointly with representatives from both organisations.
- To participate actively in Clinical Governance in both NHSBT and UHB.
- To participate actively in Continuing Professional Development.
- To work with the clinical lead for transfusion to provide medical leadership of clinical and laboratory aspects of transfusion practice at UHB, and to work with the wider hospital transfusion team (HTT) and clinical teams to develop practices for the safe and effective use of blood.
- To provide 5 PAs worth of clinical care provided via University Hospitals Birmingham (UHB) delivering one outpatient clinic, transfusion medicine sessions and supporting quality improvement as per the job plan outlined.
- Contribute to multi-disciplinary meetings and provide specialist advice to management of patient cases.
- Support the with service development and contribute to team meetings in line with the Governance structure.
- Attend Governance Meetings including: monthly quality meetings, educational sessions, departmental meetings, audit meetings and mortality and morbidity meetings.

## 2. JOB DESCRIPTION

### 2.1 Post title: Consultant in Haematology and Transfusion Medicine

### 2.2 Grade: Consultant

**2.3 Employer:** The employer is NHSBT. The appointee will have an honorary consultant contract with UHB.

### 2.4 Accountable to

- NHSBT Managerial Responsibility - Dr Andrew Charlton, Clinical Lead for Patient Blood Management and Components;
- NHSBT Professional Accountability - Dr Gail Mifflin, Chief Medical Officer, NHSBT;
- Trust Managerial Responsibility - Dr Sophie Lee, Clinical Service Lead;
- Trust Professional Accountability - Deputy Medical Director, CDG10B.

The laboratory management arrangements of both Authorities conform to HC (90)18 and EL (89)/P71, and to the recommendations of the Strategic Review of Pathology Services notably paragraphs 4.22 to 4.26.

## 2.5 Key Duties and Responsibilities

### 2.5.1 NHSBT - 5 Programmed Activities

- To provide medical leadership for transfusion medicine within the Midlands RTC 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 Midlands region depending on national requirements.
- To be one of the Regional Consultants for Patient Blood Management and Components within the NHSBT Hospital Liaison Team, working with the Customer Services Managers and the Patient Blood Management Practitioners to support hospitals in the region to provide safe and effective transfusion practice.
- 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 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 in hospitals
- To undertake other medical functions within the 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 1 and Part 2 of the FRCPath examinations, including visitors from overseas.
- 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, RCI 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 can be undertaken jointly with representatives from both organisations.
- To participate in and contribute to continuing professional development (CPD).
- To participate in internal / external training programmes.
- To undertake additional duties as requested by the Clinical Lead.
- 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 / UHB 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 UHB. 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 UHB. 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.

### **2.5.2 UHB - 5 Programmed Activities**

- To participate actively, via the Hospital Transfusion Team (HTT) and Trust Transfusion Committee (HTC) in clinical governance, including participation in national, regional, and local audits.
- To provide advice in all aspects of transfusion medicine.
- To monitor blood component usage and provide advice on best practice in transfusion medicine.
- To work with clinical delivery groups in the Trust to develop safe and effective use of blood components based on national guidance and evidence from research.

- To participate in teaching and training of medical and non-medical staff, including undergraduates, and to contribute to the teaching programmes of Haematology and Transfusion Medicine Specialty Registrars (StRs) preparing for the Part 1 and Part 2 FRCPATH examinations.
- The appointee should be experienced in the management of patients with disorders requiring either acute or long-term transfusion support, general haematological conditions and be competent in haemostasis and thrombosis.
- The appointee will provide liaison support for the inpatient care of patients with complex transfusion needs, such as those who refuse blood components, patients with bleeding disorders, and others as clinically required.
- The appointee will assist StRs with referrals for consultative haematology advice.
- To take a leading role in clinical governance issues within the clinical haematology department relating to blood transfusion and in the wider CDG 11 working through the existing medical management structure to help deliver the clinical governance agenda.
- Clinic responsibility - to undertake outpatient clinic at one of the Good Hope Hospital and Solihull Hospital (HGS) sites (site can be negotiated as per preference). Secretarial support will be allocated as per clinic.
- The appointee will be required to supervise StR and transfusion practitioner management of patients with complex transfusion needs and patients who have had an adverse reaction to blood components including the management of adverse events not involving a patient reaction such as Wrong Blood in Tube.
- The post holder will support the clinical transfusion lead consultant in overseeing the demand management of blood components and supporting the implementation of appropriate patient blood management initiatives throughout the hospital.
- To develop and maintain an active interest in Patient Blood Management (PBM), including the use of alternatives to donor blood, such as peri operative cell salvage, and pharmacological agents, such as antifibrinolytics and intravenous iron and ensure that this is implemented.
- To ensure transfusion incidents and adverse events are investigated and reported to the Serious Hazards of Transfusion / Serious Adverse Blood Reactions and Events (SHOT/SABRE) haemovigilance schemes as appropriate.
- To monitor usage and wastage with reference to the Blood Stocks Management Scheme (BSMS) data and lead implementation of strategies to correct any outlying practice.
- The appointee will be required to participate in the education of undergraduates, postgraduates, and allied health professionals. This includes participation in the departmental teaching programme for junior haematology medical and nursing staff and active participation in the departmental weekly meeting programme.
- The post holder would be expected to enable UHB participation in multicentre clinical studies of blood transfusion and to develop an area to lead systematic reviews, national audit of practice, guideline writing and research.

- The appointee will be required to participate in the speciality education of undergraduates, postgraduates, and allied health professionals. This includes active participation in the departmental meeting programme.
- Clinical supervision of trainees is an essential requirement for the post holder.
- Educational supervision of nominated trainees may be a part of the post. The appointee will need to be a 'GMC recognised' educational supervisor to provide supervisory duties.
- The appointee will be required to have annual appraisal and engage in the revalidation process. They must participate in CPD and maintain the relevant skills for discharging their clinical duties. They will be required to play an appropriate part in the clinical governance and audit of the Haematology department.
- The appointee is expected to attend departmental quality and governance meetings, participating in discussion and review where possible to ensure that all resources are managed in an efficient and cost-effective manner to achieve maximum effect for patients and staff.

### **3. 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 UHB.
- 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.
- 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.
- 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 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 10 programmed activities 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 UHB clinical service lead and NHSBT Clinical Lead (Patient Blood Management and Components).
- The appointee 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 appointee 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 and UHB.
- The appointee will be required to work within the financial and other constraints decided upon by NHSBT / UHB. 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 and UHB. These will be drawn up in consultation with the profession where they involve clinical matters.
- A shared office (NHSBT is increasingly using “agile working” in open plan areas), relevant IT/Internet equipment and shared secretarial support will be provided at both sites (to a total of approximately 0.5 WTE).
- 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 appointee and their employers. Important general note: The appointee 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.

#### 4. Key Relationships

##### Internal relationships:

- The NHSBT Clinical Lead 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 Lead 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

## External relationships:

- 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

## 5. UHB Details

The successful applicant will join a team of 34 Consultant Haematologists to deliver an integrated UHB Clinical Haematology Service. UHB Haematology Service delivers specialist Haematology care across Birmingham, Sutton Coldfield, Solihull, and Good Hope Hospitals. Specialist services are delivered across the West Midlands region, including Level 3 and Level 4 stem cell transplants, CAR-T Cell Therapy, Teenage and Young Adult (TYA) cancer care, apheresis, Comprehensive Haemophilia Centre, a specialist integrated Haematological Malignancy Diagnostic Service and a national recognised academic and research programme.

Specialist inpatient care is delivered at the Queen Elizabeth Hospital Birmingham (QEHB) with a dedicated Young Persons Unit for TYA care and inpatient care is also delivered across the Heartlands and Good Hope hospitals.

The Haematology Service comprises of bespoke chemotherapy day-case and laboratory Haematology facilities across the acute hospital sites of Birmingham: Queen Elizabeth Hospital (QEH), Birmingham Heartlands Hospital (BHH), Good Hope Hospital (GHH) and non-acute Solihull Hospital (SH). There is a network of outpatient clinics, Clinical Nurse Specialist (CNS) and Advanced Clinical Practitioner (ACP) led services, and Acute Oncology Service (AOS) provision at all sites. The service co-locates clinical and research staff from the NHS and University of Birmingham.

### UHB Trust Vision and Values

The Trust is clear on its vision and values and aims to make sure that they are reflected in all areas of activity. Our vision is simple: building healthier lives. Our values apply to every staff member and help us in all we do and how we do it. The values are:

**Kind:** The kindness that people show to each other every day

**Connected:** The connections we build with everyone around us

**Bold:** The ability to be bold in how we think, speak and act

### Additional Information:

This job description is designed to assist post holders with understanding what is expected of them in their role. University Hospitals Birmingham NHS Foundation Trust may ask them to undertake other duties, as required, which are not necessarily specified on the job description, but which are commensurate with the grade of the post.

The job description itself may be amended from time to time in consultation with the post holder, within the scope and general level of responsibility attached to the post.

All post holders must take responsibility to ensure that they are aware of and adhere to all Trust policies, procedures and guidelines relating to their employment regardless of their position within the Trust.

## **6. 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:**

Frances O’Callaghan	NHSBT Chief Executive
Dr Gail Mifflin	Chief Medical Officer & Director of Clinical Services
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 Gogarty	Director of Blood Supply.
Ms Deborah McKenzie	Chief People Officer
Ms Wendy Clark	Chief Digital & Information Officer (& Deputy CEO)
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 Chief Medical Officer, Dr Gail Mifflin.

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

- MD Transfusion: A/Prof 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:

- AMD Transfusion and Components: Dr Andrew Charlton (deputy Prof Laura Green)
- AMD in Donor Medicine / Plasma for Medicines: Dr Andi Fletcher
- R & D Lead: Prof 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
- **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 Oliver Firth:** NHSBT
- **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 Helen New:** 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 Sara Trompeter:** Joint post with University College London Hospital specialising in paediatric and adult inherited red cell disorders.

## 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 AMD Donor Medicine and Plasma for Medicine is Dr Andi Fletcher, and the team 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, Deputy CMO & Chair Research Subgroup
- 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 Musabaikie, 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](http://www.transfusionguidelines.org.uk)) was launched in March 2005 to improve access to citations for systematic reviews. A database is being developed to present references for the randomised controlled trials (RCTs) identified by systematic reviews and 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.

## **7. JOB PLAN TIMETABLE (see Appendix 1)**

The appointee 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 a job plan with the NHSBT Clinical Lead, Clinical Service Lead for Haematology, and the Medical Director of both Trusts, which will be reviewed annually. Further details can be found in Appendix 1.

## **8. ON CALL COMMITMENT**

The appointee will be included on the NHSBT on call rota for one of the three regional patient-facing rotas (North, Midlands/South-West, or London/South-East) both in and out-of-hours. These are medium frequency, 1:5-1:8, category A with a 5% supplement to the salary as outlined below although this may be subject to modification depending on needs of the service, and agreement at job planning. Other on-call duties are within-hours unless otherwise agreed.

## **9. PERSON SPECIFICATION (see Appendix 2)**

## 10. FURTHER INFORMATION

Further details may be obtained from:

- **Dr Andrew Charlton** Clinical Lead for Patient Blood Management and Components NHSBT telephone No: 07743 407952.
- **Dr Sophie Lee (CSL Clinical haematology, HGS site)** telephone No: 07795297551.

## 11. APPOINTMENT PROCEDURE

The appointment will be made by NHSBT/UHB 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 UHB to meet prospective colleagues. Arrangements for visiting may be made through Dr Charlton/ Dr Lee

### 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.

### 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 or a major incident or civil unrest.

## Appendix 1: JOB PLAN TIMETABLE

This is an indicative guide to the proportion of time allocated to each task. It is based on a working week of 10 PAs in accordance with the Terms and Conditions - Consultants (England) 2003. Some flexibility in exactly how the PAs are worked is permissible. The appointee's job plan will be reviewed in detail with them once they have been in post for a few months.

Day	Time	Site	Type of Work	Activity	Hours	PAs
Mon am	08:30-12:30		NHSBT PBM/C		4	1.0
Mon pm	13:00-17:00		NHSBT PBM/C		4	1.0
Tues am	08:30-12:30		Transfusion UHB		4	1.0
Tues pm	13:00-17:00		SPA UHB		4	1.0
Wed am	08:30-12:30		NHSBT PBM/C		4	1.0
Wed pm	13:00-17:00		Transfusion UHB		4	1.0
Thur am	08:30-12:30		Clinic UHB (HGS)		4	1.0
Thur pm	13:00-17:00		Clinic admin (0.25) Transfusion UHB (0.75)		4	1.0
Fri am	8:30-12:30		NHSBT RCI / Components (annualised)		4	1.0
Fri pm	13:00-17:00		NHSBT SPA		4	1.0

### Activity Summary

ACTIVITY CLASSIFICATION		PAs	Hours
DIRECT CLINICAL CARE			
SUPPORTING PROFESSIONAL ACTIVITIES	Teaching:		
	Research / Other:		
	<b>SUB-TOTAL:</b>		
EXTERNAL DUTIES			
<b>TOTALS</b>			

### On-Call Supplements

	NHSBT
Agreed On-Call Rota	frequency 1:5-1:8 medium
Agreed Category	A
On-Call Supplement	5%

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

<b>TYPE OF DUTY</b>	<b>DCC Trust</b>	<b>SPAs Trust</b>	<b>DCC NHSBT</b>	<b>SPAs NHSBT</b>
Out-Patient (or other) Clinic				
Ward Rounds				
Patient Blood Management				
Apheresis				
Investigative/Diagnostic or Laboratory				
Clinical Correspondence / Administration				
Teaching - Under-Graduate *				
Teaching - Post-Graduate *				
Training of other NHS Staff *				
Professional Development / Study				
Audit / Clinical Governance				
Clinical Research				
Management of the Service (eg. Lead Clinician/ Clinical Director duties)				
On-Call/Emergency Attendance				
Other: (please specify)				
<b>TOTAL</b> (* NB. See below)				

**\* 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.

## APPENDIX 2: PERSON SPECIFICATION

NHSBT's 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
<b>Qualifications</b>	<ul style="list-style-type: none"> <li>• Full and specialist registration and a licence to practise with the General Medical Council (GMC)</li> <li>• Applicants that are UK trained, must ALSO be a holder of a Certificate of Completion of Training (CCT) in Haematology, or be within six months of award of CCT by date of interview.</li> <li>• Applicants that are non-UK trained, will be required to show evidence of equivalence to the UK CCT</li> <li>• FRCPATH or equivalent.</li> <li>• MRCP or equivalent.</li> </ul>	<ul style="list-style-type: none"> <li>• Postgraduate thesis</li> </ul>
<b>Clinical Experience</b>	<ul style="list-style-type: none"> <li>• Demonstrates clear interest and commitment to transfusion medicine.</li> <li>• Recent experience of hospital based clinical and laboratory transfusion medicine.</li> <li>• Ability to offer expert opinion on transfusion problems.</li> <li>• Clinical audit in the field of transfusion medicine.</li> </ul>	
<b>Management and Administrative Experience</b>	<ul style="list-style-type: none"> <li>• Experience of managing and leading clinical teams.</li> </ul>	<ul style="list-style-type: none"> <li>• Experience of budget management</li> <li>• Proven experience of change management</li> </ul>
<b>Teaching Experience</b>	<ul style="list-style-type: none"> <li>• Ability to teach all grades of clinical staff, including those in training.</li> </ul>	<ul style="list-style-type: none"> <li>• Experience of teaching basic clinical skills to undergraduates</li> <li>• Experience of supervising medical trainees</li> <li>• Ability to supervise the research of others</li> </ul>

REQUIREMENTS	ESSENTIAL	DESIRABLE
<b>Research Experience</b>	<ul style="list-style-type: none"> <li>• Publications/ presentations in national/ international meetings in the field of transfusion medicine</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical trial and/or research experience</li> </ul>
<b>Personal Attributes</b>	<ul style="list-style-type: none"> <li>• Able to work with/influence senior colleagues across a range of specialties.</li> <li>• Effective interpersonal, motivational and influencing skills</li> <li>• Ability to communicate effectively with colleagues, patients and their relatives</li> <li>• Able to work against a background of change and uncertainty</li> <li>• Able to demonstrate personal credibility</li> <li>• Self-motivated, pro-active and innovative</li> <li>• Commitment to team-working, and respect and consideration for the skills of others</li> <li>• Commitment to Continuing Medical Education and the requirements of Clinical Governance and Audit</li> <li>• Willingness to undertake additional professional responsibilities at local, regional or national levels</li> </ul>	<ul style="list-style-type: none"> <li>• Proven leadership experience</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>• Mobility: able to efficiently undertake the travel requirements of the post.</li> </ul>	

**Appendix 3: The Clinical Directorate Medical Management Structure (NHSBT)**



