

Consultant Haematologist

Department of Clinical Haematology

Division of Surgery, Critical Care & Clinical Support

North Cumbria Integrated Care NHS Foundation Trust

Example Job Plan for a full time 10PA contract can be found in Appendix 1. Applicants who are unable to work full-time will be eligible to be considered for the post. If a person is appointed who is to be working less than full time a modification of the job content may need to be discussed on a personal basis with the Trust in consultation with consultant colleagues.

- On-call commitment:** The current on-call rota is one night per week and 1:4 weekends. The rota is currently supported by colleagues from neighbouring trusts.
- Visiting arrangements** We strongly encourage interested applicants to visit the Trust and meet prospective colleagues, and to view the area and all of its attractions.

Arrangements for visiting may be made by contacting:

Dr Roderick Oakes, Consultant Haematologist
Telephone 01228 814 511 Email: roderick.oakes@ncic.nhs.uk

Dr Clive Graham, Clinical Director.
Telephone 01946 523 399 Email: clive.graham@ncic.nhs.uk

Additional information can be found on the Trust's website at <https://www.ncic.nhs.uk>

Job Summary

We are looking for a Consultant Haematologist to be based at the Cumberland Infirmary, Carlisle, although cross site working may be required with sufficient notice. The Directorate would equally welcome applications from existing, as well newly trained Consultants.

The team currently consists of three part time (2.9 WTE) Consultant Haematologists who are based at the Cumberland Infirmary, Carlisle Monday to Friday. This post is a newly created fourth consultant post, in anticipation of the forthcoming retirement of the specialty doctor, based at West Cumberland Hospital, Whitehaven, Wednesday and Thursday. On call cover is currently provided as a joint rota through an SLA with colleagues from neighbouring Trusts.

We are a level 2A haematology unit, providing radiotherapy at the Cumberland Infirmary. Parenteral chemotherapy is delivered in the new Northern Centre for Cancer Care, North Cumbria, which is co-located on the Carlisle Infirmary site and at the Henderson Suite, which is at West Cumberland Hospital, under the auspices of the Newcastle-upon-Tyne Hospitals trust. Chemotherapy is prescribed using the ChemoCare electronic prescription system.

There has always been a close working relationship between Cumbria and Newcastle Hospitals, which is the tertiary referral centre for our patients. Cumbrian patients go to Newcastle Freeman Hospital for treatment with intensive chemotherapy, stem cell transplantation and bleeding disorders. The Northern Region Haematologists Group (NRHG) is one of the most cohesive clinical networks in the UK. The Cumbrian based haematologists have always been Core Members of the Newcastle MDTs for Myeloma, Leukaemia and Lymphoma.

The post holder will be based at the Cumberland Infirmary, Carlisle (CIC). The post holder will be based at CIC. Provision of clinics for West Cumberland Hospital, Whitehaven, is likely to be required and will equitably shared amongst the consultant team.

Voted one of the best places to live in the UK, North Cumbria houses the Lake District, one of the country's most outstanding places of natural beauty and the region is an attractive, largely rural area with access to good road, rail and air communications. Housing is relatively inexpensive and there are excellent state and private education establishments.

North Cumbria Integrated Care NHS Foundation Trust is committed to assisting all employees to achieve a work-life balance, regardless of their personal circumstances. Any applicant who is unable, for personal reasons, to work full-time, will be eligible to be considered for the post. If such a person is appointed, modification of the job content will be discussed on a personal basis in consultation with consultant colleagues.

There is a recruitment premium associated with this post of 10% for up to four years.

The Haematology Service in North Cumbria

Introduction

Clinical Haematology in NCIC is an integrated service provided across both hospital sites. Consultants work predominantly at the Cumberland Infirmary where new patients are seen and treatment plans agreed. There may be the requirement for cross site working, which will be agreed in advance. Review patients and treatments will then either take place at West Cumberland Hospital or the Cumberland Infirmary depending on the patient's address or the complexity of their disease.

Consultants have a fully equipped office, including a microscope of a standard appropriate to work at consultant level and a personal computer with access to the NHS and hospital networks, the internet and the Telepath laboratory computer system. Secretarial support is provided.

Managerially haematology is within the Care Group for Surgery, Critical Care & Clinical Support. Mr Ioannis Michalakakis is the Care Group Associate Medical Director and Danny Batten is the Deputy Director of Operations. Within the Care Group, haematology is part of the Pathology Directorate. Dr Clive Graham is the Clinical Director. The Operational Lead for Clinical Haematology is Natalie McBride and the Care Group is supported by services from Human Resources, Finance and Governance.

Dr Roderick Oakes is the Head of Department for Haematology and is responsible for day to day managerial issues relating to clinical haematology.

There is a strong commitment to continuing professional development within the department which involves all grades of staff. Study leave is funded from a centrally held budget.

Our priorities are:

- Increase substantive consultants in post
- Replace and upgrade laboratory instrumentation and develop the cross-regional LIMS system
- Continue to work with Newcastle to forge stronger links for our patients

Clinical Haematology

The department of Clinical Haematology provides the non-surgical adult haematology service for the population of North Cumbria and a small part of South West Scotland. The area covered includes a large part of the Lake District National Park with a predominately rural population.

The Haematology Service registers approximately 600 new patients per annum. Haemato-oncology patients are discussed at the weekly Friday morning regional Haematology MDT at the Freeman Hospital, Newcastle with remote participation regularly available. The Freeman Hospital also provides level 2, 3 and 4 care for Haemato-oncology patients. Regional specialist Haemophilia care is also based at the Royal Victoria Infirmary (RVI), Newcastle. The regional service for haemoglobinopathies is based at the RVI in Newcastle.

Children with suspected haematological malignancy are managed in the Paediatric Oncology service at the Great North Children's Hospital at the RVI, Newcastle, with shared care with Paediatrics in North Cumbria; non-malignant conditions are often investigated initially by the Paediatrics service in North Cumbria with referral to Paediatric Haematology at the RVI as needed.

Regional haemato-pathology services are provided by the North of England Haemato-Oncology Diagnostic Service (NEHODS), based at the RVI. Integrated reporting is supported by the web-based Haemosys system, which enables local reporting of bone marrow samples to be integrated with specialist diagnostic modalities (including flow cytometry, immunohistochemistry, cytogenetics and molecular testing) and central consultant review. Reports from Haemosys are published directly into Telepath, our local laboratory information management system. We have a regular delivery of samples from Cumbria to NEHODS every week-day evening provided by Blood Bikes, a volunteer motorcycle courier charity, who also provide ad hoc emergency deliveries of blood samples and blood products at other times.

Regional projects are underway to develop the facility for remote high-quality digital viewing of blood films and the creation of a cross-regional new integrated Laboratory Information Management System.

Outpatient facilities are currently provided on both the Cumberland Infirmary site and the West Cumberland Hospital site. Clinical Haematology at the Cumberland Infirmary is based in Reiver House, a separate building within the hospital grounds, including outpatient clinic rooms, the Haematology Supportive Therapies Unit and our administrative team. There is also a Haematology Supportive Therapies unit within Reiver House, staffed by the haematology nurse team, provides transfusions, venesections, intravenous iron and zoledronic acid.

Newcastle Hospitals NHS Foundation Trust provides Oncology, parenteral chemotherapy and radiotherapy services via a combination of on-site and remote cover, including at the newly purpose-built Northern Centre for Cancer Care, North Cumbria, on the Cumberland Infirmary site, and at the Henderson Suite within West Cumberland Hospital.

There is a purpose built chemotherapy day care and outpatient services provided at the West Cumberland Hospital in Whitehaven. There are 8 chemotherapy chairs in the Henderson Suite with shared access for oncology and haematology patients.

A Radiotherapy Department is based at the Cumberland Infirmary.

Haematology inpatients are usually managed on Willow A ward at the Cumberland Infirmary. Haematology inpatients are admitted under the care of the Haematology consultant team supported by the newly created haematology FY2 post. Out-of-hours (including weekends and Bank Holidays), medical input comes from the on-call medical team with telephone cover provided by the Haematology Consultant on-call.

The on-call haematology consultant rota is currently supported by input from consultant colleagues in our neighbouring trusts, Northumbria Healthcare NHS Foundation Trust and Dumfries and Galloway NHS Trust.

There are CT scanners and a static MRI scanner at CIC. A PET-CT service was recently introduced at CIC and there are Nuclear Medicine departments at both hospitals. In Carlisle there is a brand-new, Siemens Intevo 16 slice SPECT/CT. At Whitehaven the newly developed hospital has recently opened with state of the art diagnostic equipment. There is a aseptic suite at Cumberland Infirmary.

The Chemocare system is used for electronic prescribing across the Trust.

Video conferencing facilities are available, including the Attend Anywhere system for remote video consultations.

Laboratory Haematology

Laboratories at NCIC are configured as blood science laboratories and based at both hospital sites. The laboratory at Cumberland Infirmary is the hub laboratory undertaking all non-urgent testing for both hospitals and all GP work, and all urgent testing for the Cumberland Infirmary and east Cumbria GPs/community hospitals. The laboratory at West Cumberland Hospital processes urgent hospital and GP work for patients in the west of the county and operates on a multi-disciplinary basis.

The haematology main analysers are as follows:

- Beckman Coulter DXH - full blood count
- IL TOPS 500 – coagulation
- Diamed Gel Station – transfusion
- Alifax – ESR

Workload Figures

Haematology Workload 17-18							
Set	CIC	WCH	Total	Set	CIC	WCH	Total
(AINR) Automated INR	18911	4555	23466	(QFA) Clauss Fibrinogen	42	21	63
(APCFV) APC Ratio/FV Def.	48	22	70	(RETICS) Reticulocyte Count	2419	751	3170
(APTT) APTT	52	21	73	(SEND) SEND AWAY TESTS	463	116	579
(APTTLU) LUPUS SCREEN APTT	259	86	345	(SICKLE) Sickle Cell Screen	20	18	38
(AT3) Antithrombin	51	22	73	(TT) Thrombin Time	7		7
(CS) COAGULATION SCREEN	27786	13051	40837	(UH) Urine Haemosiderin	1		1
(DDIM) D-Dimer	5273	2824	8097	(VS) Post Vasectomy	3		3
(DIF) Film Reporting	6943	1853	8796	(XA) Heparin Assay (Xa)	53	12	65
(DIFF) WBC Differential	1068	341	1409	(ZAPCR) APC Ratio/FV Def	24	18	42
(DRVVT) DRVVT	258	88	346	(ZAT3) Antithrombin	24	18	42
(ESR) ESR	46734	2489	49223	(ZB27) HLA B27 Result	175	13	188
(F11) Factor XI	14	3	17	(ZBCR) PCR for BCR-ABL	91	64	155
(F12) Factor XII	15	3	18	(ZCELLM) Cell markers	76	11	87
(F8) Factor VIII	28	6	34	(ZDABI) Dabigatran	3		3
(F9) Factor IX	19	4	23	(ZDRVVT) DRVVT RATIO	15	9	24
(FBC) Full Blood Count	316021	46731	362752	(ZEPO) Erythropoietin	78	7	85
(FILM) Film Requested	6861	2328	9189	(ZFIIV) Prothrombin G20210A	50	35	85
(HBELEC) HB Electrophoresis	513	8	521	(ZFVL) Factor V Leiden	57	40	97
(HEPR) APT Ratio	1947	417	2364	(ZG6PD) G6PD Screening test	9	3	12
(INF) Semen Analysis	349		349	(ZIAK2) JAK2 V617F Mutation	102	16	118
(MP) Mal. Parasite Screen	105	26	131	(ZPC) Protein C	25	18	43
(MS) MISC.HAEM.SECTION	3	1	4	(ZPK) Pyruvate kinase	4		4
(MSC) MISC.COAG.SECTION	23	6	29	(ZPS) Free Protein S Ag	27	18	45
(PC) Protein C	60	24	84	(ZRIVA) Rivaroxaban	3	1	4
(PS) Free Protein S Ag	61	26	87	(ZVW) von Willebrand	65	9	74
(PT) PROTHROMBIN TIME	530	289	819	Total	433932	75224	514190

Secretarial Support/Office Accommodation

Secretarial support will be available to the successful candidate. Office accommodation and a personal computer with internet access will also be provided.

Main Terms and Conditions of Service

This post is a Trust appointment and will be subject to the new Terms and Conditions – Consultants (England) 2003 as amended from time to time. The Trust has established a Joint Negotiating Consulting Committee for negotiating changes to terms and conditions of service, which will then be incorporated into the handbooks and become part of your employment contract.

Candidates appointed to an NHS Consultant for the first time will be offered a salary on the minimum scales except where a higher salary is justified by taking into account any previous consultant level experience recognised by the Trust for this purpose.

Any offer of employment with the Trust will be subject to satisfactory pre-employment checks as defined in Health Service Circular 2002/008

- references
- qualification/registration verification
- occupational health clearance
- DBS clearance
- identity verification
- eligibility to work in the U.K

and in accordance with Department of Health guidelines relating to 'Health Clearance for Tuberculosis, Hepatitis B, Hepatitis C and HIV: New Healthcare Workers'.

Your private residence shall be maintained in contact with the public telephone service and shall be not more than 30 minutes or 10 miles by road from the base unit (Cumberland Infirmary, Carlisle) unless specific approval is otherwise given by the Trust.

Your principal hospital, for the purposes of reimbursement of travelling expenses, will be Cumberland Infirmary, Carlisle.

Professional Registration

It is the responsibility of individual doctors to hold Full and Specialist registration (and with a current licence to practise) with the General Medical Council (GMC), or be eligible for registration within six months of interview.

Professional Code of Practice

As a Registered professional, you are required to abide by the GMC's 'Good Medical Practice' (Regulating doctors, ensuring good medical practice). Disreputable behaviour, even if it is not directly connected to your professional practice, or failure to abide by the principles outlined by your code of practice mentioned above could put your registration as well as your continuing employment at risk. You should be aware that any breaches of your code of practice will be investigated in line with Trust policy, and action taken where appropriate, including reporting the misconduct to the GMC/ PPA.

Health & Safety Management Responsibilities

The Trust recognises it's duties under the Health and Safety at Work Act 1974 to ensure as far as reasonably practicable, the health, safety and welfare at work of all employees. In addition, the business of the Trust shall be conducted so far as to ensure that patients, their relatives, contractors, voluntary workers, visitors and members of the public having access to Trust premises and facilities are not exposed to risk to their health and safety.

Managers have a duty to ensure that safe systems of work are used within their areas of responsibility and must investigate accidents and incidents, arrange annual risk assessments and ensure all staff attend appropriate health and safety training.

All employees have a duty to take reasonable care for their own health and safety, and that of others who may be affected by their activities; to co-operate with the Trust by complying with

all health and safety rules and safe systems of work; and to inform their line manager of any work situation, or practice which may be considered a danger to health and safety.

Travel and Subsistence

Travel and subsistence expenses will be reimbursed for preliminary visits in addition to interview expenses only to those candidates selected for interview. Reimbursement is restricted to two such visits, whether they are made before or after the constitution of the short list is known. In the case of candidates traveling from abroad, traveling expenses are normally payable only from point of entry to the United Kingdom

Appendix 2 –

Proposed Job Plan Consultant Haematologist

An indicative job plan is shown below for illustration purposes only

	Morning	Afternoon	DCC		SPA		ANR	
			Hrs	PA	Hrs	PA	Hrs	PA
Mon	Inpatient Ward Round and Laboratory reporting	Supporting Professional Activity	4	1	4	1		
Tue	Outpatient Clinic	Outpatient Clinic Clinic admin	8	2				
Wed	Outpatient Clinic	Clinic admin Laboratory reporting	8	2				
Thur	Outpatient Clinic	Clinic admin Supporting Professional Activity	6	1.5	2	0.5		
Fri	Haemato-Oncology Multi-Disciplinary Team Meeting (Newcastle)	Day Unit and Inpatient Ward Round and Laboratory reporting	8	2				
Sat	On call (Cumbria 1:7 rota)							
Sun	On call (Cumbria 1:4 rota)							
		TOTAL	34	8.5	6	1.5		

A core element of 1.5 SPAs is allocated to all job plans. These are considered mandatory activities required of all consultants as part of the role. Up to 1.5 additional SPA is available through negotiation of objectives set during the job planning process.

The Job Plan is subject to review once a year by the Consultant and Business Unit Management in accordance with Schedule 3 of the Terms and Conditions Consultants (2003). Either may propose amendment of the Job Plan to help ensure through participating in Job Plan reviews that the Job Plan meets the criteria set out in the Terms and Conditions and that it contributes to the efficient and effective use of NHS resources.

For this purpose, those involved, should have a copy of the current Job Plan including up to date work programmes and relevant departmental statistical information, together with notes provided by either side of any new or proposed service or other developments.

All doctors should be familiar with the GMC requirements governing good medical practice, which is supported by the Trust.

Note: This is an **example** of a weekly timetable, which will be discussed further with the successful appointee. The job plan is subject to review once a year with the Consultant, Clinical Manager, Clinical Director or Clinical Lead.

The successful candidate will be encouraged to develop any particular interest that they have and a timetable will be agreed in advance, to reflect the particular interests of the applicant, the specialist interests of the existing Consultants, and the needs of the Trust.

This job description may change in the future to take account of further changes in light of Service Development and the consultant contract.

Other Duties: Flexible Commitments

The remainder of the appointee's professional time will be deployed flexibly on other clinical duties, administration, teaching, research, clinical audit, continuing medical education and professional development. (Details of this part of the Job Plan arrangements will be agreed with the successful applicant).

Out of Hours Responsibilities including on-call commitments

There is currently a 1 in 4 on call commitment jointly with neighbouring Trusts. It should be noted under the Terms and Conditions Consultants (England) 2003, schedule 2, paragraph 1, it states that a Hospital Consultant has continuing clinical and professional responsibility for any patient admitted under their care.

Appendix 2 - Person Specification – Consultant Haematologist

REQUIREMENT	ESSENTIAL	DESIRABLE
Education & Qualifications	<p>Full and Specialist registration (and with a current licence to practise) with the General Medical Council (GMC), or be eligible for registration within six months of interview.</p> <p>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.</p> <p>Applicants that are non-UK trained, will be required to show evidence of equivalence to the UK CCT</p> <p>FRCPATH (Fellow of the Royal College of Pathologists) or equivalent.</p>	
Experience & Knowledge	<p>Clinical training and experience in the relevant specialty, equivalent to that required to gain entry to the UK Certificate of Completed Training (CCT) in Pathology.</p> <p>High standard of clinical skill and expertise in Pathology.</p> <p>Clinical Governance Ability to offer expert clinical opinion on range of Pathological problems both emergency and elective.</p> <p>Ability to take full and independent responsibility for clinical care of patients.</p>	<p>APLS</p> <p>ATLS</p> <p>Inter-hospital transfer training</p>
Management & Administrative	Ability to advise on efficient and smooth running of Pathology	Experience of audit management

	service. Ability to cover on call.	
Teaching	Experience of, and commitment to teaching undergraduate and postgraduate medical staff.	Experience of teaching basic clinical skills to undergraduates Experience of supervising SpR's Teaching of non-medical health professionals. Educational Qualification
Research, Audit and Clinical Governance	Experience of, and commitment to, medical audit.	Ability to supervise postgraduate research Publications in referred journals
Communication skills and abilities	Empathetic and sensitive approach to patient needs Approachable and effective Multi-disciplinary team member with excellent interpersonal skills Team loyalty Positive approach to lessons learnt Confident approach without being arrogant	IT Skills Presentation skills
Continued Professional / Personal Development	Demonstrable evidence of lifelong learning. Reflective approach to personal development with an ability to acknowledge and effectively manage poor performance. Participation in appropriate peer review processes.	