

# **Consultant in Haematology (Substantive, 10 PAs)**

## **Job Description**



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## SECTION 1 - ABOUT THE TRUST

The North Middlesex University Hospital NHS Trust is a medium-sized acute and community trust with over 525 beds and over 600 community staff, serving more than 600,000 people living across Enfield and Haringey and the surrounding areas, including Barnet and Waltham Forest.

The hospital has been on its present site for over 100 years and was established as an NHS trust by statute in December 1990. The Trust's services are provided on the North Middlesex University Hospital site as well as a range of community sites across the London Borough of Enfield, including at partner hospitals. They provide services in collaboration with a range of partners, including local GPs, acute, mental health and other community health service providers across North Central London.

In the year ending 31 March 2022, the Trust reported a turnover of £419.7m and employed almost 4,000 staff. Following the transfer of Enfield Community Services on 1st April 2023, this has increased as we have welcomed over 600 new staff including District Nurses, Community Matrons, Community Physiotherapists, Psychologists and many more across a wide range of adult and children's community services in Enfield. It is an exciting time to join North Mid as we continue our journey to become an integrated care organisation to deliver high quality, seamless care in our local communities, with a focus on tackling health inequalities.

North Mid is part of North Central London integrated care system – consisting of the NHS and Local authority organisations in Camden, Islington, Barnet, Enfield and Haringey. As with other ICS's, we are working increasingly closely with partners and indeed many of our financial and performance objectives are measured at this system level. Whilst all organisations remain as standalone, statutory bodies we have an ICS infrastructure for making shared decisions and agreeing shared approaches.

We are proud of our staff and want to ensure their training allows them to provide excellent clinical care. We are also a training unit for medical students from UCL and St George's University Grenada, and for nursing and midwifery students from Middlesex and City Universities.

### **Our Vision**

At North Mid, we've set out sights on Trust North: a set of five clear ambitions which describe our vision for our Trust.



### **Trust Strategy**

The key objectives for the Trust in 2022/23 were based on our vision to provide outstanding care for local people:

- Excellent outcomes for patients
- Excellent experience for patients and staff
- Excellent value for money.

The organisation will continue to work in developing and enhancing the skills of the staff it employs. This will be in line with the patient safety strategy to deliver improved quality in clinical practice and also through enhancing the clinical management and leadership skills within the organisation. The clinical strategy for the next 5-10 years is anchored on delivering high quality emergency clinical services and networked specialist care to our local population in partnership with our local CCGs and other healthcare providers.

### **The North Mid and Royal Free London Partnership**

Following several years of closer working between North Middlesex University Hospital NHS Trust and the Royal Free London group, we are now looking at how we could come together as one organisation. We believe it would enable us to go further and faster in improving services for patients and improving the health of our local community.

North Mid has been a clinical partner with the Royal Free London group since 2017 and we have been in a formal partnership since 2021. Our experience has shown that we can achieve more together than we can apart, delivering better care for local people and more opportunities for our staff.

Over the coming months we will be developing detailed plans for coming together, with North Mid potentially merging to become part of the Royal Free London group alongside Barnet Hospital, Chase Farm Hospital and the Royal Free Hospital.

Our hospitals would continue to provide the same local services. At North Mid, these include A&E, maternity, intensive care, paediatrics, acute surgery, medicine and community services.

However, by coming together as one, we expect to be able to deliver:

- reduced waiting times
- improved access to specialist care locally
- better joined-up community services
- greater opportunities to benefit from the latest medical research and trials of new treatments
- more coordinated action to help people stay healthy, with screening and early intervention services tailored to our different communities.

The plans we are developing will form a business case which will then need to be approved by both trusts' boards and NHS England. We are working to have the business case completed by summer 2024 and to bring the organisations together in autumn 2024.

Until then, we will continue working together as we do now to provide the best possible care for our patients. We will be talking with our staff, patients and local communities to explain our plans so they can help shape the improvements made possible by our new shared future.

### **Our digital strategy**

We have developed ambitious plans to modernise our information technology over the next three to five years. The “Global Digital Exemplar – Fast Follower” programme started in January 2019 and brings £12m investment within 3 years to achieve:

- clinical noting replacing most paper-based documentation
- electronic prescribing to make the use of medication safer
- mobile devices for nurses to document patient encounters and identify patients at risk
- a new mobile team communication system to replace most pagers
- information exchange with other NHS providers and primary care across North Central London
- working towards a patient portal that promotes patients’ active involvement in their care
- clinician’s involvement in the design, configuration, testing and implementation of these systems.

### Trust Values

At North Middlesex University Hospital we provide great care to our patients. As colleagues we are enthusiastic about being the local hospital of choice and this rubs off on our patients. But the way we do things is also important, and by demonstrating the values and behaviours chosen by staff and described in this leaflet, we can make North Mid an even better place to work and receive care.

### Our values and expected behaviours

You are part of Team North Mid, a workforce over 3,500 strong. A big part of working here is having a culture and values that help us to achieve our vision of delivering outstanding care to local people.

#### We are caring:

What it means	Our behaviours
<ul style="list-style-type: none"> <li>• We are compassionate and take time out to check on colleagues and patients</li> <li>• We are understanding and recognise each other as individuals</li> <li>• We are committed to improving our community for colleagues, patients and carers</li> </ul>	<ul style="list-style-type: none"> <li>• Showing empathy</li> <li>• Being curious</li> <li>• Showing humility</li> <li>• Listening to others</li> </ul>

#### We are fair:

What it means	Our behaviours
<ul style="list-style-type: none"> <li>• We respect and understand each other’s differences and backgrounds</li> <li>• We are consistent with providing realistic, clear expectations and constructive feedback</li> <li>• We are always looking for opportunities to develop all our staff and our services</li> </ul>	<ul style="list-style-type: none"> <li>• Being consistent</li> <li>• Listening to others</li> <li>• Supporting each other</li> </ul>

#### We are open:

What it means	Our behaviours
<ul style="list-style-type: none"> <li>• We embrace change and continuously challenge ourselves and colleagues to create meaningful improvement</li> <li>• We ask for help when we need it; we offer help when we see a colleague struggling and we are always open to challenge</li> <li>• We actively look for new ways of working and explore new partnerships across teams, divisions and organisations</li> </ul>	<ul style="list-style-type: none"> <li>• Speaking up</li> <li>• Being curious</li> <li>• Learning from mistakes</li> </ul>

These values are extremely important to us and we expect everyone who works at the Trust in any capacity to share and uphold these values. Further information on the Trust’s values is available on our website.

## Management Structure

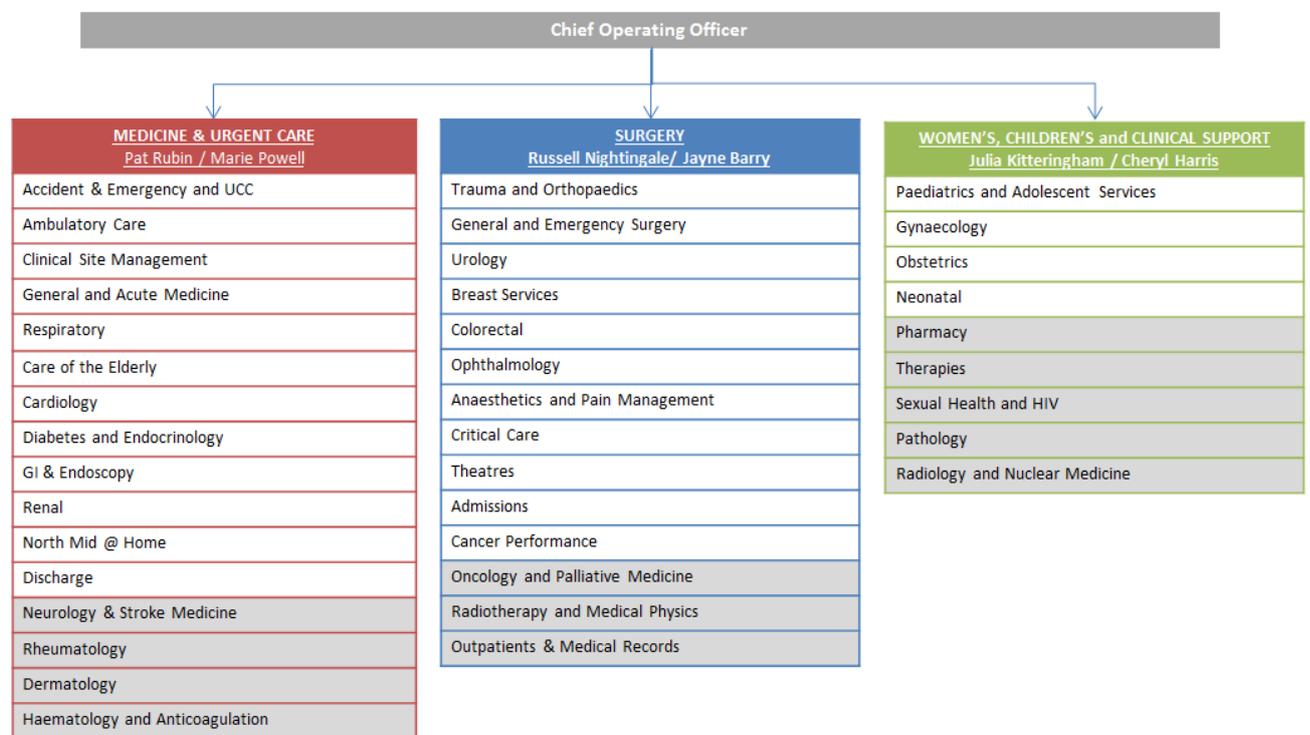
### The Executive team are:-

Chief Executive Officer	Nnenna Osuji
Medical Director	Dr Victoria Jones
Chief Nurse	Leonard Byrne
Chief Operating Officer	Shola Adegoroye
Director of Strategic Development	Richard Gourlay
Chief Finance Officer	Bimal Patel
Director of Human Resources	Mark Vaughan

### The operational structure comprises 4 Divisions:

- Medicine and Urgent Care Services
- Surgical, Anaesthetics, Critical Care & Associated Services
- Women’s, Children’s, Cancer & Diagnostic Services
- Community Services

Each Division has a Divisional Clinical Director, a Divisional Director of Operations, and a Divisional Director of Nursing, AHP’s and Quality. This team is supported by Clinical Directors, Service Managers and Matrons.



## SECTION 2 - ABOUT THE DEPARTMENT

The clinical haematology department lies within the Medicine and Urgent Care Division under Medical Specialities. The managerial triumvirates comprise of-

### **For Medicine and Urgent Care:**

Divisional Director	Dr Jayne Lim
Divisional Director of Operations	Ms Jane Harpersmith (Interim)
Divisional Director of Nursing	Ms Zilpah Okeyo

### **For Medical Specialities:**

Associate Divisional Director	Miss Ashwini Kulkarni
General Manager	Mr Clark Richardson
Associate Director of Nursing	Mr Pedro Silva

### **For Haematology:**

Clinical Director	Dr Dev Mukerjee
Clinical Lead	Dr Sajir Mohamedbhai
Haematology Service manager	Ms Kimberly Ellis

### **Facilities and services**

The Clinical Haematology Department at NMUH offers care for a whole range of haematological conditions, with the exception of haemophilia, intensive treatment of acute leukaemias, stem cell and bone marrow transplantation and CART cell therapy. It is a recognised specialist centre for red cell disorders.

Our services are based around:

- An average of 15 inpatients under the care of the team at any one time.
- Podium 1 ward, which is shared with oncology, which has dedicated single rooms with en-suite facilities. This is staffed by chemotherapy-trained nurses
- Tower 4 (T4) is currently shared with Gastroenterology and has 10 beds assigned to red cell haematology.
- 2 haematology day case units
  - Red Cell and Sickle Day Unit for haemoglobinopathy patients receiving blood transfusions and other booked day care procedures, including automated exchange transfusions. This is currently based on Pymme's Ward and has recently been renamed the Evan Nathan Smith Sickle and Thalassaemia Day Care Unit.
  - Chemotherapy Day Unit shared with oncology where outpatient chemotherapy is administered as well as day procedures eg. venesections, transfusions and infusions.

### **Outpatients**

Outpatient services run every day of the week offering consultant-led clinic sessions. These include the following clinics- 2 adult red cell and one paediatric haematology (run jointly with the designated paediatrician), 2 general/diagnostic haematology, 1 immune disorders, 1 myeloma, 1 lymphoid malignancy, 2 myeloid neoplasms and 2 thrombosis clinics as well as a monthly joint-. We also have a monthly joint obstetric/haematology clinic. Registrars take part in 3 clinics per week (myeloma, lymphoid,

diagnostic). There are additionally, daily nurse led anticoagulation clinics. Plans are under way for a nurse led MGUS and CLL clinics.

### Inpatient and Acute Care

6 consultants (including the post holder) will participate in a monthly attending rota, when they are responsible for inpatient care of all patients under the haematology team, inpatient referrals.

NMUH has a large emergency workload, with one of the busiest A&E Departments in London. NMUH has an acute medical care model with currently 2 dedicated acute assessment wards in the Trust. There is a same day emergency care (SDEC) facility, as well as an ambulatory medical care unit. There is an HDU and 12-bed ICU.

### Senior Medical Staff

Consultants	Special Interests	Additional Responsibilities
This post - 10.5 PAs (1.05 WTE NMUH)	50% Red Cell 50% other interest	Co-lead role in red cell for Red Cell Services Undergraduate teaching lead
Dr Sajir Mohamedbhai 12.5 PAs (0.75 WTE NMUH; 0.5 WTE UCLH)	Lymphoid malignancies, General haematology	Clinical Lead
Dr Chris Mitchell 11.5 PAs (1.15 WTE NMUH)	Thrombosis and Haemostasis, Myeloid neoplasms, General haematology	Audit and Governance lead, Thrombosis and VTE lead
Dr Neil Rabin 11.5 PAs (0.55 WTE NMUH; 0.6 WTE UCLH)	Plasma cell disorders	Cancer Lead, R&D lead
Dr Marilyn Roberts-Harewood 6PAs 0.60 WTE	Red cell disorders Paediatric/Adolescent red cell Haematology	
Dr Stephen Boyd 10.5 PAs (0.75 WTE NMUH; 0.30 WTE UCLH)	Red cell disorders Transfusion General haematology	Co-Lead for Red Cell Services Specialist Network Transfusion Lead, Senior Trainee Lead
Dr Sameer Gandhi – fixed term locum until Oct 2023 (1.0 WTE NMUH)	Myeloid neoplasms, general haematology, laboratory haematology	Junior Trainee Lead,

### Junior Medical Staff

3 Specialist Registrars (ST3+) on the NCL Specialist Training Programme (London Deanery)

1 ST3+ equivalent Senior Clinical Fellow

1 Internal Medicine trainee (IMT)

1 Junior Clinical Fellow (CT1-2 level)– who take part in an out of hours Specialist on call rota with Oncology.

1 Medical Support Worker

The 3 SpRs and 1 SCF work in rotation for in-patients, clinics, and laboratory services, and also take part in a 1:4 weekend junior on call rota to support the non-resident on-call consultant on Mondays, Fridays, Saturdays and Sundays.

### **Key non-medical staff**

- 1 Band 8b Nurse Consultant for Haemoglobinopathies
- 1 Band 7 Blood Transfusion Practitioner
- 1 Band 7 Ward Manager for Red Cell Day Unit
- 0.70 WTE clinical psychologist for the red cell service
- 10 Band 4-6 nurses provide blood transfusion and apheresis support
- 3 Anticoagulation Specialist nurses
- 1 Thromboprophylaxis Specialist nurse
- 2x 1.0 WTE Cancer Specialist nurses (CNS)
- 1 Anticoagulation pharmacist (for community DVT and 1 anticoagulation clinic per week)

### **Support Staff**

- 2 WTE medical secretaries provide administrative support to the medical team
- 0.40 WTE data manager supports the haemoglobinopathy network and data collection

### **Administration**

The department holds a weekly Education meeting and a monthly mortality/morbidity review meeting. The Haematology team meet at least twice a month to discuss service development and departmental issues and governance matters.

The Hospital Consultant body meets monthly as the Medical Staff Committee to discuss issues affecting the Medical Staff as a whole.

All consultants are expected to participate in the management of their own Department and the Hospital as a whole. They will be supported to further develop their management and leadership skills.

### **NMUH as an SHT and Network Specialist Centre for Haemoglobin Disorders**

NMUH is recognised as a Specialist Haemoglobinopathy Team (SHT) in London by NHS England. There is a large and still growing haemoglobin disorder practice. Around 800 patients with sickle cell disorders (including 300 children) and about 40 patients with major thalassaemia syndromes receive comprehensive care at NMUH, from a multidisciplinary team.

The Red Cell Network (TRCN) works in collaboration between UCLH NHS Foundation Trust, The Whittington Health NHS Trust and North Middlesex University Hospital NHS Trust to cover the sickle cell networks across North Central London and East Anglia and to support the provision of specialist and non-specialist haemoglobinopathy services to adults and children with Sickle Cell Disorder, Thalassaemia and Rare Inherited Anaemia. It is led by University College London Hospitals NHS Foundation Trust as responsible Haemoglobinopathy Coordinating Centre (HCC). The Red Cell Network's service ethos is to provide a high-quality service, in line with the requirements laid out by the Specialist Commissioning Board, offering a caring, adaptable and patient centred approach to management and long-term care of patients and to build on and spread best practice throughout the Network.

## Red cell service improvement programme

Since early 2022, the Red Cell Service at North Middlesex has been undergoing a major improvement programme both in terms of organisation, leadership, staffing and space. This work is ongoing.

The creation of this second consultant post to support the existing team of 2 consultants with a red cell interest is in line with this.

A new band 8b red cell nurse consultant is in post since November 2022. The Nurse Consultant provides nursing leadership for the service and the Day Unit and also currently operates a clinic once a week.

A dedicated red cell Day unit, recently renamed the Evan Nathan Smith Sickle Cell and Thalassaemia Day Unit, operated from Pymmes Ward, offers 2 red cell apheresis beds and 8 blood transfusion chairs in a spacious and calm environment. It is staffed by 4 band 6 nurses and an HCA band 3.

In the last 18 months, there has been recruitment of a band 7 Day Unit Ward Manager and 3 band 7 ANPs. A further ANP post is being advertised. ANPs are expected to be trained in vascular access and in assessing acutely unwell sickle cell patients and eventually be able to become accredited nurse prescribers.

A band 6 genetic counsellor post has recently been filled and they review patients referred for pre-conceptual advice/genetic counselling as required.

There are plans under way to soon launch a Hyperacute Sickle Unit, with dedicated funding from NHS England. This will allow red cell patients to bypass A&E during working hours for prompt and directed review by a specialist team of nurses and doctors, which we hope will improve the overall experience and outcomes of our users.

The Community Red Cell Service is being re-developed, with recruitment of a Community Matron band 8a, 3 band 7 Community Adult Haemoglobinopathies Nurse Specialists, and a Band 6 Community Adult Haemoglobinopathies Nurse. The service will operate from the St Ann's Hospital site (George Marsh Centre). The focus will be to accept urgent referrals (routine and urgent) for haemoglobinopathy patients including those who are classed high-intensity service users:

1. with poorly controlled pain
2. who have been recently discharged from the acute setting or virtual ward and at high risk of re-admission
3. who have complex blood test and general condition management requirements
4. who have run out of essential analgesia, with assistance following nursing input to create stronger links with GP to prevent such instances.

Funding has been secured for an additional a 0.70 WTE Clinical Psychologist to complement the existing 0.70 WTE Clinical Psychologist in who already works closely with our Haemoglobinopathy patients and runs dedicated clinics.

The Trust has established a contract for out-of-hours emergency red cell apheresis for our sickle cell patients requiring this.

We have implemented the use of PCAs for patients with trained staff on our dedicated T4 ward.

There is a Pain Service run in conjunction with a Consultant Anaesthetist, Clinical Psychologist and Medical team.

There is monthly joint Haematology-Obstetric clinic which also reviews pregnant women with haemoglobinopathies as well as other haematological problems.

We have dedicated pathways for referring patients with red cell disorders requiring Orthopaedic and General Surgical input.

## **Haemato-Oncology**

We offer haemato-oncology services up to level 2b - intensive treatment of acute leukaemias and some lymphomas is provided at UCLH. The service operates as a single level 2 MDT with Princess Alexandra Hospital (Harlow). There are designated clinics for patients with lymphoma, myeloma, and other malignant conditions. There is close liaison with a named clinical oncologist where appropriate and the hospital has an emergency SCC pathway for cord compression involving Clinical Oncology and Neurosurgery at NHNN in Queens' Square.

Patients are supported by two full-time haemato-oncology CNSs.

There is a weekly MDT with Princess Alexandra Hospital (Harlow) supported by a radiologist. When there are complicated lymphomas or acute leukaemia patients to discuss we join the weekly MDT held at UCLH.

## **Anticoagulation and VTE prevention**

The anticoagulation service is nurse led and provides out-patient clinics daily. There are currently 4 CNSs, trained in the initiation of warfarin and the DOACs. Dr Mitchell is the current clinical lead for the anticoagulation service. The outpatient VTE service is run by the ambulatory care unit ANPs.

The anticoagulation service currently provides:

- Daily initiation clinics
- Daily warfarin INR monitoring clinics
- Weekly bridging clinic
- Weekly virtual clinic

It caters for about 1300 patients on warfarin, with an average of 30 new patients per week and 30 new VTE cases per month.

The anticoagulation CNSs take part in monthly hospital-associated thrombosis identification and RCA reporting to the Patient Safety and Outcomes committee.

There is a monthly departmental meeting and a quarterly governance meeting.

There is currently a drive to improve the service and better integrate it with trust-wide VTE treatment and prevention.

There is an established Hospital Thrombosis Team reporting to the multidisciplinary hospital Thrombosis Committee. The latter addresses issues raised by the NPSA safety alert, NICE guidance and Chief Medical Officer's requirements relating to safe anticoagulant practice and the prevention of thrombosis in hospitalised patients.

## **Laboratory Haematology**

Pathology services at NMUH are provided by Health Services Laboratories (HSL), a partnership formed by UCLH, RFH and The Doctors Laboratory (TDL) with NMUH as a customer. HSL currently operates a new rapid response laboratory (RRL) on the North Middlesex site since summer 2016. A large state of the art core laboratory facility at 1 Mabledon Place, near Kings Cross has recently been completed. This initiative has been developed in response to the Carter Report (2006) "Review of NHS Pathology Services in England" that recommended centralised and networked services in the interest of economy and quality, and is strongly supported by local commissioners in the North Central London Cluster.

HSL is fully committed to services being clinically led with involvement from all Pathology clinicians. All consultant contracts have remained with the NHS Trusts and under NHS terms and conditions.

Responsibility for morphology reporting on blood films and bone marrows, to which they put their name, remains with the Consultants, as does clinical advice given on the basis of results generated by the laboratory. One of the consultant haematologists is designated laboratory lead for haematology, with this role assigned in the team job planning process.

#### Haematology and Blood Transfusion

A modern fully automated Haematology and Blood Transfusion laboratory is based in the RRL offering a 24/7 service for North Middlesex Hospital patients and local GP practices. The service is run by two Senior Managers, 4 Senior Biomedical Scientists and 24 cross-trained Biomedical Scientists and support staff.

#### Major items of equipment

FBC analysers x 3	2x Sysmex XN10 and 1 x Sysmex XN20
Coagulation analysers x 2	Sysmex CS2500
HPLC	Bio Rad® Variant 2
HbA1c	TOSOH G11
ESR	Interliner
Automated Blood Group analysers x 2	Ortho Vision

Specialist testing is performed at the core lab in the Halo Building at King's Cross. This includes haemoglobinopathies, leukaemia diagnostics and molecular testing. Factor assays, testing for lupus anticoagulant, inhibitors and thrombophilia are performed at the Royal Free Hospital.

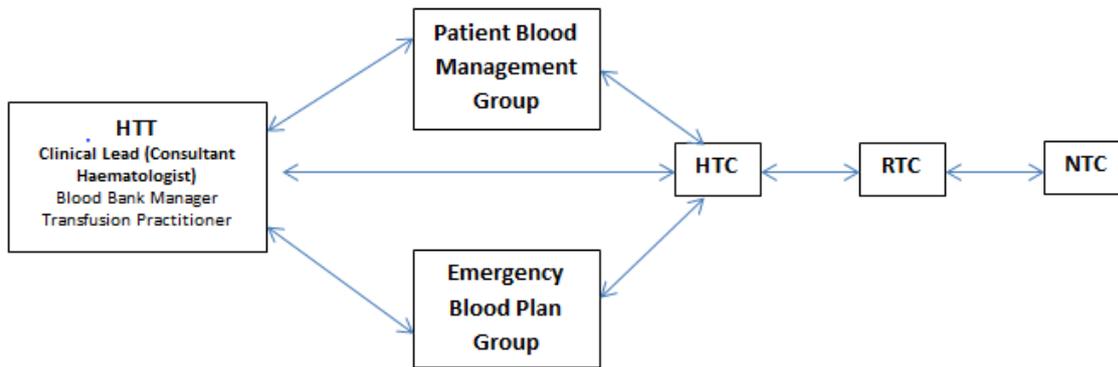
The Haematology and Transfusion laboratory is fully UKAS accredited to ISO standard 15189: 2012. The transfusion laboratory is also fully MHRA compliant.

All aspects of the laboratory service participate in the external quality assurance via UK NEQAS schemes. The laboratory is fully committed to the training of new Biomedical Scientists towards having full HCPC registration.

Oversight of the haematology laboratory is provided through a monthly Haematology Incident review meeting, which feeds into the monthly Local Operations Committee (LOC) meeting, attended by the Specialty Clinical Leads, service user representatives and the RRL laboratory and quality managers. The LOC in turn feeds into the Operations Management Group, which includes the RRL manager, HSL Clinical Lead, senior management and quality managers, the Clinical Leads for specialty pathology and contract managers.

The governance structure of the blood transfusion laboratory is similar with a monthly Blood Transfusion Incident review meeting feeding into the monthly LOC and OMG meetings.

Peer review of the Trust's transfusion practice occurs through the Hospital Transfusion Committee, HTC, in keeping with national guidelines, this meets quarterly. The Hospital Transfusion team, HTT meets monthly and feeds into the HTC. The work of the HTT and HTC is supported by sub groups- the Patient Blood Management Group and the Emergency Blood Plan Group. The HTC is supported by the Regional transfusion committee which disseminates and implements actions from the National transfusion committee.



### SECTION 3 - ABOUT THE POST AND DUTIES OF THE POST

#### Post Details

Job Title	Consultant Haematologist
Division	Medicine and Urgent Care
Professionally Accountable to	Medical Director
Responsible to	Clinical Director & Divisional Director
Type of contract	Substantive
Number of Pas	10 PAs
Base	North Middlesex University Hospital

#### Background to the post

This post is available for 10 Programmed Activities (7.5 PAs direct clinical care and 2.5 PAs supporting professional activities) and the provisional timetable has been written to reflect this.

Applications for less than full time working would be considered.

#### Duties of the post

The successful applicant will join a friendly and dynamic team to provide a full range of Clinical Haematology services at NMUH.

The post-holder will have a comprehensive training in haematology and will be capable of handling the range of clinical and laboratory haematology problems that occur in the setting on a district general hospital.

The post-holder will have an **interest in red cell disorders** and will have an active **co-leadership role** in developing the red cell services at the NMUH site and in the community. They will also collaborate actively with other colleagues with the Red Cell Network (RCN) and the HCC to ensure provision of excellent red cell care at NMUH. They will undertake at least one weekly red cell outpatient clinic. They will provide clinical leadership and oversight for patients attending the Sickle and Thassaemia Day Unit and the proposed hyperacute sickle unit (HASU).

They will also be encouraged to contribute to develop **areas of interest of their own preference**, subject to discussion with the clinical and divisional leads, with a focus on non-malignant haematology (e.g diagnostic haematology and thrombosis) or malignant haematology and work alongside other consultants within the Department to review a proportion of the Haematology referrals from primary care and from within the Trust, including two-week wait referrals.

An interest in **education** is highly desirable and the postholder will be expected to take up a lead role in supporting teaching for UCL and St George's University (Granada) undergraduate medical students who regularly rotate within the Department.

The appointee will be expected to work with other specialities to develop service pathways and to develop the department's **research** portfolio in non-malignant haematology.

The appointee will be expected to contribute to further development of services to deliver the highest quality of clinical care and to help maintain the haematology department's reputations as centres of excellence in service delivery, teaching, research, and training.

### **General Responsibilities as Consultant in Haematology**

Consultants have continuing responsibility for the care of patients in their charge and for the proper functioning of their department. They are expected to undertake administrative duties associated with the care of their patients and the running of their clinical departments. The post holder will share with their consultant colleagues the full range of clinical, laboratory and teaching/training workload of the department. The appointee is expected to work with Consultant colleagues to ensure adequate clinical input and support for the routine and emergency work offered at NMUH by the RRL. They will supervise trainees in blood and bone marrow morphology reporting on dedicated weekday sessions and out-of-hours when on-call.

The following is not an exhaustive or exclusive list of the duties of a consultant. The appointee is expected to:

- Provide senior clinician services to clinical haematology as per job plan or as agreed within the Trust.
- Provide senior clinician services to area of special interest as per the job plan or as agreed within the Trust. The appointee is expected to provide expertise and leadership on thrombosis, laboratory and transfusion matters and work with colleagues to ensure the most efficient use of NHS resources.
- Work with consultant colleagues and nursing staff to ensure efficient use of Trust's resources and contribute actively to clinical governance in the department and to development of quality enhancement projects in the unit.
- Show flexibility and undertake different appropriate clinical tasks within allocated DCC sessions at the request of the clinical manager, as the need arises.
- Actively participate in the Unit's Teaching Programme and undertake supervision, teaching and training of medical trainees and other multi-professional staff, in line with guidance from the relevant Royal Colleges or specialty bodies.
- Actively participate in clinical governance, including development of guidelines, quality improvement and CPD.

### **Responsibility for inpatients**

All haematology consultants have admitting rights to any acute medical bed available at NMUH.

The Consultants operate an 'attending' system for all Haematology in-patients for one calendar month at a time, on a rotating basis: 1:4 for this post. There are 10 – 20 in-patients at any one time, comprising of a variety of haematology-oncology patients, sickle cell patients, and a small number of general haematology patients.

The attending consultant (on-call consultant at weekends) will provide an initial assessment of patients within 14 hours of admission, in keeping with the London acute care standards. They will be supported by at least one ST3+ and one CMT/CT1-2 level trainee in providing inpatient care.

Patients normally under the active care of a haematology problem will be admitted under the haematology team. The attending consultant has the overall responsibility for their care until discharge, particularly:

- Regular consultant review in person at least twice a week or as required
- Clinical supervision of the trainee doctors looking after inpatients
- Close collaboration with nursing and associated health professionals in the trust and in the community
- Liaison with the patient's usual consultant or sub-specialty leads, particularly around strategic treatment decisions
- Proactive writing and monitoring of management plan, including unblocking of organisational delays where needed
- Proactive discharge planning
- Oversee the generation of discharge summaries

There is an expectation that the post-holder will support their attending colleagues wherever possible or required, to help achieve the Trust senior review requirement- need to review newly admitted patients to ensure correct early management if the ward attending Consultant is in Clinic or offsite (as may be the case for colleagues with commitments off-site at other Trust). This role is shared with other colleagues who are on-site on such occasions and has a proportionate PA allocation in the indicative job plan.

### **Outpatient responsibilities**

The post holder will hold 3.5 regular clinics per week at NMUH, including:

- A weekly red cell clinic
- A weekly clinic seeing new referrals including 2WW patients
- A clinic based on the applicant's interest (subject to discussion)
- An alternate week clinic of the applicant's interest (subject to discussion)

It is agreed that the post-holder will reduce their clinic activity when attending on the ward where this clashes with their ward round (Monday am and Thu am)

### **Other Responsibilities**

The appointee will be expected to take responsibility for maintaining their continuing medical education to the standard set by the relevant Royal College and to plan their continuing professional development jointly with the Trust to develop the clinical service.

The successful applicant will be encouraged to establish informal links with the other consultants in the hospital, and it is hoped that they will establish collaborative research with other departments.

All consultants are expected to participate in the management of their own Department and the Hospital level and will be encouraged to develop their management and leadership skills. It is expected the post holder will attend their divisional management meetings, where possible.

The post holder will be provided with access to a dedicated office space with online computer facilities and shared secretarial support.

Consultants have continuing responsibility for the care of patients in their charge and for the proper functioning of their department. They are expected to undertake administrative duties associated with the care of their patients and the running of their clinical departments. The appointee will be expected to take responsibility for maintaining their continuing medical education to the standard set by the relevant Royal College.

### **Education and training**

The North Middlesex University Hospital has gained a reputation for teaching excellence in the region due to our dedicated consultant teachers and a rich variety of clinical cases. Formal teaching sessions are organised differently in various departments.

The post-holder will be expected to teach junior doctors regularly as agreed with the Specialty Lead.

### **Clinical Governance**

This appointee is expected to contribute actively to developing clinical governance in our department.

The GMC's Good Medical Practice guidelines form the basis of the responsibilities and standards expected of the Trust's consultants. All newly appointed consultants will be issued with an Induction Programme and mandatory training, all aspects of which are mandatory. There is a well-established annual appraisal process for all consultants and non-consultant career grades in the Trust.

The appointee will be expected to fulfil the relevant Royal College's requirements for Continuing Medical Education (CME) or Continuing Professional Development (CPD) as a minimum.

### **Quality Improvement, Clinical Audit and Guidelines**

The Trust considers quality improvement an essential part of everybody's job, particularly for clinical leaders including all consultants. As we implement our new QI strategy, we will provide our leaders with training in QI methodology and adapt our clinical audit programme to fit into this. As a consultant you are expected to contribute actively to this activity. The post holder will work with colleagues and the Clinical Audit and Effectiveness department to ensure that relevant clinical audit is carried out.

### **Undergraduate Education**

As a University Hospital of the University of London, the hospital has a substantial commitment to training of medical students from the University College London (UCL) Medical School and is one of the two centres outside the teaching hospitals for UCL Final MBBS examinations. Many consultants are recognised teachers of UCL. Medical students of St. George's University International School of Medicine in Grenada also attend for varying periods in different specialties.

### **Postgraduate Education**

The hospital has recently redeveloped its Education centre with modern facilities, including a dedicated simulation suite and a comprehensive medical library. The Hospital has an excellent reputation for its postgraduate medical education. There are regular FRCS, MRCP, DCH and MRCOG courses held and ongoing MRCP training. ALS and other similar courses are conducted locally.

### **Flexible job planning**

Candidates wishing to work less than full time are invited to discuss their interest. Job share arrangements and other adaptation of the job plan to the suitable candidate's needs may be accommodated if the evolving service needs can be met.

### **Indicative Job Plan/Timetable**

An indicative job plan/timetable for this post with indicative Programmed Activities (PAs) is provided below. A formal job plan will be agreed between the appointee and their clinical manager in line with the Job Planning Guidelines in force in the Trust. Once agreed with the clinical manager, job plans are signed off by the Divisional Director and reviewed annually, as per the provisions of the Consultant Contract for England 2003 under which this post is offered.

It is Trust policy to offer a DCC (Clinical activity, clinically related activity, predictable & unpredictable emergency work) to SPA (CPD, teaching and training, governance, research) split of 8.5 to 1.5 PAs for new full time (10 PA) appointees. An additional 1 SPA is available to all Consultant Staff subject to review and agreement for where quality and service roles which must be approved prospectively by the Clinical Director, or by the Medical Director for Trust-wide roles. In this post, 0.5 SPA will be allocated to red cell leadership and 0.5 SPA to Undergraduate Medical Education.

This Job plan assumes 42 weeks of work per year [excluding annual and study/ professional leave] and is based on a 7.5 DCC:2.5 SPA split. Weekday/weekend on-call frequency is 1 in 5 (non-residential; supplement band B and with a 0.5 DCC allocation). There is a shared attending consultant rota which will be 1:4 for this post.

#### INDICATIVE JOB PLAN/TIMETABLE

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Ward round (when attending) (0.5 PA)  Education/training (0.5 Core SPA)	RC MDT/ RC Operational Meeting (0.5 PA)	General clinic (1PA)	Ward round (when attending) (0.5PA)  RC screening laboratory MDT (monthly)  RC co-lead and governance (0.5 additional SPA)	Specialist clinic (1PA)
PM	Radiology meeting / Department meeting (0.5 PA)  Undergraduate medical lead (0.5 Additional SPA)	Alternate week clinic (TBC) (0.5 PA)  Haemato- Oncology MDT (0.5 PA)	Red cell clinic (1PA)	Laboratory cover (0.25 PA)  Clinic/admin (1.0 PA)	Audit / governance (0.5 core SPA)  CME (0.5 core SPA)

On Call DCC= 0.5 PA

#### PA ALLOCATION

<b>Role/objective</b>	<b>SPA/DCC</b>	<b>Allocation</b>
Clinics/admin	DCC	4.5
MDTs	DCC	0.75
Laboratory reporting	DCC	0.25
Attending	DCC	1.0
Handover	DCC	0.5
On-call	DCC	0.5
Governance	SPA	0.5
CPD/CME	SPA	0.5
Teaching and training	SPA	0.5
Red cell co-lead	Additional SPA	0.5
Undergraduate lead	Additional SPA	0.5
<b>TOTAL</b>		<b>10 (7.5 DCC; 2.5 SPA)</b>

## SECTION 4 - GENERAL INFORMATION/CONDITIONS OF EMPLOYMENT

### **Management**

The Trust Doctor will be managerially accountable to the Department Lead for Palliative Care. Office facilities and administrative support will be provided within the Service. Annual Professional Development and Review procedures will be administered by the named Educational Supervisor, one of the consultants in Palliative Medicine.

Intention to give notice and terminate this contract must be given in writing one month before the planned date of leaving the organisation.

### **Annual Leave**

Annual leave is given in accordance with the Trust's Policy for Annual Leave for Medical Staff Doctors are expected to plan their annual leave well in advance so that their absence is not detrimental to the service. They should ideally give 6 weeks' notice of intention to take leave.

### **Study and Professional Leave**

Study and professional leave is given in accordance with the Trust's Policy for Study Leave for Medical Staff. Trust doctors are currently entitled to some assistance with expenses associated with approved study leave at the discretion of the Division. Doctors are expected to plan Study Leave in advance so that their absence is not detrimental to the service.

## TRUST STANDARDS

### **Equal, Diversity and Inclusion**

The Trust is committed to fair and transparent recruitment and selection procedures and to providing a workplace where all staff are treated with respect and feel included. It is the aim of the Trust to ensure that no job applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation.

### **Health & Safety**

Employees must be aware of the responsibilities placed on them under the Health & Safety at Work Act 1974 to maintain a safe environment for both staff, patients and visitors, to observe obligations under organisational and departmental Health & Safety policies, maintaining awareness of safe practices and assessment of risk.

### **Data Protection and Caldicott**

To obtain, process and use information (held on computer and manual filing systems) in a fair and lawful way. To hold person identifiable information for specific registered purposes and not to use, disclose or transfer person identifiable information in any way that is incompatible with the law and Caldicott requirements. To disclose person identifiable information only to authorised persons or organisations as instructed. Email must not be used to transmit person identifiable information between Trust and other premises without advice concerning additional document protection.

### **Customer Care**

The aim of the hospital is to provide patients and clients with the best possible care and services. In order to meet this aim, all our staff are required at all times to put the patient and client first and do their utmost to meet their requests and needs courteously and efficiently. In order that staff understand the principles of customer care and the effects on their particular post and service, full training will be given.

### **Infection Control**

All healthcare workers have an overriding duty of care to patients and are expected to comply fully with best practice standards. You have a responsibility to comply with Trust policies for personal and patient safety and for prevention of healthcare associated infection (HCAI); this includes a requirement for rigorous and consistent compliance with Trust policies for hand hygiene, use of personal protective equipment and safe disposal of sharps. Knowledge, skills and behaviour in the workplace should reflect this; at annual appraisal you will be asked about application of practice measures known to be effective in reducing HCAI.

### **Confidentiality**

Under no circumstances, either during or after the end of your employment (however it is terminated), may you divulge any unauthorised person confidential information relating to the Trust. This includes but is not limited to, information covering patients, individual staff records, industrial relations, financial affairs, contract terms and prices or business forecasts.

### **Clinical Governance**

Staff are expected to provide patients with timely and effective care. Treatment and direct / indirect support must be based on best practice. Everyone is responsible for this and his/her job in the Trust is important in achieving this.

### **Safeguarding Vulnerable People**

It is a basic human right of every child and adult to be protected from harm and NHS Trusts have a fundamental part to play in this. We expect all our staff to recognise signs of vulnerability and to report and act on any concerns in line with policy and guidance contained in 'Working Together - Every Child Matters' and 'No Secrets - guidance on developing multi-agency policies and procedures to protect vulnerable adults from abuse' on which our Trust Policies are based.

### **Rehabilitation of Offenders**

Because of the nature of the work of this post, it is exempt from the Section 4(2) of the Rehabilitation of Offenders Act (1974) by virtue of the Rehabilitation of Offenders Act (Exemption Order 1975). Applicants are therefore not entitled to withhold information about convictions including those which for other purposes are "spent" under the provisions of the Act and in the event of employment any failure to disclose such convictions could result in dismissal or disciplinary action by the Trust. Any information given will be completely confidential and will be considered only in relation to application for positions to which the order applies.

### **Disclosure & Barring Service**

Posts are offered subject to enhanced clearance from the Disclosure & Barring Service.

### **Personal Conduct**

All staff within the Trust are expected to treat other members of hospital staff with courtesy and respect. The Trust's rules and policies including the disciplinary procedure apply to all staff without exception. The attention of consultant medical staff is drawn to the GMC document "Good Medical Practice". The Trust will take this into account when considering the conduct of medical staff in relation to any incident.

### **Security**

It is the responsibility of all employees to work within the security policies and procedures of the Trust to protect the patients, staff and visitors and the property of the Trust. This duty applies to the specific work area of the individual and the Hospital in general. All staff are required to wear official identification badges.

### **Data Protection**

This post has a confidential aspect. If you are required to obtain, process and/or use information held on a computer or word processor you should do it in a fair and lawful way. You should hold data only for the specific registered purpose and not use or disclose it in any way incompatible with such a purpose and ought to disclose data only to authorised persons or organisations as instructed. Breaches of confidence in relation to data will result in disciplinary action.

### **No Smoking**

North Middlesex University Hospital NHS Trust operates a No Smoking Policy and all staff are advised that it is a disciplinary offence to smoke inside or outside Trust buildings or anywhere within the grounds of the hospital.

## **ADDITIONAL INFORMATION**

### **Location**

Situated in Edmonton, North London with a multi-cultural community, the area provides a wide range of facilities and is close to the heart of London. Central London is easily accessible, with Liverpool Street and Kings Cross approximately 30 minutes away by public transport.

### **Benefits**

We want to attract the best and brightest people to work at NMUH and that means looking after you from the moment you apply for a role at the Trust and throughout your career with us. Our staff are our most valuable asset and we believe that investing in colleagues is crucial if we want to enable everyone to reach their full potential.

### **Learning and Development**

As a University Trust, we recognise the importance of investing in our workforce to continue to deliver the right care in the most effective way, based on a sound evidence base and continuing professional development. We offer:

- A structured leadership and management development programme
- Core skills statutory and mandatory training programmes
- A 'one-stop' induction programme for all new staff—introducing you to the Trust, our values and our services
- A structured programme of learning for trainee doctors, student nurses and students across allied health professions
- A coaching network where trained coaches throughout the Trust are matched with staff of all disciplines to provide a powerful development opportunity.
- A wide range of Continued Professional Development (CPD) opportunities, working with partners—such as Middlesex University and University of Hertfordshire, to deliver training and development programmes and support.

### **Health and Wellbeing**

We offer a Health Hub which helps improve staff health and wellbeing across the Trust – encouraging staff to step away from their work and think about their own health. This includes:

- Workshops, challenges and social events throughout the year

- Confidential and safe forums where staff can talk about the emotional impact of their work. ▪ An equality and diversity staff network providing support to all staff.
- Mindfulness bite size taster sessions
- Mini health checks
- Free, confidential counselling services 24/7
- Reduced gym rates at a number of local health clubs/gyms

### **Pay and Annual Leave**

- Generous annual leave: starting at 27 days and increasing after five and 10 years.
- Maternity/paternity and shared parental leave schemes.
- Sick pay for all substantive and permanent staff
- Range of flexible working options across the Trust including compressed hours, term-time contracts, part-time working etc.
- One of the best pension schemes in the UK

### **Road Access and Public Transport**

North Middlesex University Hospital NHS Trust is situated on the North Circular Road, the hospital is within very easy reach of the M25, M1, A1, A10 and A12. The hospital is situated close to the residential districts of North London including Enfield and Winchmore Hill, which all have an excellent environment and schools. Silver Street main line railway station is a 5-minute walk away, with services direct to Liverpool Street Station and Seven Sisters underground Station.

### **Our community services are based in a various location around Enfield including:**

St Michael's Primary Care Centre, Gater Drive, Enfield, EN2 0JB

Lucas House, 305-309 Fore Street, Edmonton, N9 0PD

Forest Primary Care Centre, 308A Hertford Road, Edmonton, N9 7HD Chase Farm Hospital and the Skye Unit, The Ridgeway, Enfield, EN2 8JL Eagle House Surgery, 291 High Street, Enfield, EN3 4DN

Highlands Health Centre, 3 Florey Square, Winchmore Hill, N21 1UJ Bowes Road Clinic, 269 Bowes Road, Enfield, N11 1BD

George Marsha Centre, St Ann's Hospital Site

Bay Tree House, Enfield

For more information about the services available at these locations click [here](#)

**PERSON SPECIFICATION**

**Post Title:** Post

<b>Criteria</b>	<b>Essential</b>	<b>Desirable</b>	<b>How assessed</b>
Qualifications	<ul style="list-style-type: none"> <li>▪ Full GMC specialist registration</li> <li>▪ Full MRCP or equivalent</li> <li>▪ Full and specialist registration (and a licence to practise) with the General Medical Council (GMC) (or eligible for registration within six months of interview)</li> <li>▪ Applicants that are UK trained, must ALSO be a holder of a Certificate of Completion of Training (CCT), or be within six months of award of CCT by date of interview. Applicants that are non-UK trained, will be required to show evidence of equivalence to the UK CCT</li> </ul>	<ul style="list-style-type: none"> <li>▪ Working towards a post graduate qualification</li> <li>▪ NHS experience</li> </ul>	Application form
Knowledge and Skills	<ul style="list-style-type: none"> <li>▪ Competent in basic procedures, physical examination, history taking, infection control</li> <li>▪ Able to prioritise clinical need</li> <li>▪ Understands current clinical issues in general medicine</li> <li>▪ Aware of own limitations, consults senior colleagues appropriately and knows when to ask for help</li> <li>▪ Understands the principles of patient confidentiality and data protection</li> <li>▪ Understands the need for and appreciates the role of audit in clinical practice</li> <li>▪ Understands the principles of clinical governance – ensures patients are not put at risk</li> </ul>	<ul style="list-style-type: none"> <li>▪ Knowledge of UK health systems and practices including the relationship between primary and secondary care and inter professional relationships</li> <li>▪ Knowledge of current issues in the NHS</li> <li>▪ Computer literate</li> <li>▪ Understands the importance and impact of information systems in health care</li> <li>▪ Experience in ambulatory care</li> <li>▪ Competent in the use of ultrasound for practical procedures</li> </ul>	Application form/ Interview

Maintaining Clinical Competence	<ul style="list-style-type: none"> <li>▪ Keeps professional knowledge and skills up to date</li> <li>▪ Potential to benefit from the training available</li> </ul>	<ul style="list-style-type: none"> <li>▪ Demonstrates a critical and enquiring approach to knowledge acquisition</li> <li>▪ Understands the purpose and process of professional training</li> </ul>	Interview
Clinical governance	<ul style="list-style-type: none"> <li>▪ Understanding and experience of clinical audit</li> <li>▪ Participation in reflection and annual appraisal</li> </ul>		Interview / Reference
Teaching and Training	<ul style="list-style-type: none"> <li>▪ Able to contribute to teaching and learning of others in the clinical setting</li> </ul>	<ul style="list-style-type: none"> <li>▪ Teaching qualification</li> <li>▪ Evidence of teaching or training initiatives</li> </ul>	
Communication, relationships and work colleagues	<ul style="list-style-type: none"> <li>▪ Able to communicate clearly in written and spoken English e.g. able to write legible records</li> <li>▪ Able to discuss treatment options with patients in a way they can understand able to establish good working relations with patients and carers and multi-disciplinary colleagues</li> </ul>	<ul style="list-style-type: none"> <li>▪ Understands the responsibilities of being an employee of the NHS</li> </ul>	