

# Consultant Haematologist (10 PAs)

Wye Valley NHS Trust



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## **Section 1 Post Description – General Details**

This newly designed 10 PA replacement post offers both the opportunity to join a progressive department of laboratory and clinical haematology within a small, friendly medical community and also to spend 1.5 core SPA and the option of an additional 1 SPA sessions per week in an area of specialist interest. Examples of this may include: Acting as Chief investigator for a Clinical trial supported by the Birmingham Clinical Trials Unit, participation in the regional SIHMDS integrated pathology reporting group, involvement in the West Midlands Genomic medicine programme or an advanced role in Medical Education.

The successful candidate will work alongside 2.6 WTE Locums plus a team of 3 advances clinical practitioners and three specialist nurses based in the Department of Haematology at Hereford County Hospital.

The Haematology department has a broad clinical workload, and the candidate will be expected to contribute to delivery of this together with providing specialist advice across the Trust. There are various clinical leadership roles available depending on the capability of the candidate.

## Section 2 General Information

Herefordshire is an agricultural border county of outstanding natural beauty with agriculture being the main industry, especially growing hops and cider apples. There is also some light industry. Hereford is a Cathedral city with a strong and vibrant tradition in the arts, particularly music. It is surrounded by a number, of small market towns, many of which have community hospitals where various clinics are held by the consultant staff from Hereford hospitals.

Wye Valley NHS Trust aims to deliver integrated services with our partners across Herefordshire. The key principle of Wye Valley NHS Trust is to improve the health and well-being of the people we serve in Herefordshire (approximate population of 180,000). It also serves the surrounding areas which include referrals from Gwent, Powys (Mid-Wales) and south Shropshire bringing up the catchment population to 230,000.

The County Hospital in Hereford benefited from an extensive building project in 2002 with the majority, of services now provided in purpose-built facilities on one site. A further expansion was opened in 2021 on the acute hospital site and expanded the bed base by 72 beds. A dedicated oncology and Haematology unit opened in 2011, encompassing outpatient and day case facilities, and a radiotherapy unit opened in 2014.

Consultant Haematologists are encouraged to pursue areas of special clinical interest where relevant to the specialty or Trust. All Consultants are expected to be involved in all areas of Clinical Governance, clinical audit, annual Appraisal and appropriate CPD programme, as well as the GMC Revalidation programme. The Trust is supportive of requests from newly appointed consultants for a mentor.

There are opportunities for Consultant Haematologists to guide, advise and teach undergraduate students, GP trainees and Specialty Doctors. Hereford is part of the Birmingham University medical student training program and receives 3<sup>rd</sup> and 4<sup>th</sup> year Birmingham medical students.

The Clinical Haematology department has developed strong links with the Haematology Department at Worcester Acute Trust (WAT), and it is envisaged that these links will become even better-defined in the near, future with a joint attending and on-call rota.

The post comes currently with a 1 in 4 out of hours on call commitment.

### **Section 3 Clinical Haematology**

The department of Clinical Haematology is in the Clinical Support Services Directorate. The current Associate Medical Director is Mr Hamza Katali.

#### **The Clinical Haematology Department:**

**Consultants:** Dr Amanda Peppercorn – Locum  
Dr Girish Ravindranathan– Locum  
Dr Saiyed Anwer – Locum

**Associate Specialist:** Dr Clare Gardner

**Advanced Clinical Practitioners:** Emma Reville-Thomas  
Chioma Ezeokoro  
Saumia Sabu

**Nursing Team:** Philippa Hurlow, Department Nursing Lead  
Kelly Horne, Clinical Nurse Specialist  
Presley Vazhavely Percy, Clinical Nurse Specialist  
Joy Jones, Nursing Assistant  
Janette Corrick, LWBC Support Worker

**Administrative and Clerical:** Julie Preece, Medical Secretary  
Chloe Jones, Medical Secretary  
Grainne McCafferty, Assistant Medical Secretary  
Lena Vaiciuliene, Assistant Medical Secretary

**General Manager:** Kat Barker/Emma Skinner  
**Deputy General Manager:** Amanda Radley  
**Admin Manager:** Kim Atkinson

#### **Outpatient clinics**

Outpatient clinics are held within the Macmillan Renton Unit, a self-contained department opened in July 2011 and providing oncology and haematology outpatient services, with a separate suite for the delivery of day case chemotherapy. Rough numbers of patients currently attending the various clinics are shown below: (as numbers of patients per week)

Anticoagulant: 4 new, 250 follow up  
Other new patients: 6-8  
Follow-up: 120

### **In patient services**

Patients requiring urgent in-patient care are admitted by the on-take medical team of the day under the care of one of the physicians and are regularly reviewed by a consultant haematologist. There are no dedicated beds for haematology patients on site however 2 positive pressure rooms are available for neutropenic patients. The average number of in-patients is 2-3 per week and these are predominantly for medical complications of disease or its treatment. No in-patient chemotherapy is administered on site. Patients requiring level 2b/3 care are transferred to dedicated beds at Worcester Acute Trust.

### **Day case chemotherapy unit**

The MacMillan Renton (MRU) is a purpose-built unit with 8 consultation rooms and an open plan area for the administration of chemotherapy and other supportive care (including blood components) for patients with oncological/haematological conditions. Visiting Oncologists (Dr N Reeve, Dr D Stow, Dr K Wallace, Dr W Grant, Dr M Decatris, Dr S Brown, Dr V Bhalla, Dr J Bailey, Dr D Nelmes) from Gloucestershire Hospitals NHS Foundation Trust use the unit and also run the radiotherapy services. The unit also houses clinics run by the rapid access breast cancer service. It is staffed by outpatient nurses and chemotherapy trained nurses many of whom hold a qualification in Oncology or Haematology. This unit is open 8.30am-6pm Mon – Fri. The unit treats 120 day cases and 300 out patients per week and is capable of administering all types of day case chemotherapy regimens.

### **Haemato-oncology service (see above section on day case chemotherapy unit)**

The department runs a level 2a service for the management of patients with Haematological malignancies and is supported by a dedicated chemotherapy unit. The Wye Valley Hematologists are active members of the network with the Worcestershire Acute Hospitals Multidisciplinary Team, and we maintain a close working relationship with the haematology department in Worcestershire. Wye Valley NHSFT falls within the West Midlands Strategic Cancer Network and we also have close working relationships with other providers in the West Midlands, particularly the Clinical Haematology Department at the Queen Elizabeth Hospital in Birmingham and the Midlands Integrated Reporting for Haemato-Oncology (MIRHO) laboratory service.

Approximately 100 new haematological malignant diagnoses are made annually and 95% of these patients receive care locally. Patients are supported by 4 specialist nurses in addition to the Oncology/Haematology trained nurses working on the MRU. Patients are seen and assessed in out-patients and then receive both chemotherapy and some supportive care treatments on the MRU. Facilities are available for performing minor procedures (bone marrows, venesection) and insertion of PICC lines (performed by nursing staff in weekly clinics). Chemotherapy is prescribed using an electronic system (Chemocare). There is a 24-hour chemotherapy telephone helpline (based at Worcester Acute Trust) to offer advice to patients receiving chemotherapy and where possible direct admission for disease or chemotherapy-related complications.

Separately run Medical Day Case unit caters for patients requiring blood product transfusions, venesections, iron infusions and biopsies.

Patients requiring complex in-patient management or level 2b/3 care (including autologous stem cell transplant) are transferred to Laurel 3 Ward at Worcester Acute Trust, twenty miles away. The team at HCH works closely with colleagues at WAT and patients are managed between the 2 centres with in-patient management occurring in WAT with out-patient follow-up between and after intensive chemotherapy performed in Hereford. Access to electronic records across both sites, facilitates this. Patients suitable for allogeneic bone marrow transplant are referred to tertiary centres in Birmingham, Cardiff and London.

There is a joint weekly MDT meeting held at WAT for discussion of the management of patients with Lymphomas and Haematological malignancies attended by the Hereford and Worcester Consultant haematologists and nurse specialists. All new malignant cases are discussed at this meeting. Hereford consultants access this via an on-site IT link. It is envisaged that in the future, working practices in the two departments will be further integrated to include a joint on call and attending rota.

Clinical trials are embraced by the department and a dedicated clinical trials team supports this service (joint with oncology). The department aims to enter 10% of patients into NCRI badged studies.

### **Haemostasis and Thrombosis**

The Haematology department runs a county-wide anticoagulation service, staffed by BMS and nursing members and based on the DAWN computerised dosing system. 5 BMSs and a Haematology nurse are all qualified at advanced coagulation practitioner level and run clinics independently at Community Hospitals as well as at the County Hospital site. All BMSs are managed by the laboratory manager, and the nurse practitioners by the lead haematology nurse. Patients who are over-anticoagulated can receive vitamin K reversal at all the clinics. This is prescribed by the doctor in charge of the clinic or the nurse practitioner under a patient group directive.

The department undertakes coagulation screens and fibrinogen assays - with all other assays performed at the Birmingham Children's Hospital.

The department is able to diagnose and treat a range of common bleeding disorders. It works closely with the haemostasis/thrombosis team at the comprehensive care centre in Birmingham. Thrombophilia testing is done in accordance with guidelines and a full range of tests is available – these are performed off site at the Queen Elizabeth Hospital, Birmingham.

The hospital has an active thrombosis committee which oversees the thrombosis strategy for the Trust, reviews guidelines and audits and provides education for various staff groups.

### **Paediatric Haematology**

Paediatric haematology patients are seen initially by the general paediatric team. Both paediatric haemato-oncology patients and those with disorders of haemostasis are referred directly to Birmingham Children's Hospital.

### **General Haematology**

The post holder will be expected to see ward referrals, do ward rounds (undertaken by the consultants with the assistance of the haematology advanced care practitioner for review of haematology in-patients) and give advice to other teams within the hospital on haematological issues.

#### **Section 4 Laboratory Haematology and Blood Transfusion**

All the Consultant Haematologists have responsibilities and duties in the laboratory haematology/blood sciences department, which lies in the Pathology Department in the Clinical Support Directorate. Dr Julie Davies is the Clinical Director for Pathology, as well as the Head of Blood Sciences. Routine laboratory duties include reporting of blood films and bone marrow aspirates, assessment of QC material, teaching and training, review/authorisation of standard operating procedures and to act as clinical lead for antenatal haemoglobinopathy screening. In addition, it is anticipated that this post holder will be Lead Consultant for Laboratory Haematology and Blood Transfusion and be an active member of the Hospital Transfusion Committee.

#### **The Pathology Department:**

<b>Blood Sciences:</b>	Ken Barr	Consultant Clinical Biochemist Clinical Director for Pathology Head of Blood Sciences
	Dr Heather Clark	Consultant Clinical Biochemist
	Mr Anthony Griffiths	Laboratory Manager
	Mrs Jackie Hancock	Band 7 (Haematology)
	Mr Ian Hancock	Band 7 (Transfusion)
	Mrs Tracy Clarke	Transfusion Practitioner
<b>Histopathology:</b>		
	Dr Mark Hayes	Consultant Cellular Pathologist

	Dr Rashmi Rao	Consultant Cellular Pathologist
	Mrs Andrea Harvey	Technical Head in Cellular Pathology
<b>Microbiology:</b>	Dr Venkat Sivaprakasam	Consultant Microbiologist
	Dr Alison Johnson	Consultant Microbiologist and Infection Control Lead

The department is recognised by the CPSM for training of BMS staff and usually supports 1-2 trainees at a time.

### **Workload**

The Blood Sciences department processes approximately 250,000 requests a year including 222,000 full blood count samples, 29,000 coagulation screens and 12,000 blood transfusion samples.

### **Equipment and facilities**

The department is housed within a 1970s purpose built standalone block adjacent to the main hospital. The laboratory is well equipped with automated machines including; two Sysmex XN 1000 FBC analysers, two Sysmex CS 2500 coagulation analysers, and a Sebia Capillaris for haemoglobinopathy screening. Blood Bank is fully automated with two Ortho-2 Vision analysers. The laboratory incorporates a multi-headed microscope with projection and photographic facilities for teaching purposes. Since January 2014, equipment replacement has been under a “Managed Laboratory Service” with Roche Diagnostics

Tests carried out on site include automated cell profile, coagulation screen, fibrinogen, plasma viscosity, ESR, IM screen, parasitology, andrology tests, blood film and bone marrow examinations, blood groups, cross-matches and basic level serology tests including antenatal service.

The laboratory has a CellaVision DC-1 machine for remote viewing of blood films across the network and for on-call triage.

Tests not provided on site (thrombophilia screens, clotting factors, platelet function, cytogenetic and immunophenotype analysis, HFE mutation analysis, granulocyte and platelet immunology) are sent to regional/tertiary laboratories primarily in Birmingham, Bristol, Oxford and Worcester.

The department is actively working towards compliance with NICE NG47 (Haematological Cancers: Improving Outcomes) with regards to diagnostic pathways for haematological malignancies. We have active plans to embrace integrated reporting through the Midlands Integrated Reporting for Haemato-Oncology (MIHRO) service based at the University of Birmingham.

It is envisaged that the Trust will in the future be part of a Pathology Network with other Trusts in the West Midlands however formal configuration of this has not yet been decided.

## **Blood Transfusion**

The trust has a Hospital Transfusion Team as well as a hospital transfusion committee, which is chaired by a blood user with membership from all the major user groups, and which meets 3-monthly.

The majority of transfusions for haematology patients are carried out as day-case procedures on the medical day case unit, with a smaller number on the day-case chemotherapy unit (MRU).

A transfusion practitioner (1WTE) supports this service and is predominantly responsible for running the Trust-wide education programme for transfusion.

The hospital runs a robust major haemorrhage protocol and with a ROTEM device in Theatres.

The post holder will be expected to advise on transfusion-related issues when required.

## **Quality Management**

There is a Quality Manager for pathology whose role is to ensure production of a quality manual and compliance with pan-pathology quality standards. They are directly responsible to the Director of Pathology. The department of haematology participates in NEQAS for all main tests performed.

## **Section 5 Duties of the Post**

The successful candidate will be appointed as Consultant Haematologist with both clinical and laboratory duties. Applicants must hold full and specialist registration with a current licence to practise with the GMC or be eligible for registration within 6 months of interview.

The Department secretarial team and offices are based in the Pathology Department in a standalone building next to the main County Hospital complex. The consultant will have a shared office with one other consultant, with access to a computer with internet access and a microscope, and secretarial support within the Clinical Haematology secretarial team.

Our lead nurse, appointed in August 2022 and Advanced Clinical Practitioner, deliver outpatient clinics for haemato-oncology patients receiving chemotherapy, as well as dedicated post treatment follow up clinics, with a focus on the Living with and Beyond Cancer programme. The other specialist nurses provide telephone clinics, clinics for patients requiring venesection or other non-chemotherapy interventions (including those requiring regular blood transfusions) and prechemotherapy clinics. The nurse specialists carry out the majority of bone marrow examinations in dedicated clinics.

**Key duties of the post:**

- Hands-on clinical involvement as a Consultant Haematologist, working closely with the 3 other Consultant Haematologists and 1 Associate Specialist in post and sharing responsibility for all haematology patients.
- Participation and attendance at joint MDT with WAT and in the future potential participation in any joint on call / attending system initiated.
- Taking on a lead role in an area of interest. This to include participation on the appropriate Trust committees and lead for education and audit in that area.
- Participate in clinical trials and become Principle Investigator for appropriate studies.
- Liaising and developing working policies with the relevant hospital departments.
- Liaising and developing working policies with local general practitioners, consultant colleagues, nurse practitioners and other relevant health professionals
- Teaching and training students and medical staff at all levels as well as nurse practitioners, nurses and paramedical staff.
- Active participation in clinical audit activities within the Department of Haematology and Trust-wide.
- Maintenance of CPD is expected and there is a trust-wide policy for study leave funding.
- On call (level A – 5% supplement) – 1 in 4 basis currently virtually.
- In exceptional circumstances, the post holder may be required to undertake other duties appropriate for a Consultant Haematologist and not otherwise specified in this job description.

**Section 6 Main Conditions of Appointment**

This appointment shall be governed by the nationally agreed Terms and Conditions of Service for Consultants (England) 2003 where applicable and as amended from time to time. This appointment also adheres to Trust policies and procedures as appropriate.

The appointee is expected to undergo annual appraisal within the Wye Valley NHS Trust framework and attain appropriate and sufficient continual professional development to meet required recommendations. National guidelines from the main UK Royal Colleges are expected to be widely used and adhered to in clinical practice.

It is agreed that newly-appointed Consultants are mentored in their first year and ongoing mentorship can be provided as needed. The postholder will be encouraged to work with a mentor to help with their development.

Annual leave entitlement is calculated according to length of service & the national scheme. An additional 2 days will be awarded after 7 years service in the grade. The Trust policy is that all leave should be booked at least 6 weeks in advance otherwise it may not be granted. Leave needs to be co-ordinated with other staff in the department through the Medical Secretaries.

The Study Leave entitlement is 30 days over a period of three years. Leave arrangements must be approved by the Clinical Director and Business Unit Manager and consultants must give 6 weeks' notice.

The post is non-resident and removal expenses may be payable in accordance with national and local policies.

The postholder will be expected to try and reside within easy travelling distance of both WVT and WAT to enable future joint working practices as outlined above, unless the Trust agrees that they may reside at a greater distance.

## **Conditions of Appointment**

Applicants must:

Hold full and specialist registration with a current licence to practise with the GMC or be eligible for registration within 6 months of interview.

Provide satisfactory references for the preceding three year period.

In addition, the post holder must meet the essential Person Specification and the appointment is subject to satisfactory health and DBS clearance.

As a result of an agreement with the LNC, consultant medical staff retain the right to speak publicly and with the media. However, no action should be contemplated without having first advised the Chief Executive and ensuring that information used is factually accurate.

The post is intended to be full time (10 programmed activities) with a commitment to a 1 in 4 on call rota (level A) however applicants who are unable to work full-time due to personal reasons are 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 with the Trust/Hospital in consultation with consultant colleagues.

The appointment is superannuable and the salary is on the 2003 Consultant Contract salary scale. The starting point in the incremental scale will be negotiable depending on experience.

## **GENERAL INFORMATION**

### **Information Technology**

Employees are expected to develop the IT skills necessary to support the tasks included in their post. They will therefore be required to undertake any necessary training to support this.

### **Health and Safety**

The post holder is required to conform to the Trust's policies on health and safety and fire prevention, and to attend related training sessions as required.

### **Safeguarding Vulnerable Adults & Children**

Wye Valley NHS Trust is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all employees, volunteers and contractors to share this commitment.

All staff have a duty to safeguard and promote the welfare of patients, their families and carers. This includes practitioners who do not have a specific role in relation to safeguarding children or adults. You have a duty to ensure you:-

- Are familiar with the Trusts safeguarding policies.
- Attend appropriate training for safeguarding.
- Know whom to contact if you have concerns about an adult or child's welfare.

### **Confidentiality**

Employees are expected, to maintain confidentiality at all times. In the course of their duty, employees will have access to confidential material about patients, members of staff and other Health Service business. On no account must identifiable information relating to patients be divulged to anyone other than authorised persons, for example, medical, nursing or other professional staff, as appropriate, who are concerned directly with the care, diagnosis and/or treatment of the patient. If there is any doubt whatsoever, as to the authority of a person or body asking for information of this nature, advice must be sought from a superior officer. Similarly, no information of a personal or confidential nature concerning individual members of staff should be divulged to anyone without the proper authority having first been given. Failure to observe these rules will be regarded as serious misconduct, which could result in serious disciplinary action being taken including dismissal.

### **Policies and Procedures**

The post holder will be required to comply with all policies and procedures issued by and on behalf of Wye Valley NHS Trust, which the Trust may amend from time to time.

### **Infection Control**

It is a requirement for all Trust staff to comply with all trust Infection Control policies and procedures. All Trust staff should ensure that they fulfil their responsibilities for infection prevention and control, that they provide leadership where appropriate in infection control matters and that they challenge poor infection control practice in their workplace. All staff should have infection control training at induction and annual infection control updates via the Department of Health e-learning package, or by attendance at an annual Health and Safety refresher. All clinical staff will have annual infection control objectives set and these will be reviewed at appraisal.

### **No Smoking Policy**

In recognition of the Trust's commitment to health promotion and its health and safety responsibility, the Trust has a no smoking policy that prevents all staff from smoking whilst on duty.

### **Equal Opportunities**

The Trust is an Equal Opportunities employer and the post holder is expected to promote this in all aspects of their work. The Trust's duty is to ensure that no existing or potential employees receive less favourable treatment on the grounds of gender, sexual orientation, nationality, ethnic origin, religion, marital status, age or disability, or are disadvantaged by conditions or requirements that cannot be shown to be justifiable. This also applies to patients – the Trust has a duty to ensure patients have the right to equal access, care and treatment. All employees are expected to comply with this policy.

### **Financial**

Employees must order and receipt goods in accordance with the Trust's financial framework.

### **Data Quality**

The information that you record as part of your duties at the Trust must be 'fit for purpose', reliable and easily accessed by appropriate/authorised personnel. To achieve this standard the information must be accurate, legible (if handwritten), recorded in a timely manner, kept up-to-date and appropriately filed. All staff must monitor and take responsibility for data quality throughout the areas of the system used locally, all users maintain timely input, and ensure that data is checked with the patient, and staff (in relation to their staff record), whenever possible, and to support initiatives to improve data quality.

N.B. Recorded information includes patient information entered in case notes and entered into any computerised care records system, financial information, health and safety information. This includes incident reporting and investigation, personal information recorded in personnel files etc. Failure to adhere to these principles will be regarded as a performance issue and may result in disciplinary action.

### **Records Management**

All employees of the Trust are legally responsible for all records that they gather, create or use as part of their work within the Trust (including patient, financial, personnel and administrative), whether paper or digital. All such records are considered public records and all employees have a legal duty of confidence to service users. Employees should consult their manager if they have any doubt as to the correct management of records with which they work.

### **Conduct**

The post holder is an ambassador for the Directorate and the Trust, and their actions and conduct will be judged by others as an indication of the quality of the service provided by the Directorate and the Trust as a whole. The postholder will comply with the NHS Core Values and the Constitution.

### **Other**

This job description is not intended to be an exhaustive list of duties, merely to highlight the current main responsibilities of the post. It may be reviewed from time to time in

agreement with the post holder and the other members of the post holder's line management team.

Please note that all A&C staff may be required to move to another dept/area within the Trust in order to meet service needs.

The Trust is committed to continuous improvement in managing environmental issues, including the proper management and monitoring of waste, the reduction of pollution and emissions, compliance with environmental legislation and environmental codes of practice, training for staff, and the monitoring of environmental performance.

### **Duties**

Your duties will be arranged with the Clinical Director and Clinical Lead for Haematology and you must discuss and understand these duties as soon as you take up your appointment. The consultant has final medical responsibility for all patients under their care.

### **For further information and visits to the Trust**

You may contact:

**Dr Amanda Peppercorn**  
Consultant Haematologist

[amanda.peppercorn@wvt.nhs.uk](mailto:amanda.peppercorn@wvt.nhs.uk)  
01432 364435

**Kat Barker/Emma Skinner**  
General Manager

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01432 355444 ext 3098

**Mr Hamza Katali**  
AMD for Clinical Support Services

[Hamza.katali@wvt.nhs.uk](mailto:Hamza.katali@wvt.nhs.uk)  
01432 364407

## **Section 6 Proposed Job Plan – Consultant Haematologist**

N.B. This is a provisional example timetable. Details of DCC are negotiable following appointment, and are subject to alterations depending upon the needs of the individual and the organisation and availability of clinic space.

Day	Time	Location	Work	Categorisation	No. of PAs
Monday	0900-13.00	WVT	Clinical Admin	DCC	1.0
	13.00-17.00	WVT	OP Clinic	DCC	1.0
Tuesday	09.00-13.00	WVT	Laboratory/Ward rota	DCC	1.0
	13.00-14.30	WVT	Clinical Admin		0.375
	14.30-17.00	WVT/WAT	MDT	DCC	0.625
Wednesday	09.00-11.00	WVT	Laboratory/Ward Rota	DCC	0.5
	11.00-12.00	WVT	MDT work and clinic admin	DCC	0.25
	12.00-13.00	WVT	Clinical Admin	DCC	0.25
	13.00-17.00	WVT	OP Clinic	DCC	1.0
Thursday	0900-1300	WVT	OP Clinic	DCC	1.0
	1330-1430	WVT	Meeting	SPA	0.5
	1500-1700	WVT	Clinical Admin	DCC	0.5
Friday	0900-13.00	WVT	SPA	SPA	1.0
	1300-1700	WVT	SPA	SPA	1.0
<b>Additional agreed activity to be worked flexibly</b>			Flexible SPA to be discussed at job planning meeting – agreed predictable work amount will be taken off in Mon – Fri timetable		
<b>Predictable/ Unpredictable emergency on-call</b>			1 in 4 on call out of hours – virtual on call		
<b>TOTAL PAs</b>					<b>10</b>

Programmed activity (Summary)	PA
Direct clinical care (including unpredictable on-call)	7.5
Supporting professional activities	2.5
Other NHS responsibilities	
External duties	
<b>TOTAL PROGRAMMED ACTIVITIES</b>	<b>10</b>

## Section 7: Person specification

	Essential Criteria	Desirable Criteria	Where evaluated
<b>Professional Qualifications</b>	<p>Full and Specialist registration (and with a licence to practise) with the General Medical Council (GMC), or be eligible for Specialist 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>MRCP or equivalent</p> <p>FRCPATH or equivalent</p>		App Form GMC
<b>Clinical Experience</b>	Proven experience as a clinical and laboratory haematologist	Higher Degree (eg MD/PhD)	APP Form Ref/ Int
<b>Clinical Skills</b>	Practical skills commensurate with the above.		APP Form Ref/ Int
<b>Clinical Knowledge</b>	Widespread broad-based knowledge in all aspects of haematology		APP Form Ref/ Int
<b>Audit Management &amp; IT</b>	Demonstrate evidence of robust clinical audit practice.	<p>Management experience</p> <p>Proven evidence of clinical management.</p>	APP Form Ref/ Int
<b>Academia</b>	Proven commitment and training in medical education.	Peer reviewed publications.	APP Form Ref/ Int
<b>Teaching skill &amp; experience</b>	Proven ability to teach in clinical settings.	Completed thesis Formal training in medical education.	

	Proven experience of teaching at undergraduate and postgraduate levels.		
<b>Personal Qualities</b>	<p>Demonstrated leadership ability.</p> <p>Ability to work in a team.</p> <p>Demonstrate Pastoral ability.</p> <p>Demonstrate ability to take responsibility, lead, make decisions and exert appropriate authority.</p> <p>Demonstrate good time-management skills in delivering both high quality clinical service and managerial responsibilities.</p> <p>Ability to adapt and work in differing environments; making the best out of challenging situations.</p> <p>Demonstrate ability to empathise.</p> <p>Excellent communication skills, oral and written, including the ability to communicate and interact effectively with colleagues and patients.</p> <p>Access to transport</p>	Energy and enthusiasm and the ability to work under pressure, the ability to plan strategically and exercise sound judgement when faced with conflicting pressures.	Ref/Int