

*The* ROYAL MARSDEN  
NHS Foundation Trust

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# Consultant Haematologist

with special interest in Myeloma

## Candidate information pack

March 2024

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PRIVATE AND CONFIDENTIAL



**NHS**

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## 1. Introduction to The Royal Marsden from Medical Director, Dr Nicholas van As

Dear Candidate

Thank you for applying for the role of Consultant Haematologist at The Royal Marsden. This candidate pack contains all the information you need to apply for the post.

The Royal Marsden has a vital role in championing change and improvement in cancer care through research and innovation, education and leading-edge practice. We are incredibly proud of our international reputation for pushing the boundaries and for our ground-breaking work ensuring patients receive the very latest and best in cancer treatment and care.

At the heart of the hospital are our dedicated clinical staff. Their exceptional commitment and professionalism is commented on by so many of our patients. The work of our consultant body is absolutely central to the quality of care we provide, influencing our strategy, our delivery of patient treatment and care and our research programmes. This is a vital role in a high performing cancer centre working closely with me and our clinical and non-clinical colleagues across the whole Trust and a cohesive and strong Leadership Team.

I wish you every success with your application.



Dr Nicholas van As  
Medical Director

## 2. About The Royal Marsden

The Royal Marsden is a world leader in cancer research, treatment and education. Together with our academic partner, The Institute of Cancer Research (ICR), we are the largest comprehensive cancer centre in Europe and the only National Institute of Health Research (NIHR) Biomedical Research Centre specialising in cancer in the UK.

Our mission is to continue to make a national and international contribution to cancer research and treatment, so that more people are cured and quality of life is improved for those with cancer. The Royal Marsden therefore plays an important role in championing change and improvement in cancer care through research and innovation, education and leading-edge treatment.

The Trust's annual budget is £360 million and we employ over 3,500 staff, including 335 medical staff, across two sites located in Chelsea and Sutton (Surrey). Over 50,000 patients attend The Royal Marsden each year. We provide community services across the Borough of Sutton. We have a Chemotherapy Medical Daycare Unit at Kingston Hospital.

We have a reputation for delivering high quality performance. We were ranked joint first in the CQC national inpatient survey results, above average in national cancer patient experience survey and ranked first amongst teaching hospitals in the UK for our staff survey results.

Predominantly the Trust's workload is from within the South West and West London Cancer Networks but, as a specialist cancer centre, the Trust has a high out-of-area referral rate for rare cancers, recurrent disease and treatment-related problems including international referrals. The Trust operates a shared care model with St George's Healthcare NHS Trust for paediatric cancer.

### Private Care at The Royal Marsden

At The Royal Marsden we have a unique partnership between our NHS and Private Care services which ensures we can offer all patients the highest standard of environment and facilities and continue to be world leaders in the field of cancer care.

The private service has grown at The Royal Marsden over the past five years, and this has seen many benefits for the whole hospital – from our patients to our staff. Revenue generated by Private Care is reinvested into the hospital and allows development in leading-edge services, for example the hospital's robotic surgery programme and the extension of the radiology service's opening hours, both of which benefit all patients enormously.

### Education and training

The Royal Marsden has a strong reputation for education and training. This was recognised as an area of outstanding practice in a recent CQC report. The Trust supports a number of junior doctor training programmes and provides core training across a wide range of tumours in clinical and medical oncology and surgery. The Trust also participates in rotations for the training of junior doctors in anaesthesia, pain and intensive care medicine.

All consultants are expected to contribute to post-graduate medical education within their speciality and actively work to further enhance the experience of trainees and reputation of the organisation as a centre of excellence.

## Trust organisation

The Trust Board comprises an independent chair, Mr Charles Alexander, five executive directors (Chief Executive, Chief Operating Officer, Chief Nurse, Chief Financial Officer, Medical Director), and five non-executive directors from outside the NHS.

The day-to-day running of the hospital is carried out by the Leadership Team made up of the Chief Executive, four Executive Directors, and the other members pictured below.

*The* **ROYAL MARSDEN**  
NHS Foundation Trust

## The Leadership Team



Dame Cally Palmer CBE  
Chief Executive



Karl Mundtong Ong  
Chief Operating Officer



Professor Nicholas van As  
Medical Director



Mairiad Griffin  
Chief Nurse



Marcus Thorman  
Chief Financial Officer



Kryslyna Ruskiewicz  
Director of Workforce



Mark Newman  
Managing Director,  
Private Care



Professor David Cunningham  
Director of Clinical Research



Professor David Nicol  
Chief of Surgery



Dr Irene Ching  
Head of Clinical Oncology



Susan Strachair  
Managing Director,  
RM Partners



David Newey  
Interim Chief Information  
Officer



Antonia Delmashy  
Managing Director, The Royal  
Marsden Cancer Charity



Rachael Reeve  
Director of Marketing  
and Communications



Nicky Browne  
Director of Transformation



Professor Stephen Johnston  
Head of Medical Oncology



Steven Francis  
Director of Performance and  
Information



Sofia Collas  
Divisional Director of  
Clinical Services



Ellie Saleman  
Divisional Director of  
Cancer Services



Sunil Vyas  
Director of Projects and Estates



Dr Gary Ware  
Divisional Medical Director of  
Clinical Services



Dr Jayne Wood  
Divisional Medical Director  
of Cancer Services



The Royal Marsden is organised into four divisions - Cancer Services, Clinical Services, Clinical Research and Private Care. Each division is managed by a Divisional Director and supported by a Divisional Nursing Director. Each division is sub-divided into Clinical Business Units, which are led by a Clinical Director and a senior nurse. The Clinical Directors and other clinicians in a formal leadership position form part of the Clinical Advisory Group, which is chaired by the Medical Director and membership also includes Executive Directors.

In addition the divisions are supported by the following directorates:

- Nursing, Risk and Quality Assurance
- Finance
- Workforce
- Information and Performance
- Facilities
- Marketing and Communications

## Business strategy

The Trust has a Five Year Business Strategy (2018/19 – 2023/24) which sets out the direction and priorities. The overarching ambition continues to be the provision of the best cancer treatment available anywhere in the world, supported by the highest quality research and education to improve outcomes for people with cancer everywhere. The main themes of the strategy are:

### **Research and innovation**

The complexity of cancer is a constant challenge to developing effective treatments that increase the chance of cure or disease control. Critically for patients, these treatments should provide a good quality of life and result in fewer side effects. Our joint Royal Marsden and Institute of Cancer Research (ICR) research strategy utilises an ambitious, patient-centred approach that recognises the complexity of cancer and will use 21st-century tools to develop smarter, kinder treatments for both adult and paediatric patients, covering novel systemic therapies, precision imaging and radiotherapy, and new forms of surgery using innovative clinical trial design.

### **Treatment and care**

The Royal Marsden has built on the success of previous cancer collaborative ventures by establishing and hosting a powerful cancer alliance, RM Partners. Core membership includes all of west London's NHS acute providers, with primary care and commissioning representation through its two Sustainability and Transformation Partnerships (STPs). This enables a whole pathway approach to delivering world-class cancer outcomes for its population.

### **Modernising infrastructure**

Modern cancer care of the highest quality requires significant investment in infrastructure, facilities and estate to accommodate evolving technology, changing service models and increased demand. Cancer care is also data-driven, so investment in IT and information will be critical over the next five years to support the delivery of both research and services.

### **Financial sustainability and best value**

The healthcare environment remains challenging, with a number of external factors providing both risk and opportunity for The Royal Marsden. The Trust recognises that to deliver on the core strategy and maintain a balanced financial position, it must have a strong commitment to clinical and operational transformation and be at the forefront of innovation and development, which includes optimising opportunities across all of its services.

### 3. Information about the Haematology Unit

The Unit is managed as a single unit incorporating both clinical and academic activity with a parallel initiative in the Institute of Cancer Research, which has a number of groups focused on haematological malignancies research.

#### *Staffing of the Haemato-Oncology Unit:*

Head of Clinical Unit	Dr Mark Ethell (Transplant /Acute Leukaemia)
Consultant Haematologists	Dr Emma Nicholson (Head of Stem Cell Transplant and Cellular Therapies/TYAC/Acute Leukaemia)
	Dr Mike Potter (Transplant – LTFT)
	Dr Sandra Easdale (Transplant/Acute Leukaemia/TYAC)
	Dr Chloe Anthias (Transplant; joint post with Anthony Nolan)
	Dr Carlos Arias (Cellular therapy)
	Dr David Taussig (Acute Leukaemia/MDS, research lead)
	Dr Kevin Boyd (Myeloma)
	Dr Martin Kaiser (Myeloma, academic ICR post)
	Dr Charlotte Pawlyn (Myeloma, academic ICR post)
	Dr Sunil Iyengar (Lymphoproliferative Disorders (LPD))
	Dr Dima El-Sharkawi (LPD, HMDS lead)
	Dr Andrew Godfrey – Coagulation Disorders and Thrombosis and Transfusion Medicine (Shared post with Chelsea and Westminster)
Consultant Medical Oncology	Professor David Cunningham (LPD)
	Professor Ian Chau (LPD)
Consultant Clinical Oncologists	Dr Henry Mandev
	Dr Merina Ahmed
	Dr Simona Gaito
Consultant Haematopathologists	Dr Simon O'Connor
	Dr Andrew Wotherspoon
	Dr Ayoma Attygalle
	Dr Katherine Vroobel
Consultant Radiologists (Myeloma)	Professor Christina Messiou
	Dr Alina Dragan

#### *Clinical Activity*

The Department has an extremely distinguished record in the provision of clinical services to patients with Leukaemia and Myeloma, including Europe's first Haematopoietic Stem Cell Transplant (HSCT), pioneering work on familial donors and extensive involvement and leadership in national and international trials. Patients are predominantly referred directly from secondary care hospitals with results of diagnostic tests suggesting some form of haematological malignancy. The Department currently offers all treatment modalities for patients within the following range of conditions:

Myeloma and other plasma cell disorders  
Acute Leukaemia  
Myeloproliferative  
Disorders/Myelofibrosis  
Lymphoproliferative Disease  
(LPD) Myelodysplastic syndrome  
(MDS)

Facilities are available for all types of therapy including intensive chemotherapy, immunotherapy and both allogeneic (sibling, unrelated, umbilical cord blood, haploidentical) and autologous stem cell transplantation. RMH has a split site model with inpatient and outpatient care for haematology patients taking place across both sites. At RMH Sutton, inpatients are cared for in a dedicated facility on the second floor of the Sutton site. Bud Flanagan West (BFW) consists of 4-bedded bays and single rooms, a 4 bedded Critical Care Unit (Step Up), apheresis unit, ambulatory care unit and minor procedures suite (marrows, LPs, CVCs). BFW is primarily for inpatients undergoing initial treatment for their malignancy and patients undergoing autologous stem cell transplantation. Bud Flanagan East (BFE) is a 16-bedded HEPA filtered ward consisting entirely of positive/negative pressure single rooms, all with en-suite facilities. BFE is primarily for inpatients undergoing allogeneic transplant procedures, acute leukaemia and other intensive chemotherapy. Patients from 16-24 years are offered treatment on our state of the art TYAC ward which has positive pressure / lobby style isolation rooms for transplants.

The Oak Cancer Centre, opened 2023, is a state of the art dedicated day-care and outpatient area, designed for the safe and efficient management of patients attending clinic or day-case administration of chemotherapy. A total of 10 disease specific (Leukaemia, BMT, Myeloma, Chronic Lymphoproliferative Disorders, Lymphoma) outpatient clinics occur per week with approximately 30-50 patients per clinic. The wards are supported by the Ward Sisters/Charge Nurse in each department. There are a number of CNS's / ANP's responsible for myeloma, leukaemia, lymphoma, procedures and co-ordinating the transplant programme. The service is supported by a very comprehensive clinical oncology service, theatres and palliative care services. The electronic record system EPIC is in use since early 2023.

RMH Chelsea provides inpatient care for private haemato-oncology patients undergoing Intensive inpatient chemotherapy and Stem Cell Transplant (Wiltshaw ward), private care and NHS (LPD) outpatient clinics and day case treatments. In addition, inpatient care for patients receiving CAR-T cells (both NHS and Private) is provided at RMH Chelsea. The haematology consultants also share care for haematology patients admitted to the Critical Care Unit in RMH Chelsea, during the working week and out of hours.



All peripheral blood stem/T cell and bone marrow collection is performed on-site in RMH Sutton. The clinical service is supported by a comprehensive stem cell processing lab and cell products are stored on site in liquid nitrogen and an upgrade and expansion to the clean room facilities were completed in 2020. The transplant service has full JACIE and HTA accreditation. It is one of the busiest transplant units in the UK with 200-250 transplants / year. We treated our first CAR-T cell patient in 2019 on a clinical trial and we have been an NHS Commissioned centre for CAR-T cells since January 2020. There has been a rapid expansion to our service and the number of disease indications is likely to expand with myeloma activity expected to be added as soon as the first MHRA approval. In addition to commissioned products, we have a number of clinical trials in cellular therapy.

The Haemato-Oncology Unit has an independent and highly experienced clinical trial research team consisting of trial coordinators, trial nurses, data managers and tissue collectors. The team is very experienced in developing and delivering investigator-initiated trial protocols and early and late phase studies. The links with the ICR's Cancer Therapeutics and Drug Development Units provide an innovative and stimulating environment for clinical research and trial development.

The Haemato-Oncology Unit has a high profile in all major relevant international bodies such as the European Bone Marrow Transplant Group, European Society of Haematology and the American Society for Haematology and collaborates with many national and international trials via the previous NCRI Haemato-oncology subgroups. The basis of the Unit is the comprehensive delivery of state- of-the-art treatment in an environment where on-going research allows the latest developments to be delivered for the care of the patients.

#### *Senior/Junior Medical and Nursing Staffing*

Within the Haemato-Oncology Unit at the Royal Marsden, there are six Haematology SpRs, one Associate Specialist (Haematology), 4 Clinical Fellows (Myeloma, LPD, CAR-T, Acute Leukaemia). Training for the SpRs is approved by the Joint Committee for Higher Medical Training (JCHMT). There are 6 SHO posts to support haematology on both sites, a Matron, Advanced Nurse Practitioners, CNSs, pharmacists, data managers and research nurses.

### *Pathology Service*

Pathology is within the Clinical Services Division and provides a full diagnostic service to RMH patients and a referral service in certain cancer related areas of expertise. Pathology departments include Histopathology & Cytology, Microbiology, Biochemistry & Haematology, Transfusion, Stem Cell Transplant Laboratory, and the specialist integrated haematological malignancy diagnostic service (HMDS), which includes Haematopathology, Immunophenotyping, Cytogenetics and Molecular Diagnostics.

In 2018 NHS England (NHSE) commissioned 7 regional genomic laboratory hubs (GLHs) as part of their strategy to establish a national genomics medicine service and improve equity of access to testing and subsequently to personalised treatment for all cancer patients. The Clinical Genomics department at RMH is the designated Cancer Genomics testing hub for North Thames GLH. The Department uses state of the art technologies, including Next Generation Sequencing, to deliver testing according to NHSE Cancer test directory as well as providing testing for both academic and commercial trials.

Overall management responsibility is held by the Divisional Director for Clinical Services. The Principal Biomedical Scientist & Pathology Services Manager report to the Divisional Director and are responsible for the daily running of the service including quality issues. This is in keeping with the recommendations of the Strategic Review of Pathology Services, 1995, paragraphs 4.22-4.26. All departments are CPA accredited except for the Stem Cell Transplant Laboratory, which has HTA and JACIE accreditation. The clinical lead for the HMDS is Dr Dima El Sharkawi.

### *Haematology laboratories*

There is a haematology laboratory at each site, which provides a general service to the wide range of clinical units within the comprehensive cancer centre. Working, storage and staff facilities comply with CPA requirements.

### *Stem Cell Transplant Laboratory*

The laboratory receives, processes, stores and issues haemopoietic progenitor cells (HPCs) for use in autologous and allogeneic transplantation in both paediatric and adult patients. Typically, the laboratory processes approximately 400 harvests and issues 200 per annum. The Stem Cell Laboratory comprises a suite of clean room areas where harvested cells are manipulated under carefully controlled aseptic conditions. The cryopreservation facility has state of the art rate-controlled freezers to enable optimal freezing of Haematopoietic progenitor cells. Cryopreserved products are stored in the laboratory's cryogenic storage facility, which is monitored, logged and supported by on call staff on a 24/7 basis. Complete traceability of HSCs from receipt, through processing, storage and release for transplant is assured.

A number of Stem Cell processing options are available to support the Haemato-Oncology transplant programme:

- Plasma and red cell reduction of allogeneic matched unrelated /sibling bone marrow harvests
- Density gradient separation of bone marrow harvests for red blood cell and granulocyte depletion also for small volume paediatric harvests
- Preparation of donor lymphocyte infusions
- Cryopreservation of haemopoietic stem cells
- Receipt and short-term storage of donor stem cells including cord blood
- Receipt and short-term storage of CAR-T cells and Tumour Infiltrating Lymphocytes (TILS)
- FBC analysis of haemopoietic stem cells
- Harvest evaluation
- Issue of stem cells and CAR-T cells and TILS and transportation to wards
- Support during stem cell and cell therapy infusion

Senior members of the team provide advice and expert opinion on treatment planning, stem cell harvesting, handling, transplantation, interpretation of results and regulatory requirements. Training for nursing and clinical staff is provided. The department has an active research and development programme with interests in the logistics of stem cell mobilisation and harvesting.

The laboratory operates to GMP standards and is fully accredited by the HTA and JACIE.

*Specialist Integrated Haematological Malignancy Diagnostic Service (SIHMDS)*

The RMH HMDS is a laboratory specialising in the diagnosis of haematological malignancies which includes leukaemia, lymphoma and myeloma and spans both the haematology and histopathology departments. The HMDS has a separate management infrastructure with a single clinical lead. The current clinical Lead for the HMDS is Dr Dima El-Sharkawi. The laboratory currently provides a comprehensive diagnostic service to the SWL cancer network and SWSH Cancer Network. In addition to referrals are received from other parts of London and the UK. This service covers a catchment population of 3.5-4 million.

The HMDS has been established to bring together in one department all of the laboratory techniques used to diagnose haematological malignancies. It was recognised that integrating these technologies into a single diagnostic process was the best way to ensure diagnostic accuracy and ultimately optimal treatment of the patient. This is now a national requirement, reflected in the IOG for haematological malignancies published in 2013.

Techniques used in diagnosis and prognosis of haematological cancers includes morphology, immunocytochemistry/flow cytometry, cytogenetics /FISH and molecular genetics. The RMH HMDS uses all of these techniques in combinations appropriate to the clinical problem and the type of sample, integrating the results into a single integrated diagnostic report. The service is supported by a custom-built IT system allowing secure web-based access for external users to request tests and access results. All samples for processing in the HMDS are received at a single reception point located in the Centre for Molecular Pathology. The molecular diagnostics, flow cytometry and haemato-pathology laboratories and offices are co-located in the Centre for Molecular Pathology (CMP) situated on the Sutton site. The cytogenetics laboratory is located in a separate building nearby.

The Centre for Molecular Pathology (CMP) is a world-class research facility at The Royal Marsden and The Institute of Cancer Research. The centre brings together clinicians, geneticists, pathologists and scientists under one roof to facilitate translational research into specialised diagnostics and targeted therapy. One of the components of this Consultant post is to provide support for this comprehensive diagnostic service.

### *Myeloma Unit*

The Myeloma Unit offers full and comprehensive diagnostic investigations and management for patients with all stages of myeloma. Research and innovation are integral to our service structure. The core myeloma unit is staffed by one NHS Haematology Consultant (Dr Boyd), two ICR-employed Clinician Scientists who both contribute to the clinical service (Dr Kaiser, Dr Pawlyn) and one Myeloma Clinical Fellow (Dr Seneca). In addition, there is support from 2.5 Myeloma CNSs and 2 Myeloma research nurses. We see approx. 450 individual patients per year in three main outpatient clinics in the state-of-the-art Oak Cancer Centre and conduct around 100 melphalan ASCTs. We have treated approximately 50 patients on bispecific antibody therapy in the last two years (via clinical trials, compassionate access or commercial arrangements). Most myeloma care is delivered at the Sutton site.

We have a wide clinical trial portfolio from phase I – III, including investigator initiated academic and commercial trials within the portfolio. We are regularly selected as the lead site for commercial studies with the associated chief investigator role.

Additional academic interests of the clinical and academic members of the team include:

Radiology – We have led on the development of MRI imaging of myeloma with delivery of MyRAD led by Christina Messiou and an ongoing research MD comprising multiple projects led by Alina Dragan.

Biochemistry.- Dr Robyn Shea is our lead biochemist and is developing the freelite test to work on blood spot samples.

Wearable technology for patient management and research – with a current academic nursing post supervised by Dr Kevin Boyd

Dr Martin Kaiser is the team leader of the Myeloma Molecular Therapy group at the ICR. His main research interest is the molecular characterisation of myeloma, with the aim of designing therapies tailored to patients' needs. A particular focus of his work is high-risk myeloma.

Dr Charlotte Pawlyn is the team leader of the Myeloma Biology and Therapeutics Team at the ICR. Her laboratory work focusses on identifying therapeutic targets to improve outcomes for patients with immunomodulatory drug resistant and high-risk myeloma.

We are members of the UK Myeloma Research Alliance (subgroup of former NCRI Haem-onc group).

## 4. Job description and responsibilities

Expansion of our service over the last 10 years has led to a need for an additional consultant post in the field of myeloma. This is a new post and will support the delivery of current clinics, trials and inpatient care within the unit.

As we anticipate the expanded availability of CAR-T and BiTE therapies the appointee, alongside the whole team, will play a key role in developing the Trust's myeloma cell therapy strategy. It offers a really exciting opportunity for a Consultant wanting to work in the field of myeloma in a world-leading centre.

### Duties of the post:

- 4.1. Provide medical leadership for myeloma patients undergoing outpatient and inpatient care at RMH Sutton.
- 4.2. To take part in the teaching and training of doctors, nurses and other staff in myeloma management.
- 4.3. To be involved in strategic development of myeloma T-cell directed therapy service for RMH.
- 4.4. To contribute to academic research
- 4.5. To comply with trust policies on governance and to contribute to national, regional and local audits.
- 4.6. To be an active member of the JACIE / HTA process and attend Quality meetings.
- 4.7. To attend relevant MDTs.
- 4.8. To participate actively in Continuing Professional Development and maintain a record of annual CPD, appraisals and revalidation as required by the GMC.
- 4.9. On occasions to support / cover other consultant haematologists in the department and provide haematological advice to junior doctors and other RMH specialist staff (e.g. surgeons, oncologists).
- 4.10. To participate in an on call rota (Sutton and Fulham road) – frequency to be confirmed.

This post is accountable to the Unit and CBU lead, Associate and Medical Director.

## 5. Job plan

The role consists of 7.625 Programmed Activities (P.A.) of direct clinical care and 2.375 P.As for Supporting Professional Activity.

This is a proposal and the final work commitments will be agreed between the post-holder, The Royal Marsden through the Job Planning process prior to commencement. Please note an element of flexibility will be required as the service develops, and thus the timetable outline below is subject to change based on decisions regarding attending support, amongst other things.

Thereafter, this will be reviewed annually with the Head of the unit, the Director of cancer services and the Trust Medical Director. Any changes can be discussed and agreed at this annual review.

### Ward attending for myeloma will for one month, shared 1:2 with Dr Boyd

#### Month not Attending

	AM	PM
<b>Monday</b>	MDT (0.25) SPA(0.75)	Myeloma new patient clinic (1)
<b>Tuesday</b>	Myeloma Clinic (1)	Myeloma Clinic (0.5) SPA (0.5)
<b>Wednesday</b>	Transplant meeting (0.25) SPA (0.75)	CMP reporting and integrated report meeting (1)
<b>Thursday</b>	Myeloma clinic (1)	Myeloma Clinic (0.5) SPA (0.5)
<b>Friday</b>	Virtual WR / weekend handover (0.5)	Service Development (1)

**Month Ward Attending**

	AM	PM
<b>Monday</b>	MDT (0.25) Ward Round (0.75)	SPA (1.)
<b>Tuesday</b>	Myeloma Clinic (1)	Myeloma clinic (0.5) SPA (0.5)
<b>Wednesday</b>	Transplant meeting (0.25) SPA (0.75)	CMP reporting and integrated report meeting (1)
<b>Thursday</b>	Myeloma Clinic (1)	Myeloma clinic (0.5) Ward Round (0.5)
<b>Friday</b>	Virtual WR / weekend handover (0.5)	Service Development (1)

**On Call (0.5 PA per week)**



### Summary of programmed activities

Type of programmed activity	Number
<b>Direct clinical care</b>	
Inpatient activities (eg ward rounds)	0.625
Outpatient clinics	3.5
MDT meetings	1.0
CMP reporting	1.0
Service Development	1.0
<b>On call/emergency work</b>	
Predictable activity whilst on call	0.4
Unpredictable activity whilst on call/emergencies	0.1
Other clinical duties	0
<b>Subtotal of direct clinical care</b>	<b>7.625</b>
<b>Supporting Professional Activities (SPA)</b>	
<b>Subtotal of SPA</b>	<b>2.375</b>
<b>Travelling time (where applicable)</b>	N/A
<b>Total programmed activities per week</b>	<b>10</b>

## 6. Person specification

Person Specification	Qualities and Attributes	Essential	Desirable
<b>Status</b>	<p>Full and specialist registration (and a licence to practice) with the General Medical Council (GMC), or 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 or evidence of equivalent qualification MRCP, or evidence of equivalent qualifications</p> <p>Demonstrable experience in transplantation, acute haematology and care of critically ill haematology patient</p> <p>Higher Research Degree (MD/PhD)</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p>	X
<b>Experience</b>	<p>Motivated to ensure the achievement of defined targets</p> <p>Organisation of education and training of junior doctors and/or undergraduates</p> <p>Undertaken research in relevant field</p> <p>IT skills</p>	<p>X</p> <p>X</p>	<p>X</p> <p>X</p>



## 7. Terms and conditions

*Terms and Conditions - Consultants (England) 2003* and amendments are applicable to this appointment, a copy of which is available from the NHS Employers website.

Salary scale: Consultant Salary Scale is in line with the Pay and Conditions for Medical and Dental staff. This ranges from £93,666-£126,281 per annum plus a London Allowance of £2,162 per annum

### Accountability

Consultant staff are accountable to the Medical Director or Divisional Director for their day to day activities, including the quality of their clinical work.

### Hours of work

The hours of work for this post are 40 per week (ten programmed activities). Trust arrangements for adherence to the EU Working Time Directive are in place. Consultants are required to participate in monitoring working hours. Those working in excess of 48 hours per week have the option to opt out of the total hours monitoring aspect of the working time directive.

### Additional programmed activities

The Trust may offer you additional programmed activities over and over the standard ten. The remuneration for this is covered by clause 21 of your main contract of employment, and Schedules 13 and 14 of the *Terms and Conditions – Consultants (England) 2003*, as amended from time to time. The additional programmed activity is not pensionable. Additional programmed activities are not subject to pay protection arrangements.

### Additional increments

Increments over and above the minimum of the salary scale will only be given for previous consultant level experience or where training has been lengthened by virtue of being in a flexible training scheme or because of undergoing dual qualification. Time spent doing a higher qualification or additional years spent doing clinical work, research or sub-specialty training does not count towards additional credit (see Schedule 12 of the Terms and Conditions).

### On-call availability supplement

If you are required to participate in an on-call rota, you will be paid a supplement in addition to your basic salary in respect of your availability to work during on-call periods. The supplement will be paid in accordance with, and at the appropriate rate shown in, Schedule 16 of the Terms and Conditions.

### Pension

Membership of the NHS Pension Scheme is available to all employees over the age of 16. Membership is subject to the regulations of the NHS Pension Scheme, which is administered by the NHS Pensions Agency. Employees not wishing to join the Scheme or who subsequently wish to terminate their membership must complete an opting out form - details of which will be supplied upon you making a request to the Trust's Pensions Manager, based in payroll. A contracting-out certificate under the Pension Schemes Act 1993 is in force for this employment and, subject to the rules of the Scheme, if you join the Scheme your employment will be contracted-out of the State Earnings Related Pension Scheme (SERPS).

### Annual leave

Schedule 18 of the Terms and Conditions sets out the entitlement for annual leave as follows:

Number of years of completed service as a consultant	Days annual leave
Up to seven years	32
Seven or more years	34

### Fee paying services and private professional services

In carrying out any fee paying services or private professional services, consultants will observe the provisions in Schedule 9 of the Terms and Conditions in order to help minimise the risk of any perceived conflicts of interest to arise with their work for the NHS.

Fee paying services should not be carried out during your programmed activities except where the consultant and his/her Clinical Manager have agreed otherwise. Where this agreement exists, you will remit to us the fees for such services except where you and your clinical manager have agreed that providing these services involves minimal disruption to your NHS duties. Schedule 11 of the Terms and Conditions refers.

Subject to the provisions in Schedule 9 of the Terms and Conditions, consultants may not carry out private professional services during your programmed activities.

### Appraisal and clinical governance

The National Appraisal Scheme for Consultant Medical Staff (Department of Health Circulars AL (MD) 5/01 and AL (MD)6/00) applies to your post. You must co-operate fully in the operation of the appraisal scheme. You must also comply with our clinical governance procedures.

### Equal opportunities

The Trust aims to promote equal opportunities. A copy of our Equality Scheme is available from the Workforce department. Members of staff must ensure that they treat other members of staff, patients and visitors with dignity and respect at all times and report any breaches of this to the appropriate manager.

### Medical examinations

All appointments are conditional upon prior health clearance by the Trust's Occupational Health Service. Failure to provide continuing satisfactory evidence will be regarded as a breach of contract

### Disclosure and Barring Service (DBS)

Applicants for posts in the NHS are exempt from the Rehabilitation of Offenders Act 1974. All applicants who are offered employment will be subject to a criminal record check from the DBS before the appointment is confirmed. All doctors who are offered employment will be subject to an enhanced disclosure check by the DBS before the appointment is confirmed. This includes details of cautions, reprimands, final warnings, as well as convictions. Further information is available from the DBS website at [www.gov.uk/disclosure-barring-service-check/overview](http://www.gov.uk/disclosure-barring-service-check/overview)

### Fitness to practice

Prior to making an appointment to a post, the Trust needs to establish if applicants for such positions have ever been disqualified from the practice of a profession or required to practise subject to specified limitations following fitness to practise proceedings by a regulatory body in the UK or in another country, and whether they are currently the subject of any investigation or proceedings by anybody having regulatory functions in relation to health/social care professionals, including such a regulatory body in another country.

### Professional registration/Licence to practice

Staff undertaking work which requires professional/state registration/licence are responsible for ensuring that they are so registered/licensed and that they comply with any Codes of Conduct applicable to that profession. Proof of registration/licence to practice must be produced on appointment and, if renewable, proof of renewal must also be produced.

### Work visa/Permits/Leave to remain

If you are a non-resident of the United Kingdom or Ireland, any appointment offered will be subject to the Resident Labour Market test (RLMT). The Trust is unable to employ or continue to employ you if you do not obtain or maintain a valid Right to Work (leave to remain).

### Safeguarding children and vulnerable adults

All staff must be familiar with and adhere to the Trust's child protection and safeguarding adult policies and procedures. All staff are required to attend child protection and safeguarding adults awareness training, additional training and supervision regarding child protection relevant to their position and role.

### Confidentiality

To have responsibility to maintain the confidentiality of any confidential information which comes into your possession regarding patients, employees or any other business relating to the organisation. In accordance with the Public Interest Disclosure Act 1998 protected disclosures are exempt from the express duty.

### Health and safety

To be aware of the responsibilities placed upon all employees under the Health and Safety at Work Act 1974, to ensure the agreed safety procedures are understood and carried out to maintain a safe environment for employees and visitors.

### Conflict of interests

You may not without the consent of the Trust engage in any outside employment and in accordance with the Trust's Conflict of Interest Policy you must declare to your manager all private interests which could potentially result in personal gain as a consequence of your employment position in the Trust.

In addition the NHS Code of Conduct and Standards of Business Conduct for NHS Staff require you to declare all situations where you or a close relative or associate has a controlling interest in a business (such as a private company, public organisation, other NHS or voluntary organisation) or in any activity which may compete for any NHS contracts to supply goods or services to the Trust. You must therefore register such interests with the Trust, either on appointment or subsequently, whenever such interests are gained. You should not engage in such interests without the written consent of the Trust, which will not be unreasonably withheld. It is your responsibility to ensure that you are not placed in a position which may give rise to a conflict of interests between any work that you undertake in relation to private patients and your NHS duties.

### Code of conduct

All staff are required to work in accordance with the code of conduct for their professional group (e.g. Nursing and Midwifery Council, Health Professions Council, General Medical Council, NHS Code of Conduct for Senior Managers).

### Infection control

It is the responsibility of all staff, whether clinical or non-clinical, to familiarise themselves with and adhere to current policy in relation to the prevention of the spread of infection and the wearing of uniforms.

Clinical staff – on entering and leaving clinical areas and between contacts with patients all staff should ensure that they apply alcohol gel to their hands and also wash their hands frequently with soap and water. In addition, staff should ensure the appropriate use of personal protective clothing and the appropriate administration of antibiotic therapy. Staff are required to communicate any infection risks to the infection control team and, upon receipt of their advice, report hospital-acquired infections in line with the Trust's Incident Reporting Policy.

Non clinical staff and sub-contracted staff – on entering and leaving clinical areas and between contacts with patients all staff should ensure they apply alcohol gel to their hands and be guided by clinical staff as to further preventative measures required. It is also essential for staff to wash their hands frequently with soap and water.

Staff have a responsibility to encourage adherence with policy amongst colleagues, visitors and patients and should challenge those who do not comply. You are also required to keep up to date with the latest infection control guidance via the documents' library section on the intranet.

### Clinical governance and risk management

The Trust believes everyone has a role to play in improving and contributing to the quality of care provided to our patients. As an employee of the Trust you are expected to take a proactive role in supporting the Trust's clinical governance agenda by:

- Talking part in activities for improving quality such as clinical audit
- Identifying and managing risks through incident and near miss reporting and undertaking risk assessments
- Following Trust policies, guidelines and procedures
- Maintaining your continue professional development

All clinical staff making entries into patient health records are required to follow the Trust standards of record keeping. All staff has a responsibility to report all clinical and non-clinical accidents or incidents promptly and when requested to co-operate with any investigation undertaken.

### Information quality assurance

As an employee of the Trust it is expected that you will take due diligence and care in regard to any information collected, recorded, processed or handled by you during the course of your work and that such information is collected, recorded, processed and handled in compliance with Trust requirements and instructions.

### Freedom of Information

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

### Smoking policy

It is the policy of the Trust to promote health. Smoking is actively discouraged and is prohibited in most areas of the Hospital, including offices, with the exception of designated smoking areas on all sites.

### Professional association/Trade union membership

It is the policy of the Trust to support the system of collective bargaining and as an employee in the health service you are therefore encouraged to join a professional organisation or trade union. You have the right to belong to a trade union and to take part in its activities at any appropriate time and to seek and hold office in it. Appropriate time means a time outside working hours.

### Continuing medical education

The appointee will be required to meet, as a minimum, the requirements of their Royal College in respect of continuing medical education.

### Protecting patients and guiding doctors

The Trust fully supports the General Medical Council's performance procedures designed to protect patients and guide doctors. In the context of a doctor's fitness to practice, the Trust requires all doctors to follow the GMC's principles of Good Medical Practice, which encourages and promotes effective self-regulation.



### Intellectual Property

You will comply with our procedures for intellectual property which are in line with 'The NHS as an Innovative Organisation, Framework and Guidance on the Management of Intellectual Property in the NHS'.

You hereby agree that all intellectual property rights shall together with all forms of media incorporating such rights or on which the rights are recorded or stored, belong to the Trust, or to the Trust and a third party jointly if a formal agreement is in place, and you hereby undertake to execute all documents and do all things which may be necessary or desirable for vesting the intellectual property rights in the Trust or for obtaining protection for the intellectual property rights in such part or parts of the world as may be specified by the Trust.

Without prejudice to the above clause, you hereby assign to the Trust by way of future assignment of copyright all copyright subsisting in the intellectual property for all the classes of act which by virtue of the Copyright Designs and Patents Act 1988 the owner of the copyright has the exclusive right to do throughout the world for the whole period of which copyright is to subsist. You hereby irrevocably appoint the Trust to be your attorney in your name and on its behalf to sign, execute or do any such instrument or thing and generally to use your name for the purpose of giving the Trust full benefit of the provisions of this clause and in favour of any third party a certificate in writing signed on behalf of the Trust that any instrument or act falls within the authority conferred by this clause shall be conclusive evidence that such is the case.

You hereby waive your right to be identified as the author of the intellectual property if requested by the Trust, and considering the Trust's legal obligation to identify inventors of patents according to European patent law, and your right to object to derogatory treatment of the intellectual property

### Confidentiality and Data Protection Act

All employees of The Royal Marsden NHS Foundation Trust must not, without prior permission, disclose any information regarding patients or staff (please also see the Trust's policy on Whistleblowing). In instances where it is known that a member of staff has communicated information to unauthorised persons, those staff will be liable to dismissal. Moreover, the Data Protection Act 1998 also renders an individual liable for prosecution in the event of unauthorised disclosure of information.

### Customer service excellence

All staff are required to support the Trust's commitment to developing and delivering excellent customer-focused service by treating patients, their families, friends, carers and staff with professionalism, respect and dignity.

### Emergency planning

In accordance with the Trust's responsibilities under the Civil Contingencies Act 2004 all staff are required to undertake work and alternative duties as reasonably directed at variable locations in the event of and for the duration of a significant internal incident, major incident or pandemic.

### Equality and diversity policy

The Royal Marsden NHS Foundation Trust is committed to eliminating all forms of discrimination on the grounds of age, disability, gender reassignment, marriage / civil partnership, pregnancy / maternity, race, religion or belief, sex and sexual orientation.

## 8. How to apply

Only applications that are submitted through the NHS Jobs website or the RMH Careers website will be considered.

There is a requirement for all search and recruitment organisations to verify the identity of individuals, to confirm their right to work in the UK. This is a legal requirement placed on us which we are required to comply with.

[http://www.legislation.gov.uk/ukxi/2003/3319/pdfs/ukxi\\_20033319\\_en.pdf](http://www.legislation.gov.uk/ukxi/2003/3319/pdfs/ukxi_20033319_en.pdf)

### Visiting the Department

Applicants are invited and encouraged to visit the department informally by arrangement. The Trusts do not pay travelling expenses or a subsistence allowance in connection with any such visits.

For an informal discussion and/or to arrange an informal visit please contact Dr Kevin Boyd by emailing [kevin.boyd@rmh.nhs.uk](mailto:kevin.boyd@rmh.nhs.uk)

Recruitment Timetable	Event Date
Closing date:	5 <sup>th</sup> May 2024
Shortlist completed:	Mid-Late May 2024
Interviews:	Mid-Late June 2024
Conditional offer made:	Late June/Early July 2024
Start date:	TBC

This recruitment timetable is indicative only, dates are subject to change without notice.

