

Model job description for a consultant in transfusion medicine

Posts may vary considerably. In some, responsibilities are confined to National Blood Transfusion Services (NHSBT, WBS, NIBTS and SNBTS), others are joint appointments created between Blood Transfusion Services and a neighbouring Trusts/Health Boards, whilst in some cases Trusts may create posts with a specific remit for transfusion medicine. In the first two instances, it may be appropriate that the post-holder has an honorary appointment with a teaching hospital. In some cases, honorary academic contracts may be awarded. Hospital-based posts with an *interest* in transfusion medicine or *responsibility to lead* on blood transfusion are primarily those of consultant haematologists and are dealt with elsewhere.

Title of employing body

Title of post

Appointment

State whether the post is whole-time/part-time and state the number of programmed activities (PAs)

State whether the post is a new or replacement post.

State whether the appointee is expected to have a special interest or is expected to develop such an interest to complement the other consultants.

State that any applicant who is unable for personal reasons to work full-time will be eligible to be considered for the post. If such a person is appointed, modification of the job content will be discussed on a personal basis with the Trust in consultation with consultant colleagues.

The content of this job description represents an outline of the post only and is therefore not a precise indication of duties and responsibilities. The job description is therefore intended to be flexible and will be subject to review and amendment in the light of changing circumstances, following consultation with the post-holder.

General information

Describe the location(s): city/town/region and surrounding area, size of population covered, etc.

The employing body

In the case of a split-site organisation or joint post, the facilities at each site should be described separately with the description of the main employer first and the associated organisation second. The two sections below, 'Hospital/Trust' and 'The transfusion department', describe what should be included about the organisation.



Hospital/Trust (as main employer)

Give a detailed description of the hospital(s) served and its/their work, including details of the clinical specialties, whether or not there is an accident and emergency service, details of surgical, medical, paediatric, obstetrics and gynaecology, oncology units, particularly any relevant specialised regional or supra-regional services. Describe any planned developments.

Describe hospital location, number of beds, range of clinical services, any planned changes or major developments, special features, management arrangements, etc.

Give an outline description of the pathology departments and their relationship with each other and with the rest of the hospital. Detail satellite hospitals served by the laboratory and any pathology or transfusion networks the laboratory is associated with. This should include any planned or proposed changes in the provision of the pathology services.

If relevant, describe the relationship with university/medical school departments or research units.

The transfusion department

Describe the transfusion department, giving a detailed description of the laboratory, including its facilities and major equipment. There should be information on access to special services and reference laboratories e.g. red cell immunohaematology, histocompatibility and immunogenetics, transfusion microbiology, molecular genetics etc.

Administrative arrangements

It is recommended that the job description states: “The pathology service is managed in accordance with the *Strategic Review of Pathology Services*” and gives the name of the current Head of Service/Clinical Lead for the specialty.

The departmental management structure and relationship of the transfusion laboratory and transfusion medicine consultant to other pathology specialities should be stated, and a diagram or flowchart included where possible.

Accreditation and regulatory compliance

State UKAS accreditation and MHRA compliance status as well as participation in relevant external quality assurance (EQA) schemes.

Budgetary arrangements

Where appropriate state the arrangements for the blood component budget and the transfusion department budget including designation of the budget holder.

Laboratory accommodation and equipment

This might include the location and floor space allocated to the transfusion laboratory (or laboratories) and a description of the key items of automated equipment. Include the details of the laboratory information management system (LIMS) and any other interoperable systems (such as electronic blood managements systems, order comms or electronic patient records).

Laboratory workload

Where available, describe the current/most recent workload of the transfusion laboratories in terms of both tests performed and components issued. This can be tabulated for ease of presentation.

Test	Site 1	Site 2
Group and screen		
Crossmatch		
Kleihauer		
Send-aways		
Component issues		
Red cells		
Platelets		
Frozen components		
Anti-D Ig		

The clinical transfusion service

The description should usually include the Hospital/Trust transfusion team and Hospital/Trust transfusion committee with their affiliations and interests. It is also helpful to include consultant haematologists and their interests. Describe the lines of clinical and managerial accountability within the haematology department and the wider division or directorate. This can be tabulated for ease of presentation and may include a diagram or flowchart.

List the consultant staff – full first names and titles, their sessional commitment (whole-time/part-time) and any subspecialty responsibility. Show this in a table format.

Title first name/surname	Whole-time/part-time	Subspecialty interest/s
Hospital/Trust transfusion team		
Hospital/Trust transfusion committee		
Haematology department		

Staffing

The number and grade of biomedical scientists delivering the transfusion laboratory service should be included. Also include any trainees, support workers and clerical staff.

The relevant pathology departments with associated consultants and clinical scientists should be listed and tabulated for ease of presentation. Links to universities, medical schools and research units should be included.

It must state whether the appointee will have admitting rights and the availability and number of beds.

The availability and line management of appropriate designated junior staff should be stated as well as the number and status of trainees and rotational training arrangements.

The arrangements for the emergency admission of patients and on-call arrangements should be specified.

National Blood Service (as main employer)

Give an outline description of the blood service and the scope of the work within the organisation that relates to this post.

Blood services are increasingly organised on functional rather than centre-based lines and the job description should address this. In this introductory outline state whether there is national integration of consultant workforce, arrangements for research and development and links with other establishments.

Blood transfusion centre-based posts

Describe the functions covered by the blood transfusion centre within the national service and detail the population and hospitals served within the region it serves. Also describe the range of diagnostic reference services provided, where relevant.

Include any satellite facilities under the centre's management including any hospital transfusion laboratories for which it holds responsibility.

Where present, describe any clinical or academic links with neighbouring hospitals and academic institutions and whether there are any local facilities for research and development.

The description should usually include the departmental or speciality team structure and management arrangements, including the names affiliations of key consultants and clinical scientists with whom the post-holder will interact. Include a diagram or flowchart where possible.

Joint appointments

There should be a clear statement of the sessions allocated to the hospital and the transfusion service, and the specific responsibilities within each role.

General information about each organisation should be provided, including any specialist units relevant to the post.

The workload statistics and the management arrangements for each organisation should be detailed.

Details of further clinical commitments, including on-call work, should be provided.

Facilities provided to support the post-holder, i.e. office and secretarial/personal assistant support, should be described.

Duties of the post

These are variable and dependent upon the specific role. Responsibility should be focused within a limited number of pre-defined areas of the service, e.g. transfusion microbiology, therapeutic apheresis or red cell immunohaematology, as detailed below.

Common features should include the job description:

- strategic role
- involvement in the development of policies and standards
- national professional responsibilities, such as work for the Joint Professional Advisory Committee (JPAC), British Committee for Standards in Haematology (BCSH) Transfusion Task Force, National Blood Transfusion Committee (NBTC), Safety of Blood Tissues and Organs (SaBTO) etc.

- ability to influence quality
- role in service enhancements and quality improvements
- teaching/research with an honorary appointment to a teaching hospital or university, if the blood service is the primary employer
- expectations for liaison with hospitals served, or other professional bodies, to provide expert advice
- arrangements for cross-cover and on-call work
- clinical responsibilities
- specified management arrangements for the particular service, with respect to the responsibility for supporting staff and quality assurance.

Scope of specific roles that may be included in a Transfusion Medicine Consultant model job description may include the following:

Donor care

Setting standards for and ensuring a high level of donor care.

Monitoring of effectiveness and compliance with standards.

May or may not involve responsibilities for apheresis including therapeutic apheresis.

Workload statistics should be given.

Transfusion microbiology

Input into policies/procedures for the appropriate investigation of transfusion-transmitted infections (TTIs) and monitoring and reporting of TTIs.

Ensuring appropriate counselling, advice and referral for marker-positive donors and policies/procedures for handling donors with false-positive virology markers.

Supervision of look-back exercises at a local level.

Handling potential litigation at a local level, and national level if applicable.

May or may not involve responsibility or involvement in choice of non-mandatory assays and algorithms for confirmatory testing.

Diagnostic reference laboratories

Setting standards for laboratory service provided and ensuring these are met.

Clinical reporting and, as required, advising on referred samples.

Development of clinical policies relating to the investigation and support of related clinical conditions.

Management of phenotyped panels and provision of cells.

Provision of expert advice to referring clinicians.

Blood components

Responsibility for clinical input into development and implementation of production of new components.

Involvement in clinical trials.

Appraisal of hospital and government initiatives and their impact on component requirements.

Monitoring the quality of components provided.

Clinical advice relating to quality problems, e.g. product recall.

Clinical transfusion medicine

Development of policies and procedures for the safe and effective use of blood.

Liaison with clinical units to ensure that high standards of transfusion practice are achieved and maintained.

Collection of outcome data, e.g. adverse reactions to blood components.

Participation in the activities of the regional and hospital transfusion committees.

Therapeutic apheresis

Setting standards for therapeutic cytapheresis and plasma exchange, and ensuring that these are achieved.

Assessment of patients and in some cases donors, e.g. those of peripheral blood stem cells.

Monitoring the outcome of procedures.

Tissue banking

Setting standards for the selection of tissue donors and ensuring that collection of tissues conforms to the highest standards of practice.

Liaising with clinical users of tissue services to assure the appropriate use of tissues.

Monitoring the outcome of tissue use and assisting in the reporting of adverse reactions to the use of tissues.

Stem cells and immunotherapy

Involvement in the establishment and implementation of standards for stem cell donor selection and management.

Setting standards for stem cell collection procedures and monitoring the outcome of these.

Providing clinical advice to SCI laboratories.

Liaison with clinical stem transplant and immunotherapy units.

Continuing professional development (CPD)

State that the appointee will be expected to participate in clinical audit, and CPD, and in relevant quality assurance schemes and proficiency testing.

State that the employer supports the concepts of CPD, clinical audit and EQA, and encourages all consultants to participate in these activities by providing time and resources.

State the employer's policy on the provision of study leave and funding, including the number of days, the amount of funding and the period covered.

Clinical effectiveness (clinical governance/audit)

The arrangements for clinical governance and the appointee's participation should be outlined.

The appointee will be expected to participate in multidisciplinary clinical audit, and in the implementation of an ongoing quality improvement programme within the department.

The appointee will also be expected to provide advice in development of clinical guidelines, investigation protocols, laboratory SOPs and guidance on the appropriate use of tests and blood components to the clinical units supported.

There should also be a statement that time and facilities will be made available for clinical governance and audit.

Annual appraisal

State the policy for annual appraisal. Give the name and position of the intended appraiser, if known. Where there is a joint appointment the main employer should state the arrangements with the associated organisation.

Describe the policy for relaying key issues arising from the appraisal process to the Clinical Director, Medical Director or Responsible Officer.

Describe the local procedures to be followed if it is not possible to agree a job plan, either following appointment or at annual review.

Revalidation

There should be a clear statement concerning the Trust's approach to the General Medical Council revalidation process (relicensing and recertification), indicating that there will be provision of time and support to enable revalidation and recertification.

Give the name and position of the Responsible Officer for revalidation, if known.

Research and development (R&D)

If relevant, describe the relationship with any local university or teaching hospital, particularly with respect to teaching and research, and whether an honorary academic title applies and which body it will be with.

Indicate the opportunities for R&D and how much time will be available for these activities. This should include reference to the existing R&D portfolio or task-led funding of the institution.

Teaching

State whether there are any commitments to undergraduate teaching and/or postgraduate training. In departments where specialist registrars are trained, indicate that the department has been approved for this purpose.

Division of work and job planning

Describe the proposed rota arrangements and the division of work between the consultants in the department for each area of activity.

State that the rota will be subject to negotiation between colleagues and clarify the arrangements for mediation should a dispute arise.

Give a proposed job plan that outlines how the consultant's time will be allocated between various duties. This should make clear the number of programmed activities (PAs) to be allocated to direct clinical care and to supporting professional activities.

Job plan

Include a provisional job plan and give details for review. For example:

- direct clinical care (includes clinical activity and clinically related activity): 8 PAs on average per week for a full-time appointment.
- supporting professional activities (includes CPD, audit, teaching and research and public engagement): 2 PAs* on average per week.

*This is the opinion of the TM SAC that this is a *minimum* allocation of SPAs.

Colleague cross-cover for annual, professional and study leave is expected.

The job plan will be reviewed and a performance review carried out by the Clinical Director and, through them, the Medical Director of the organisation. State the arrangements for review of the job plans, if and when necessary. Where there is a joint appointment the main employer should state the arrangements with the associated organisation.

State the local procedures to be followed if it is not possible to agree a job plan, either following appointment or at annual review.

This recognises that all consultants require time to maintain and develop professional expertise but that additional supporting activities such as educational supervision, teaching and management may not be evenly distributed within a department.

State the Trust's policy on the provision of professional leave and for incorporating into the job plan external duties for the good of the wider NHS (such as giving external lectures, acting as an RCPsych or university examiner or UKAS inspector, and working for the Department of Health or the relevant Medical Royal College in various capacities/roles).

Out of hours

The job plan should state whether there is any commitment to provide an out-of-hours service. If such a service is required, show the frequency of the on-call rota and the agreed on-call category.

If the on-call commitment is significant, an appropriate number of direct clinical care (DCC) PAs should be allocated.

State the duties expected while on call, e.g. availability for clinical advice, availability to attend in person.

Leave

Describe the arrangements for cover of annual and study leave, including whether locum cover is usually provided.

Facilities for appointee

Describe the office, location of office and whether it is shared or for the sole use of the appointee.

Describe the secretarial/personal assistant support and equipment provided for appointee. The recommended minimum is an office, secretarial/PA support, computer with appropriate software, internet and email access, access to necessary laboratory information management systems (state which package is used) and access to current books and journals. State the facilities used for report generation (e.g. audiotapes, digital dictation, voice recognition).

Main conditions of service

Insert the standard wording for all consultant posts in the Trust.

Terms and conditions of service

The appointee will be required to maintain General Medical Council (GMC) full and specialist registration with a licence to practise and revalidation, and should follow the GMC's *Code of Good Medical Practice*.

The appointment will be covered by the National Health Services Terms and Conditions of Service for Hospital, Medical and Dental Staff (England and Wales) and the General Whitley Council Conditions of Service.

Include the standard terms and conditions of service provided by the employing organisation(s).

Administration

The appointee will share the responsibility with the other consultants in contributing to the management within the employing organisation's structure. Act as custodian of data under the Data Protection Act and custodian of stored samples. Service and administrative duties on various committees, which may include the following:

Communication

Ensure all communication, which may be complex, contentious or sensitive, is undertaken in a responsive and inclusive manner, focusing on improvement and ways to move forward.

Ensure all communication is presented appropriately to the different recipients, according to levels of understanding, type of communication being imparted and possible barriers such as language, culture, understanding or physical or mental health conditions.

Confidentiality

Information relating to patients, employees and business of the employing body must be treated in the strictest confidence. Under no circumstances should such information be discussed with any unauthorised person(s) or organisations. All staff must operate within the requirements of the Whistle blowing Policy (Freedom of Speech policy).

Codes of professional conduct

Staff are required to abide by the professional code of conduct relevant to their governing body.

Policies

It is the responsibility of staff to be familiar with the employing body's policies that affect them, and work within the scope set out in them. These can be found on the employing body's intranet site; any queries should be raised via the line manager. Managers are responsible for ensuring staff know of, and work within, the employing body's policies, procedures and protocols.

Controls assurance

Controls assurance is an 'over-arching' policy providing a framework of control covering a whole range of other NHS policies enshrined in the 18 controls assurance standards. Through self-assessment and external and internal audit, Trusts are expected to monitor their progress against these standards. Risk management is the core standard. Staff responsibilities will be outlined in the Risk Management Strategy.

<http://www.publications.parliament.uk/pa/cm199900/cmselect/cmpubacc/173/0011702.htm>

Information technology skills

Members of staff should be skilled in IT to the required level for the job. The employing body reserves the right for these skills to be developed appropriately.

Health clearance

A full medical examination will/will not normally be required; however, the successful candidate will be required to complete a health questionnaire and will also be required to produce evidence of a satisfactory chest X-ray within the last year. Posts are offered on the understanding that the applicant will comply with requirements regarding immunisations.

Applicants for posts which include surgical/invasive work will be asked to supply written evidence to the Occupational Health Department of degree of immunity to hepatitis B.

If not immunised, the result of a test which indicates freedom from carrier state will be required and immunisation should then be commenced. Applicants should be aware of the guidance to HIV infected health care workers from the Department of Health and the GMC/GDC.

Health and safety

Employees are required to ensure they are aware of, and comply with, policies and procedures relating to health and safety (whether statutory or employing body), and assist in ensuring the compliance of other staff.

Infection prevention and control

The employing body considers compliance with the Infection Prevention and Control Policy and Procedures, including hand hygiene, is the responsibility of all employees who work in clinical areas. Failure to do so may result in formal action being taken against an employee.

Training in radiation protection

It is a legal requirement for any clinician who personally directs or performs radiological investigations (other than radiologists) to have attended a recognised course in radiation protection and possess a Core of Knowledge Certificate. This includes medical staff who undertake X-ray

films in theatre. For radiopharmaceutical exposures, this includes medical staff who administer radiopharmaceuticals for diagnostic or therapeutic purposes or who clinically direct.

Indemnity

The employing body will cover all medical staff for NHS work under NHS Indemnity. *Name* [of the NHS employing body] is required to encourage medical and dental staff to ensure that they have adequate defence cover for any work which does not fall within the scope of the Indemnity Scheme. Any private practice undertaken on NHS premises must be covered by subscription to a medical defence organisation.

Disclosure and Barring Service checks

To include statement on application or otherwise of DBS (Disclosure and Barring Service, formally CRB) checks. <https://www.gov.uk/disclosure-barring-service-check/overview>

Privacy and dignity, respect and equality of opportunity

The Trust is committed to ensuring that all current and potential staff, patients and visitors are treated with dignity, fairness and respect regardless of gender, race, disability, sexual orientation, age, marital or civil partnership status, religion or belief or employment status. Staff will be supported to challenge discriminatory behaviour.

UK visas and immigration

Applicants should be aware that regardless of country of origin, their ability to communicate in written and spoken English to the standard required to carry out the post will be assessed during the selection process.

www.ukba.homeoffice.gov.uk/visas-immigration/working/

Applications from job seekers who require Tier 2 sponsorship to work in the UK are welcome and will be considered alongside all other applications.

www.ukba.homeoffice.gov.uk/visas-immigration/working/tier2/general/

Condition of appointment

The appointment will be made in accordance with the National Health Service (Appointment of Consultants) Regulations.

Canvassing of any member of the Advisory Appointments Committee will disqualify the applicant.

Induction and development reviews

All medical staff are required to undertake the employing body's induction as soon as possible after commencing work. They are also expected to have a local induction to their place of work which will be undertaken by their line manager or nominated person and sent to Learning and Development for record keeping.

Major incident or civil unrest

In the event of a major incident or civil unrest all trust employees will be expected to report for duty on notification. All Trust employees are also expected to play an active part in training for and preparation for a major incident or civil unrest.

Working Time Regulations

The employing body is committed to the principle that no member of staff should work, on average, more than 48 hours per week. Staff that do exceed this limit need to complete an opt-out form. Any member of staff who undertakes work outside the employing body, regardless of whether they exceed 48 hours or not, must inform their manager of this in writing.

Place of work

Whilst the duties of the appointment will be primarily at the organisation stated, the appointment will be made to the X employing body and there will be a commitment to attend occasionally at any other centre, hospital or clinic in the employing body, as may be necessary from time to time, e.g. in emergencies.

Place of residence

The successful candidate will be required to reside within a reasonable distance of the employing body. This will normally be within ten miles, but subject to the discretion of the employing body.

Removal expenses

Reasonable removal expenses will be paid if agreed with the department prior to appointment, subject to a maximum, currently £ X.

Visiting arrangements

Give the arrangements for visiting the Trust, either prior to shortlisting or prior to interview.

List the personnel who may be contacted by candidates. This should include the chief executive, medical director, laboratory medicine director and/or head of service. Contact details such as telephone number and/or email address. Name of PA/sec if applicable.

Person specification

Category	Essential	Desirable
Qualification and training	<p>Full and specialist registration (and with a licence to practise) with the General Medical Council (GMC) (or be eligible for registration within six months of interview)</p> <p>If an applicant is UK trained, they 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>If an applicant is non-UK trained, they will be required to show evidence of equivalence to the UK CCT</p> <p>FRCPATH or evidence of equivalent qualification</p>	Other relevant higher qualification
Experience	<p>Evidence of thorough and broad training and experience in the relevant specialty</p> <p>Able to take responsibility for delivering service without direct supervision</p>	Evidence of a special interest that complements those of other consultants and/or clinical scientists in the department
Knowledge and skills	<p>Knowledge and experience of relevant specialty</p> <p>Broad range of IT skills</p> <p>Knowledge of evidence-based practice</p>	
Communication and language skills	<p>Ability to communicate effectively with clinical colleagues, colleagues in pathology and support staff</p> <p>Good knowledge of, and ability to use, spoken and written English</p> <p>Ability to present effectively to an audience, using a variety of methods, and to respond to questions and queries</p>	

The Royal College of Pathologists advises that applicants who are specialist registrars not yet on the General Medical Council (GMC) Specialist Register must have obtained the FRCPATH by examination in order to be able to be shortlisted for a consultant-grade post. It also advises that suitable signed documentary evidence must be provided by such applicants to confirm that they are within six months (i.e. six months beforehand) of being included on the GMC Specialist Register at the date of the interview.

The documentary evidence should be:

- either an ARCP outcome 6 (recommendation for completion of training) or a letter from the postgraduate dean specifying the date for completion of training

AND

- a letter from The Royal College of Pathologists confirming that the applicant has fully passed the FRCPATH Part 2 examination.