The Royal College of Pathologists
Pathology: the science behind the cure

Model job description: consultant haematologist

Title of employing body
Title of post

Appointment

State whether the post is full or 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 other consultants.

State whether suitably qualified candidates may be eligible for an honorary academic appointment, stating name of university.

FRCPath or equivalent and M/FRCP or equivalent are essential qualifications for this post.

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 employing body in consultation with consultant colleagues.

General information

Describe the location: city/town and surrounding area, size of population, etc.

The employing body

Give a 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, etc. and 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. If relevant, describe the relationship with university/medical school departments or research units. This should include any planned or proposed changes in the provision of the pathology services.

Details of the employing body should include the presence of all specialist services and regional or sub-regional tertiary referral units.

In the case of a split-site organisation, the facilities at each site should be described.

Detail networked hospitals served by the laboratory.

The department

Describe the laboratory, giving a detailed description of the individual department including its facilities and major equipment. There should be information on access to special services; for example, molecular pathology, immunohistochemistry, neuropathology and paediatric pathology.

State if the laboratory is outsourced. Information about access to the regional haematology malignant diagnostic centre should be included here.

State whether pathology is a directorate or a sub-directorate and identify the clinical director or head of pathology, if a sub-directorate. This should include any mechanisms for change; for example, rotation or fixed-term appointments.

State the month and year of UKAS Ltd accreditation, status of application or anticipated reply and/or completion.

State participation in external quality assurance (EQA) schemes if applicable.

If relevant to the specialty, please provide an organisational structure / organogram, if one is available.

Medical directorate

The description should include all consultants and their interests, although in a teaching hospital an indication of departments will usually be sufficient. Major allied research activity relevant to haematology should be indicated.

It must state that the appointee will be a member of the medical directorate with admitting rights and appropriate designated junior staff. Availability of beds and numbers should be stated.

Junior medical staff and lines of clinical and managerial accountability should be described. The anticipated time required to supervise junior staff should be described.

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

Laboratory haematology and blood transfusion

The head of department should be identified.

The facilities and major equipment in the department should be described.

An overall description of the scope of the work and workload statistics should be given, including the proportion from GPs and other community-based services, and the population served by the department.

There should be a statement as to how the service complies with NICE guidelines: Haematological Cancers: improving outcomes, with respect to integrated diagnostic reporting. This should describe the local and regional arrangements for the provision of and the interaction with a Specialist Integrated Haematological Malignancy Diagnostic Service (SIHMDS). The role (if any) of the post holder in the reporting of blood film, marrow aspirate, trephine, CSF and other fluid morphology; other modality testing (e.g. flow cytometry); and integrated reporting should be described

The arrangements for liaison with clinical haematology should be outlined, including non-haematological bone marrow examinations, autologous blood transfusion, outpatient blood transfusion and support for ante-natal services.

The hospital transfusion committee and transfusion team structure and function should be described, as should the working relationship with NHS Blood and Transplant (NHSBT).

The laboratory quality management structure and function should be described.

Clinical haematology

The medical staff within the department should be stated, including non-consultant grades, junior training grades and staff shared with other departments (i.e. Foundation Year and ST1/2 trainees). Clinical nurse specialists should also be specified.

Clinical duties and facilities should be outlined, including workload statistics and case mix. Support staff, including specialist nurses, counsellors and pharmacy, should be stated.

The budget holder for clinical services should be explicitly stated, if this is different from the laboratory service.

Outpatient clinics

Give a description of the number and approximate size of the clinics, including whether they are general or specialised.

Joint clinics (for example, with oncologists) should include the details of the other participants.

Inpatient management

Admitting rights should be stated, with a clear description that beds are allocated on the basis of need. If that is not the case, local arrangements must be described. This should include shared support staff with other departments.

Average numbers of inpatients should be provided and shared care should be described; for example, chemotherapy administration or chemotherapy-related admissions for patients under the care of oncologists.

Day ward or unit

The scope of treatment on the day ward should be described, including details of staffing and the degree of training and experience of key staff. It should be made clear whether it is dedicated or shared with other specialties and, if the latter, the managerial arrangements should be described.

The numbers of patients attending should be given.

Haematological oncology

There should be a statement as to how the service complies with the NICE Improving Guidance on Haematological Cancers: improving outcomes. The level of care of the services, as defined by BCSH, should be specified.

This section should also describe the conditions or categories of patients managed locally, those that are referred for tertiary care and those that involve shared care. Numbers of cases should be given. Facilities for, frequency of, content of and attendance at clinicopathological multidisciplinary team (MDT) meetings should be described.

The referral patterns and participation in Cancer Networks should be described. It should be stated whether the department has undergone an accreditation exercise, as required in every Cancer Network.

Details of contracts with all local and other relevant purchasers and commissioners should be included.

Planned expansion of services or changes to the existing arrangements should be included.

If appropriate include arrangements for teenage and young adult (TYA; 16–24 year-old) patients.

Paediatric haemato-oncology

This section should state where children receive intensive chemotherapy and follow-up, and admission for complications of chemotherapy.

It should state whether paediatricians, haematologists and, where applicable, paediatric haematologists take clinical responsibility for these cases.

Details of joint clinics should be included where applicable.

Haemophilia treatment

Haemophilia centre status should be given where applicable.

The centre responsible for haemophiliacs and other congenital bleeding disorders should be given and shared care details should be provided.

Anticoagulant services and thrombophilia

The description should include the provision of anticoagulant clinics and who staffs them (consultant, nurse practitioner, pharmacist, etc.).

The clinical responsibility should be given (for example, a referring consultant haematologist or GP).

The numbers of new and follow-up patients should be given.

If BMSs, pharmacy or nursing staff are involved in dosing, the lines of accountability should be described. Involvement in near-patient testing should be described. Include responsibility for quality assurance (QA) and maintenance of results and equipment.

If there is a separate thrombophilia service, this should be described including facilities, laboratory back-up and whether it is joint (for example, cardiology).

There should be a statement as to whether the overall arrangement for the development of these services is planned (for example, via a venous thrombo-embolism committee or equivalent).

Laboratory accommodation and equipment

Describe where it is, how much space, specialised equipment (including microscope, photomicrography and digital imaging), laboratory computer system and links with the internet.

Links for reporting laboratory data to regional and national public health surveillance systems.

Information Technology: Please indicate the current laboratory information management system (LIMS) being used in the department including how this sits within the wider hospital IT infrastructure, and details of integration with the current hospital information system (HIS) and, if any, the provision of results to external requesters. Please indicate whether the department uses voice recognition and any macropathology imaging systems and whether these are integrated with the LIMS.

Tabulate workload (indicate proportion from GPs)

These figures should be as up-to-date as possible.

Type of activity	Requests in year (state year)

Describe the facilities for multidisciplinary team (MDT) meetings, including audiovisual facilities if the MDT is coordinated off site.

Specify the number of MDTs held each week and describe how the MDTs will be shared between consultants.

Staffing

List the consultant staff – full first names and titles, their sessional commitment (whole or part time) and all subspecialty responsibilities.

Title, first name, surname	Whole or part time	Subspecialty interest(s)

The following should be described:

- number of clinical scientists
- number of biomedical scientists (BMSs)
- number of medical laboratory assistants (MLAs)
- number of phlebotomists, where they are managed by haematology
- number of secretarial, clerical and reception staff
- number of specialist practitioner/s in transfusion.

Recognition by the relevant medical royal college and the Health Professions Council (HPC) for training should be included, as should arrangements for referral for specialist laboratory services.

Management arrangements and administrative duties

State how the pathology service is managed.

Name the current head of service/clinical lead for the specialty.

Summarise the process by which leadership is determined, for example: Since one of the functions of the Head of Service post is regarded as being to facilitate the development of management skills, it is anticipated that this role will rotate, with annual review, between colleagues with an interest in and aptitude for management.

Duties of the post

Arrangements for sharing the work with other medical staff should be stated.

Arrangements for medical cover for the department and out-of-hours duties should be described. These should include cover arrangements for annual and study leave (for example, whether a locum is provided).

Managerial responsibilities, and whether they are individual, shared or part of a rotation, should be specified, if they were not included in the description of the department.

Non-clinical responsibilities should be stated, particularly where they relate to laboratory management; for example, blood transfusion, where responsibility for laboratory investigations and hospital transfusion policies should be mentioned.

Arrangements for participation in the employing body's clinical governance process should be described.

Time, staff and facilities for clinical audit, including the maintenance of proper records, should be described.

Time should be made available for the training of medical and non-medical staff in the department and providing teaching sessions for other hospital staff.

Participation in departmental staff appraisal should be described. This may include laboratory staff, non-consultant medical staff or trainees. There will also be involvement in the consultant appraisal process, and the arrangements for the appointee should be specified.

There should be a clear statement on the policy for annual appraisal and review of the job plan. The name and position of the intended appraiser should be given.

There should be a statement on the policy for relaying key issues arising from the appraisal process to the clinical director and medical director.

There should be a statement that the consultant will provide continuing responsibility for patients in their charge and in partnership with colleagues working for the proper function of the department.

There should be a statement that the post holder may be required to undertake other duties appropriate for a consultant haematologist not otherwise specified.

Continuing professional development (CPD)

State that the appointee will be expected to participate in CPD and the employing body's policy on the provision of study leave and funding (number of days and amount of funding).

Clinical effectiveness (clinical governance/audit)

State the arrangements for clinical governance and clinical audit. The post holder's participation must be outlined.

Annual appraisal and revalidation

Include the name of the designated body and that a responsible officer will be allocated, together with arrangements for appraisal and the policy for annual appraisal and review of the job plan.

Research and development (R&D)

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

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.

Job plan

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

- direct clinical care (DCC; includes clinical activity and clinically related activity): 7.5 PAs on average per week.
- supporting professional activities (includes CPD, CQI, audit, teaching and research, and public engagement): 2.5 PAs on average per week.

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 of Pathology and, through them, the Medical Director of the employing body.

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

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 agreed on-call category.

If the on-call commitment is significant, an appropriate number of DCC PAs should be allocated.

State the duties expected while on call; for example, availability for clinical advice.

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 state that it is for the sole use of the appointee. The work space should take into consideration the environment, lighting, temperature control, space, storage and flooring.

Describe the secretarial support and equipment provided for the appointee. The recommended minimum is an office, secretarial support, PC with appropriate software, internet and email access, access to necessary LIMS (state which package is used) and access to current books and journals. State the facilities used for report generation (for example, audiotapes, digital dictation and voice recognition).

State that a modern microscope (if relevant to the post) is available for the appointee and that it is suitable for the work that they will be required to perform. State that the microscope and seating is of ergonomic design.

State whether the department uses a system for reporting from digital images, or whether there is a view to implementing such a system.

Digital pathology

Please indicate if there is a plan for digital pathology service provision. If so, whether this is at planning or implementation stage, the timescale, and the vision for future service provision. Please indicate whether this is envisaged to have a result on the job and workload allocation activities for the appointee and the facilities that may be made available for the appointee (for example, viewing stations, screens, remote login and reporting).

Main conditions of service

Insert the standard wording for all consultant posts in the employing body.

Terms and conditions of service

The appointee will be required to maintain GMC full and specialist registration with a licence to practise and revalidation, and should follow the GMC's guidance on *Good Medical Practice*

The appointment will be covered by the NHS's 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 body.

Disclosure and Barring Service checks

To include statement on application or otherwise of DBS checks (Disclosure and Barring Service, formerly known as CRB, Criminal Records Bureau).

For Northern Ireland it is access NI criminal disclosure check

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.

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

Condition of appointment

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

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

Visiting arrangements

Give the arrangements for visiting the employing body, 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. Provide contact details such as telephone number and/or email address, and the name of a personal assistant or secretary if applicable.

Travelling expenses

Travelling expenses are paid in accordance with the terms and conditions of the employing body.

Potential applicants wishing to visit the employing body will be reimbursed for two preliminary visits (one informal visit prior to application and one formal visit before interview), plus actual interview expenses. **If a post is offered and subsequently refused, expenses will not be reimbursed.**

Interviewed candidates travelling from outside the UK will be entitled to travelling and subsistence expenses; however, these only apply in respect of the journey from the point of entry in the UK to the interview location.

Person specification

Category	Essential	Desirable
Qualification and training	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). Applicants that are UK trained must be a holder of a Certificate of Completion of Training (CCT), or be within six months of award of CCT by date of interview. Applicants that are non-UK trained will be required to show evidence of equivalence to the UK CCT. FRCPath or evidence of equivalent qualification **and** M/FRCP or evidence of equivalent qualification. MB ChB or evidence of equivalent qualification	MRCPCH or evidence of equivalent qualification. Other relevant higher qualification.
Experience	Evidence of thorough and broad training and experience in the relevant specialty. Able to take responsibility for delivering service without direct supervision.	Evidence of a special interest that complements those of other consultants in the department.
Knowledge and skills	Knowledge and experience of relevant specialty. Broad range of IT skills. Knowledge of evidence-based practice.	
Communication and language skills	Ability to communicate effectively with clinical colleagues, colleagues in pathology and support staff. Good knowledge of, and ability to use, spoken and written English. Ability to present effectively to an audience, using a variety of methods, and to respond to questions and queries.	