



# Model job description: consultant paediatric 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 this is a general paediatric haematology consultant post or one with a special interest, e.g. in haemostasis, bone marrow transplantation or haemoglobinopathy.

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 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, neonatal, 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.

Detail networked hospitals served by the laboratory.

The details should include the population served, whether there is a tertiary paediatric oncology centre (TPOC) and a children's cancer and leukaemia group centre, a centre for stem transplantation or a haemophilia centre and what other paediatric specialties are represented, also whether there is a paediatric A&E or if children are seen in an adult A&E unit or paediatric ambulatory care unit. Reference should be made to the availability of a teenage and young adult cancer unit. If this is not on-site, include a description of how this patient group is covered.

State whether there is a paediatric intensive care unit (PICU) on-site or, if not, what arrangements are made with nearby hospitals for the provision of paediatric intensive care.

State whether, or not there is a neonatal intensive care unit (NICU) on-site and the level of care that unit provides (i.e. level 1, 2 or 3).

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

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

## **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 the month and year of [UKAS](#) Ltd accreditation, status of application or anticipated reply and/or completion.

State participation in external quality assurance schemes if applicable.

## **Pathology**

This should state which directorate paediatric haematology is in or whether it is part of a sub-directorate. It should also identify the clinical director or head of pathology if a sub-directorate.

This should include any mechanisms for change (e.g. rotation or fixed-term appointments).

The role of the paediatric haematologist in the laboratory service should be made clear, particularly in respect of their responsibilities for adult as well as paediatric services, and whether paediatric blood transfusion is the responsibility of one of the paediatric haematology consultants or the adult haematology consultants. The role (if any) of the postholder in the regional Specialist Integrated Haematological Malignancy Diagnostic Service (SIHMDS) should be described, as should the arrangements for multidisciplinary team (MDT) discussion of newly diagnosed cases of haematological malignancy.

The component departments and consultant pathologists should be listed. Links to universities, medical schools and research units should be included.



## Paediatric directorate

The description should include all consultant paediatricians and paediatric surgeons and their area of subspecialisation.

In addition, consultants who provide specialist care for children in the support services, such as anaesthesia, imaging, radiotherapy, psychiatry and surgical subspecialties (ENT, orthopaedics, plastic surgery, ophthalmology, etc.), should be listed.

Availability of beds and numbers of patients' beds should be stated.

The junior medical staff should be stated, with details of which grade and type of junior staff (for example general paediatric, paediatric oncology and haematology) provide 'on-call' cover for paediatric haematology patients.

The lines of clinical and managerial accountability should be described.

## Adult clinical haematology

The medical staff within the adult haematology department should be stated, including non-consultant grades, junior training grades and staff shared with paediatric haematology (for example, clinical nurse specialists).

A brief outline of the workload and case mix should be provided, together with arrangements for assuming care of paediatric patients once they reach adulthood. Responsibility for care of teenage patients should be outlined.

Any joint paediatric/adult haematology clinics should be mentioned. Arrangements for transition of children and adolescents into adult care and follow-up should be described.

Details of whether, or not the department is a Haemophilia Centre and carries out adult stem cell transplants (SCTs)/bone marrow transplants (BMTs; allogeneic/autologous should be specified) should be included, as should any specialist services offered (for example, thrombophilia, isotope studies).

## Laboratory haematology and blood transfusion

The facilities and major equipment in the department should be described, including equipment suitable for analysing small samples.

An overall description of the scope of the work and workload statistics, including the proportion from GPs, the proportion of paediatric and neonatal samples and the population served by the community, should be given.

Arrangements for liaison between the laboratories and paediatric haematology, general paediatrics, PICU (if relevant) and NICU should be described (for example, review of blood films/coagulation results, bone marrow examinations).



## Laboratory accommodation and equipment

Describe where it is, how much space there is, and any specialised equipment and laboratory computer system.

Describe any 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.

### 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).

## Tabulate workload (indicate proportion from GPs)

These figures should be as up to date as possible.

The workload and case mix should be described, together with any expected changes in referral pattern.

Average numbers of inpatients should be given, including those undergoing SCT/BMT.

In addition, the number, and types of SCT/BMT performed each year should be given, as well as the numbers of children with haemoglobinopathies, inherited bleeding disorders, haematological and non-haematological malignancies (and whether this is on a shared care basis with a secondary provider).

The referral patterns and participation in TPOC/paediatric oncology shared care unit networks, as well paediatric haemoglobinopathy network and the paediatric haemophilia/coagulation network for children with malignancies should be described.

Type of activity	Requests in year (state year)



Describe the facilities for MDT meetings, including audio-visual 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 medical staff within the paediatric service should be stated, including non-career grade consultants, junior training grades including foundation trainees, and whether staff are shared with other departments.

Clinical nurse specialists, including any specialist practitioners in transfusion, should also be specified, as should other specialist support staff including paediatric pharmacist(s), paediatric dietician(s), paediatric physiotherapist(s), play specialists and clinical psychologists.

The following should be described:

- number of biomedical scientists
- number of medical laboratory assistants
- number of phlebotomists, and whether they are managed by haematology
- number of secretarial, clerical and reception staff
- number of staff (if any) dedicated to the paediatric haematology service.

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.

State the number and status of trainees and rotational arrangements.

State the number and grading of biomedical scientists, medical laboratory assistants, cytology screeners, mortuary, and clerical staff.

If relevant, state the arrangements for leading and managing specialist services such as breast and cervical screening, pathological support for cancer reporting, etc.



## 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 care of inpatients and out-of-hours duties should be described.

These should include cover arrangements for annual and study leave, e.g. whether a locum is provided.

Arrangements for laboratory cover should be described; it should be specified whether the paediatric haematology consultants provide laboratory 'on call' and, if they do, whether this is on the same rota basis as the clinical cover (this may happen if clinical cover is also provided by paediatric oncologists) and whether they provide laboratory and transfusion cover for the adult as well as the paediatric service.

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.

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 paediatric haematologist not otherwise specified.

## Clinics

A description of the number and approximate size of the clinics, including whether they are general or specialised, should be provided. This should include outreach clinics in other hospitals.



This should include any joint clinics (for example, haemophilia, orthopaedics, endocrine, haemato-oncology). There should be a description of how transition to adult services is managed and whether there is a transition clinic.

### **Day ward**

A description of the day-ward facilities should be provided, together with details of staffing, the case mix and the numbers of patients attending.

### **Haemophilia**

Haemophilia centre status should be stated. If the unit is not a haemophilia centre, the name of the centre responsible for haemophiliacs and other congenital bleeding disorders should be given and shared care details provided.

### **Continuing professional development**

State that the appointee will be expected to participate in continuing professional development (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**

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 research and development (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.

Where trainees are trained, the arrangements should be outlined and whether training is approved by the Royal College of Pathologists, the Royal College of Physicians and/or the Royal College of Paediatrics and Child Health.



## Division of work and job plan

Describe the proposed rota arrangements and the division of work between the consultants in the department for each area of activity (for example, laboratory cover, ward attending, outreach clinics and consultations).

State that the rota will be subject to negotiation between colleagues. 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 PAs to be allocated to direct clinical care and to supporting professional activities.

### Job plan

State compliance with the local health and safety policy and local procedures.

Provide a description of the proposed rota arrangements and the division of work between the consultants in the department for each area of activity. This will be subject to negotiation between colleagues, and it is an area where disputes arise following appointment, and the arrangements should be clear.

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, continuous quality improvement, 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, provision of frozen sections, availability for laboratory advice and availability for transfusion advice or as appropriate.

## Leave

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





## Unplanned leave

Describe the arrangements in place for cover when colleagues take unplanned leave.

## Working from home and hybrid working

State if there is a hybrid working arrangement\* in place for the post holder following discussion with head of department/lead.

\*A hybrid working arrangement is when the post holder would split their time between the workplace and working remotely (usually from home).

## 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.

Describe the equipment available for photomicrography, electron microscopy, immunofluorescence or other techniques.

## 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 General Medical Council (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 [Skilled Worker](#) 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 ([England and Wales](#)) or ([Northern Ireland](#)).

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
<b>Qualification and training</b>	<p>Full and specialist registration (and with a licence to practise) with the GMC (or be eligible for registration within six months of interview).</p> <p>Applicants that are UK trained must <b>also</b> 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>FRCPPath or evidence of equivalent qualification.</p> <p>M/FRCP or evidence of equivalent qualification.</p>	<p>Other relevant higher qualification.</p> <p>MRCPCH or evidence of equivalent qualification.</p> <p>MB ChB or evidence of equivalent qualification.</p>
<b>Experience</b>	<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> <p>At least 12 months experience in a tertiary paediatric haematology centre.</p>	<p>Evidence of a special interest that complements those of other consultants in the department.</p> <p>Experience of general paediatrics.</p>
<b>Knowledge and skills</b>	<p>Knowledge and experience of relevant specialty.</p> <p>Broad range of IT skills.</p> <p>Knowledge of evidence-based practice.</p>	
<b>Communication and language skills</b>	<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>	



Category	Essential	Desirable
<b>Teaching, audit and research</b>	<p>Evidence in participation of clinical audits.</p> <p>Evidence of an interest and commitment to teaching.</p> <p>Understanding of the principles of research.</p> <p>Evidence of participation in audit.</p>	<p>Recognised teaching qualification.</p> <p>Research experience.</p> <p>Publications.</p> <p>Prizes and honours.</p>
<b>Management skills</b>	<p>Evidence of managerial skills: achievements/course attended.</p>	



Category	Essential	Desirable
<b>Personal skills</b>	<p>Practice in accordance with the <a href="#">GMC's guidance</a> on <i>Good Medical Practice</i> to include:</p> <ul style="list-style-type: none"> <li>• good communication skills, both oral and written</li> <li>• honesty and reliability</li> <li>• decisiveness/accountability</li> <li>• excellent and effective interpersonal skills</li> <li>• energy and enthusiasm and the ability to work under pressure</li> <li>• an enquiring and critical approach to work</li> <li>• a caring attitude to patients</li> <li>• non-judgemental approach to patients</li> <li>• evidence of ability to work independently and as part of a team</li> <li>• an ability to organise and prioritise work effectively</li> <li>• flexibility</li> <li>• resilience</li> <li>• thoroughness</li> <li>• initiative/drive/enthusiasm</li> <li>• team working</li> <li>• situational awareness</li> <li>• dealing with stress and fatigue</li> <li>• leadership skills</li> <li>• evidence of logical thinking/problem solving/decision-making</li> <li>• effective, confident presentation ability</li> <li>• demonstrates behaviours and attitudes that support the trust's mission and values.</li> </ul>	

