Consultant Paediatric Oncologist
with an interest in Teenage and young Adult late effects

Candidate information pack

Date November 2017

PRIVATE AND CONFIDENTIAL
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1. **Introduction to The Royal Marsden from Medical Director, Dr Nicholas van As**

Dear Candidate

Thank you for your interest in the role of Consultant Paediatric Oncologist with an interest in Teenage and Young Adult Late Effects 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 is our team of 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 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
The Leadership Team

The ROYAL MARSDEN
NHS Foundation Trust

Cally Palmer
Chief Executive

Dr Liz Bishop
Chief Operating Officer and Deputy Chief Executive

Dr Michelle van As
Medical Director

Eamon Sullivan
Chief Nurse

Marcus Thomran
Chief Financial Officer

Professor David Cunningham
Director of Clinical Research

Dr Jocelyn Locke
Lead for Clinical Oncology

Professor David Moss
Chief of Surgery

Dr Tina Wigram
Chief Clinician Information Officer and Consultant Interventional Radiologist

Shona Malcolm
Managing Director, Private Care

Mr Thomas Isid
Divisional Medical Director, Private Care

Nina Singh
Director of Wellness

Dr Gary Reeves
Director of Medical Education and Consultant in Critical Care and Anaesthetics

Rachael Roe
Director of Marketing and Communications

Barb Clarke
Divisional Director, Cancer Services

Jon Spencer
Divisional Director, Clinical Services

Anne Howson
Divisional Director, Sutton Community Health Services

Antonia Dobson
Director of the Royal Marsden Cancer Charity

Nicky Brown
Director of Transformation and Charity Genius

Steven Francis
Director of Performance and Information

Sauli Vyas
Director of Projects and Estates
**Business strategy**
The Trust has a Five Year Business Strategy (2014–19) 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:

- **Innovation and precision medicine** – significant investment has been made in infrastructure, facilities and research workforce. Together with our academic partner, the ICR, we installed the UK’s first MR Linac, a state-of-the-art radiotherapy system. In 2016 we renewed our NIHR Biomedical Research Centre status.

- **New systems of care** – over the past year we have been working with Greater Manchester Cancer and University College London Hospital on a new cancer delivery model, the Accountable Cancer Network. Being chosen as a ‘vanguard’ site means we will take a lead on the development of new care models which will act as the blueprint for the future NHS and the inspiration to the rest of the cancer health and care system. Locally, RM Partners, will cover all of west London with the aim of improving survival, quality and safety, patient experience and recruitment to clinical trials.

- **Modernising infrastructure** – the five year plan includes capital investment of £140m to support services and research strategies, a modern equipment programme and major investment in IT and patient information systems. In 2016, the Board approved a new IT strategy and this programme of work will be an important aspect of our transformation programme.

- **Financial sustainability and best value** – a Private Care strategy was agreed in 2014, which is critical to the Trust’s long term sustainability as a high quality provider. The successful delivery of the strategy will depend on investment in commercial capability and clinically led research growth strategy, allowing the service to grow profitably within the period of the five year plan.
3. Information about the Children and Young People’s Unit

As a specialist cancer centre, we treat children and young people with complex clinical needs.

The Oak Centre for Children and Young People is one of the largest comprehensive children’s cancer centres in Europe, and the Principal Treatment Centre for all children with cancer in the South Thames area. It is also home to one of Europe’s largest and leading drug development programmes in paediatric oncology. We also have one of the largest stem cell transplant services for patients with malignant disease in the UK.

The Children’s and Young People’s Unit at The Royal Marsden is fully integrated with all adult oncology specialities and enjoys the benefits of co-location with The Institute of Cancer Research (ICR) on our Sutton site.

The clinical oncology service for children and young people with malignancy has a significant international reputation and has an established record in innovative radiotherapy techniques.

The Children’s and Young People’s Unit has an excellent, well established paediatric oncology nursing service and there is excellent multidisciplinary care with well-developed integrated psychosocial, educational and family support.

In 2006, The Royal Marsden was formally designated with St George’s as the Joint Principal Treatment Centre (PTC) of the South Thames Children’s and Young People’s Cancer Network. The Royal Marsden provides cancer diagnosis, treatment, and non-surgical cancer therapy with St George’s providing the paediatric specialist surgery and paediatric intensive care unit (PICU).

Local, comprehensive, integrated, high-quality care for children and young people with malignancy is delivered by robust clinically governed programmes and patient pathways. Treatment is according to current international therapeutic protocols and trials.

Involving parents has developed the unit’s philosophy of family-centred care and involving young people and carers with the treatment plan, both in the hospital and at home. Families have open access to the unit and a community liaison team facilitates home treatment and shared care with local hospitals. Early return to school is encouraged and the teachers and social workers based on the unit work closely with schools and other community based services.

The Royal Marsden, in collaboration with the two regional paediatric neuro-surgical centres (St Georges and Kings College Hospital), has been developing a comprehensive South Thames Paediatric Neuro-oncology Service and is one of the largest paediatric neuro-oncology units in the UK. There is close joint working between the paediatric and adult neuro-oncology teams in the form of weekly joint multi-disciplinary team (MDT) meetings and joint clinics.

There is a well-established allogeneic haematopoetic stem cell transplant programme which until now has been led by two joint Adult and Paediatric Stem Cell Transplant consultants. This is complemented by an active programme for myeloablative procedures, requiring autologous haemopoetic stem cell rescue. There is on-site provision of total body irradiation. The recruitment of 2 paediatric haematologists with FRCPath to new substantive posts (ongoing in parallel with this appointment) will facilitate the plan to move towards a model in which, following a period of transition, the Paediatric Stem Cell Transplant service will be led and delivered by consultants with a paediatric Stem Cell Transplant focus.
There is a very active, innovative, palliative care and symptom control service led by a dedicated Consultant in Paediatric Palliative Care, providing 24-hours out-of-hours care and linking with a local hospice.

The Oak Centre for Children and Young People was opened in September 2011 and comprises 31 inpatient beds, including a dedicated teenage and young adult unit and 4 beds for paediatric drug development. There are also state-of-the-art outpatient and daycare facilities. The centre sees almost 600 inpatients and more than 5000 day patients every year.

The unit has approximately 220 new malignant registrations per year, including children with leukaemia, lymphoma, central nervous system and extra cranial solid tumours.

Children are referred from South West and South East London, Kent, Surrey and Sussex although for early phase studies patients are referred from all around the UK via defined referral networks, with a third of patients recruited to paediatric early phase studies coming from out of region. The unit is currently involved in multi-centre national and international trials evaluating new therapeutic strategies.

Our research activities are closely integrated with the work of The Institute of Cancer Research (ICR). The overall goal of the research strategy is to improve the five year survival of childhood and adolescent cancer via the Paediatric and Adolescent Oncology Targeted Drug Development Programme at the ICR and The Royal Marsden. This comprehensive programme comprises drug discovery, pre-clinical evaluation and early clinical trials.

There are four inpatient beds at The Royal Marsden for Phase I trial patients (with potential to increase this number further) together with outpatient chairs and day care beds, an on-site laboratory for pharmacokinetic and pharmacodynamic sample processing, and two new suites for radioisotope therapy which will help facilitate novel studies involving radioisotope components.

The Paediatric Drug Development Unit has accreditation from the European Innovative Therapies for Childhood Cancer (ITCC) consortium. It is the most active paediatric drug development unit in the UK and one of the most active in Europe.

Staffing lists for the Children and Young People’s Unit are contained in Appendix A.

**Paediatric facilities at St George’s Hospital**

The successful candidate for the role of Consultant Paediatric Haematologist will be part of the team providing care at both The Royal Marsden and our Joint Principal Treatment Centre (PTC) partner, St George’s.

The Paediatric Department at St George’s provides a comprehensive level of services at district (secondary) level and specialist (tertiary) level. These include paediatric surgery, neonatal medicine and surgery, and paediatric intensive care. St. George’s is the major provider of neonatal intensive care for South Thames (West). Non-malignant paediatric haematology services are provided through the St George’s haematology department. Historically there have been joint paediatric haematology appointments between RM and SGH but the recognised need for more diagnostic paediatric haematology presence on the RM site means that going forward RM will have a dedicated on site weekday paediatric haematology service.

There are seven Paediatric Surgeons and within each of the surgical specialties of ENT surgery, plastic and reconstructive surgery, and orthopaedic surgery there are surgeons with a major paediatric interest.
There are three dedicated paediatric operating theatres and an endoscopy suite. The inpatient facilities are made up of five paediatric wards - a daycase ward, surgical ward, neurosciences ward, medical ward, paediatric infectious diseases unit and a 12 bedded intensive care unit, making a total of 74 inpatient beds. The neonatal unit has 12 intensive care cots, nine High Dependency Cots and 18 Special Care cots.

4. Job description and responsibilities

This is a new, substantive full time consultant paediatric oncologist position. The successful applicant will join the existing team of substantive consultants based at The Royal Marsden, Sutton. He/she will be part of the specialist consultant team providing care for children and young people with leukaemia and lymphoma and those undergoing allogeneic stem cell transplant. Existing substantive paediatric consultants include Dr Donna Lancaster, Dr Mary Taj and Dr Ayad Atra and 2 new FRCPath paediatric haematology posts of HSCT lead and consultant paediatric haematologist are being appointed in addition to this post. The post holder is expected, with appropriate support, to take on leadership and contribute to the delivery of the Royal Marsden late effects transition service for Teenage and Young Adult (TYA) survivors of cancer in childhood or adolescence.

It is envisaged that the paediatric transplant programme will be directed at Consultant level by the new appointment of HSCT lead with the support of this appointment. Dr Mike Potter and Dr Mark Ethell (who also lead the adult programme) currently lead the paediatric and TYA allogeneic programme. It is envisaged that they will gradually withdraw from the paediatric/younger TYA patients over the next 2 years and that the new post of HSCT lead will by 2020 take on the lead or Paediatric Programme Director role with regard to JACIE requirements. There will also be input from other team members including this post in terms of help with clinics and inpatient review. This increase in workforce is intended to allow the transition of leadership and care of SCT patients from Drs Mike Potter and Mark Ethell who head the adult SCT service to the Children and Young People’s team as a planned process over a 2–year time frame up to early 2020, as well as full ownership of patients with leukaemia/lymphoma within this specialist team.

The leukaemia/lymphoma team works alongside the solid/CNS tumour team which includes Dr Julia Chisholm (Head of Unit), Dr Lynley Marshall, Dr Sucheta Vaidya, Dr Fernando Carceller and Dr Paola Angelini (new appointment from Sept 2017). Clinical oncologists Dr Henry Mandeville and Dr Frank Saran provide radiotherapy services and the wider consultant teams provide treatment and care for children and adolescents at The Royal Marsden and St Georges Hospital. The solid tumour team manages the clinical aspects of autologous HSCT in solid tumour patients.

The post holder will also work closely with the clinical nurse specialists for leukaemia (Teresa Northey; 2nd appointment agreed), lymphoma (Michelle Dannatt) and Bone Marrow Transplant (Indranee Johnson) to facilitate excellent care for patients under the team’s care. A second CNS appointment for leukaemia is planned. The clinical service is supported by a HSCT fellow and 3 Hospital Specialists across the 2 joint PTC sites.

There is a well-established paediatric late effects service lead by Dr Mary Taj which survivors of haematological malignancy and non CNS solid tumours who are 5 years or more from the end of treatment. There is a recognised need to develop a similar service for survivors of paediatric brain tumours and it is anticipated that this service will be developed over the next 5 years. At the age of 16 patients needing ongoing late effects surveillance are moved from the paediatric late effects clinics to the TYA transition clinic. The TYA transition clinic is also the late effects clinic for patients who are already aged 16-24 at 5 years from end of treatment. Patients are seen a small number of times in the TYA transition clinic on the RM Sutton site before being moved to an adult late effects clinic at UCLH.
The TYA transition clinic is jointly run by Dr Helen Simpson, consultant endocrinologist at ULCH and a paediatric oncologist (currently Dr Jane Passmore), and at present has monthly all day clinics on a Wednesday. The late effects service is supported by 2 highly experienced CNS roles: Emma Potter leads on TYA aged patients with Beth Leach focusing on younger patients. Patients seen in the TYA transition clinic who move to UCLH are seen there by Dr Simpson and/or Emma Potter and Dr Passmore who attend clinics every fortnight ensuring that there is genuine supported transition from RM to UCLH.

**Post responsibilities**

The post holder will undertake one clinic per week focusing on paediatric and adolescent leukaemia/lymphoma. There is a plan to rationalise clinics to facilitate a more team based approach and relieve clinic duties during St George’s attending weeks in the future. The post holder will take existing case load of patients and going forward will take on the care of new leukaemia/lymphoma patients. The post holder will contribute to the inpatient management of HSCT patients.

This post will take over the work currently undertaken by Dr Passmore providing consultant level leadership to the service. Training in basic endocrinology and late effects can be provided as needed to support the development of the post holder. The postholder will participate in the monthly all day TYA transition clinic at the Sutton site. One PA per week for preparation for the clinics and support for the CNS roles will be allocated.

Depending on the interest and experience of the post holder, they may have the opportunity to contribute to the early phase trials work of the Paediatric Drug Development Unit and will be expected to co-ordinate relevant phase III trials. The post holder will also be expected in due course to contribute to one or more other areas of management responsibility within the department (such as clinical governance, a PTC lead role, education, safeguarding etc). Clinical research activity will be encouraged.

The post holder will contribute to the Monday to Friday weekday attending consultant rota at The Royal Marsden on a 1:10 rota. During attending weeks they will lead the morning handover with the junior medical team and handover to on-call consultant colleagues before leaving the hospital in the evening. The possibility of moving to separate “solid” and “liquid/BMT” attending rotas at the Royal Marsden is expected to be realised in 2018 once the full consultant team is in place.

The weekday attending responsibilities currently include care of all inpatients under the paediatric team on the paediatric and teenage and young adult wards, supporting the management of patients in the shared care setting, seeing or triaging new referrals and being available for any acute problems in the daycare unit and paediatric procedures list needing consultant input.

The post holder will also contribute to the Monday to Friday weekday attending consultant rota at St George’s Hospital on a 1:10 rota. Responsibility at St George’s is for the care of oncology patients in up to four PTC beds, oncology care of patients in the paediatric intensive care unit, oncology care of patients under surgical and neurosurgical teams, seeing new patients referred directly to St George’s and consulting on potential new oncology patients within St George’s. The majority of PTC patients at St Georges have haematological malignancies and the post holder will be supported by consultant colleagues as appropriate in decision making for solid tumour patients at St Georges. There will be no fixed commitments (including no clinics) at the Sutton site during St George’s attending weeks.

The post holder will undertake a daily consultant-led ward round at St George’s during attending weeks and will work with the hospital specialist and the Advanced Nurse Practitioner
team at St George’s to ensure high quality, safe care for all patients needing specialist oncology care.

Shared care patients at St Georges are under the care of the general paediatricians but oncology consultants may be asked to provide advice or input for shared care patients at St George’s.

This appointment will also take the role of Trust Education Lead and College Tutor for paediatric junior medical staff in the Children and Young Peoples Unit. This role rotates among the consultants and the post holder will be expected to fulfil this role for at least 3 years. Any haematology trainees working with the CYP Unit will fall under the responsibility of the Educational Lead for the Haematology department.

The post holder will contribute to the consultant out-of-hours on call rota (evenings/nights and weekends) covering oncology patients at both The Royal Marsden and St George’s Hospital, currently a 1:8 rota but expected to be a 1:10 or 1:11 rota once the consultant team is fully established.

The post holder will attend:
- Twice weekly sit down ward rounds on Tuesdays (2.30 – 3.30pm) and Fridays (8.30 – 9.30am) at The Royal Marsden
- Leukaemia MDT every Wednesday at the Royal Marsden (8.30-9.30)
- Weekly video-linked paediatric solid tumour MDT every Thursday (4.30 – 6pm) at The Royal Marsden or St George’s
- Alternate week leukaemia “on treats” meeting on Thursdays (3.00 – 4.00pm) at The Royal Marsden) – whenever possible
- BMT meetings, currently Thursday alternate weeks 1300-1400
- Consultant meetings currently every Tuesday (8.30 - 9.30am) except the first Tuesday of the month.

The post holder is expected to contribute to the supervision of non-consultant medical staff, the regular junior doctor teaching programme, departmental audit and the quarterly Care Quality Forum programme.

The post holder is expected to develop excellent working relationships with the teams at St George’s Hospital including the consultant haematologists, the paediatric surgical team, Dr Assunta Albanese, Consultant Paediatric Endocrinologist, Dr Henry Mandeville and Dr Frank Saran, consultant clinical oncologists at The Royal Marsden and Dr Mike Potter and Dr Mark Ethell in the adult BMT service, in order to facilitate the management of patients with leukaemia/lymphoma.

The post holder will be asked to contribute to departmental organisational development as appropriate to the post and post holder.

Support and mentorship for the post holder will be provided by the Head of the Unit, Dr Julia Chisholm and Dr Ayad Atra/Dr Donna Lancaster.

Secretarial support, office accommodation, access to the telephone and computer system, will be provided at The Royal Marsden. Office accommodation, access to the telephone and computer system and any necessary administrative support will be provided at St George’s Hospital.
5. **Job plan**

This consists of eight programmed activities (PAs) of direct clinical care and two PAs for supporting professional activities.

This is a proposal and the final work commitments will be agreed between the post holder and The Royal Marsden through the job planning process prior to commencement.

Thereafter, the job plan will be reviewed annually with the Clinical Business Unit Manager and the Clinical Unit Head. Any changes can be discussed and agreed at this review.

**The Royal Marsden - week on attending service (1:10)**
**Present at The Royal Marsden, Monday to Friday**

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<tr>
<th>AM</th>
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<tbody>
<tr>
<td>Monday</td>
<td>0815-0900 Consultant-led handover</td>
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<td>0900-1300 Clinic (DCC)</td>
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<tr>
<td>Tuesday</td>
<td>0815 Consultant-led handover (DCC)</td>
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<td></td>
<td>0830 – 0930 Consultant meeting (SPA)</td>
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<tr>
<td></td>
<td>0900 – 1300 Consultant-led ward round</td>
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<tr>
<td></td>
<td>1300 – 1630 Leukaemia MDT (DCC)</td>
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<tr>
<td>Wednesday</td>
<td>0815 - 0830 Consultant-led handover</td>
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<tr>
<td></td>
<td>0830-0900 Leukaemia MDT</td>
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<tr>
<td></td>
<td>0900 – 1300 Ward work/clinical administration (DCC)</td>
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<tr>
<td>Thursday</td>
<td>0815 Consultant-led handover</td>
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<td></td>
<td>0900 – 1300 Ward work/clinical administration (DCC)</td>
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<tr>
<td></td>
<td>0830 – 0930 Multidisciplinary ward round</td>
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<td></td>
<td>0930 – 1300 Consultant ward round (DCC)</td>
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**St George’s Hospital - week on attending service (1:10)**
**Present at St George’s, Monday to Friday**

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<tr>
<th>AM</th>
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<tbody>
<tr>
<td>Monday</td>
<td>0900 - 1300 Ward round/Clinical administration (DCC)</td>
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<tr>
<td>Tuesday</td>
<td>0830 – 0930 Consultant meeting (SPA)</td>
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<td></td>
<td>0930 - 1300 Ward round/Clinical administration (DCC)</td>
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<tr>
<td>Wednesday</td>
<td>08:30-9.00 Leukaemia MDT (DCC)</td>
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<td>0900 - 1300 Ward round/Clinical administration (DCC)</td>
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<td>Thursday</td>
<td>0900 - 1300 Ward round/Clinical administration (DCC)</td>
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<tr>
<td>Friday</td>
<td>0900 - 1300 Ward round/Clinical administration (DCC)</td>
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## Non-attending

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<tr>
<th>Day</th>
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<tbody>
<tr>
<td>Monday</td>
<td>0900-1300 Haematology clinic(DCC)</td>
<td>1300 - 1700 Education (SPA)</td>
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<tr>
<td>Tuesday</td>
<td>0830 – 0930 Consultant meeting(SPA)</td>
<td>1330 – 1430 Non-clinical admin (SPA)</td>
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<td>0930 – 1330 Audit/research (SPA)</td>
<td>1430 – 1530 MDT ward round(DCC)</td>
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<td>1530-1630 Teaching (SPA)</td>
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<td>1630 – 1730 Clinical Admin(DCC)</td>
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<td>Wednesday</td>
<td>0930 – 1300 TYA late effects preparation (DCC)</td>
<td>Clinical admin (DCC)</td>
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<td>1000-1300 TYA late effects clinic x 12 per year (DCC)</td>
<td>1300-1800 TYA late effects clinic x 12 per year (DCC)</td>
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<td>Thursday</td>
<td>0900 – 1300 Ward work/Clinical admin (DCC)</td>
<td>1300-1600 clinical admin (DCC)</td>
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<td></td>
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<td>1500-1600 leukaemia on treat meeting (alternate weeks (DCC)</td>
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<td></td>
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<td>1630 – 1800 MDT meetings (DCC)</td>
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<tr>
<td>Friday</td>
<td>0830 – 0930 Multidisciplinary ward round (DCC)</td>
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<td></td>
<td>0930 – 1300 CPD (SPA)</td>
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### Summary of programmed activities

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<thead>
<tr>
<th>Type of programmed activity</th>
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<tr>
<td><strong>Direct clinical care</strong></td>
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</tr>
<tr>
<td>Inpatient activities (eg ward rounds)</td>
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<tr>
<td>Outpatient clinics</td>
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<tr>
<td>MDT meetings and preparation for MDT meetings</td>
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<tr>
<td>Administration relating to clinical care</td>
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<td><strong>On call/emergency work</strong></td>
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<td>Predictable activity whilst on call</td>
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<tr>
<td>Unpredictable activity whilst on call/emergencies</td>
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<tr>
<td>Other clinical duties</td>
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<tr>
<td><strong>Sub-total of direct clinical care</strong></td>
<td>8</td>
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<tr>
<td><strong>Supporting professional activities</strong></td>
<td></td>
</tr>
<tr>
<td>Training activities (including training of other staff)</td>
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<tr>
<td>Audit/research activities and Continuing Professional Development (CPD)</td>
<td>1.5</td>
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<tr>
<td>Other supporting professional activity including administration relating to supporting professional activities</td>
<td>0.25</td>
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<tr>
<td><strong>Sub-total of supporting professional activities</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Travelling time (where applicable)</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total programme activities per week</strong></td>
<td>10</td>
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## 6. Person specification

<table>
<thead>
<tr>
<th>Person specification</th>
<th>Qualities and attributes</th>
<th>Essential</th>
<th>Desirable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Status</strong></td>
<td></td>
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</tr>
<tr>
<td>Membership of the Royal College of Paediatricians and Child Health</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCT in Paediatrics (paediatric oncology) or equivalent or within 6 months' of obtaining it.</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible for full GMC registration</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A higher degree</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching qualification</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Experience</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least 2 years experience at consultant level of responsibility as named consultant for patients with leukaemia/lymphoma</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broad based experience in bone marrow transplant</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant level experience of the acute management of children with solid tumours</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experience of and interest in working with Teenage and Young Adult patients (aged 16-24)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocrine experience or willingness to learn</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Late effects experience or willingness to learn</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extensive experience of organisation of education and training of junior doctors</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivated to ensure the achievement of desired targets</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experience in medical audit</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT skills</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Personal qualities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A relevant interest in clinical research</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approachability</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team player</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enthusiasm</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective communication; skilled at communicating with TYA patients</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committed to personal and professional development</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 £76,761–£103,490 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).

Relocation expenses
The successful applicant would be required to live less than ten miles or half an hour from the RM site in Sutton. Where a move is necessary to take up a post within the Trust, relocation expenses may be paid. Contact the Medical Workforce Department for further details.

Clinical Excellence Award
Consultants with at least one year’s service will have the opportunity to apply for a Clinical Excellence Award which is administered in line with the ACCEA guidelines.

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:

<table>
<thead>
<tr>
<th>Number of years of completed service as a consultant</th>
<th>Days annual leave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to seven years</td>
<td>32</td>
</tr>
<tr>
<td>Seven or more years</td>
<td>34</td>
</tr>
</tbody>
</table>

**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 European Union, 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 and 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 polices, 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**

All applications must include:
- A full curriculum vitae/resume quoting reference number on the vacancy
- A covering letter highlighting the aspects of the job description and The Royal Marsden NHS Foundation Trust that particularly attract you to the post (Word document)
- A photocopy of your passport (photo page)
- Contact details for three referees (who will not be contacted without your permission)
- A completed Equal Opportunities Monitoring Form (online)

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.


<table>
<thead>
<tr>
<th>Recruitment timetable</th>
<th>Event date</th>
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</table>

**Visiting the department**

Applicants are invited and encouraged to visit the departments informally, by arrangement. The Trust is not empowered to 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 Julia Chisholm, Consultant Paediatric Oncologist, Head of Children and Young People’s Unit, The Royal Marsden, 0208 661 3549, Julia.chisholm@rmh.nhs.uk

- Gwen Hodge, Assistant Clinical Business Unit Manager, The Royal Marsden, 020 8661 3502, gwen.hodge@rmh.nhs.uk
9. Appendix A: Staffing lists

Children and Young People’s Unit, The Royal Marsden

**Consultant Paediatric Oncologists/Haematologists**

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Julia Chisholm</td>
<td>Consultant Paediatric Oncologist and Clinical Head of Unit, with an interest in sarcoma and young people. ICR Honorary Faculty, Divisions of Clinical Studies and Molecular Pathology</td>
</tr>
<tr>
<td>Dr Donna Lancaster</td>
<td>Consultant Paediatric Oncologist with an interest in leukaemia / lymphoma and early phase trials for haematological malignancies. Deputy Research Lead (Phase III studies) and current Interim Research Lead.</td>
</tr>
<tr>
<td>Dr Mary Taj</td>
<td>Consultant Paediatric Oncologist with an interest in leukaemia / lymphoma / late effects</td>
</tr>
<tr>
<td>Dr E van Risjwijk</td>
<td>Locum Consultant Paediatric Oncologist with an interest in leukaemia/lymphoma</td>
</tr>
<tr>
<td>Dr A Atra</td>
<td>Consultant Paediatric Haematologist with an interest in malignant, benign haematology and Langerhans Cell Histiocytosis.</td>
</tr>
<tr>
<td>Dr S Vaidya</td>
<td>Consultant Paediatric Oncologist with an interest in neuro-oncology and solid tumours.</td>
</tr>
<tr>
<td>Dr Paola Angelini (from Sept 2017)</td>
<td>Consultant Paediatric Oncologist</td>
</tr>
<tr>
<td>Dr Lynley Marshall</td>
<td>Oak Foundation Consultant Oncologist in Paediatric and Adolescent Drug Development with an interest in Neuro-oncology and Neuroblastoma. Deputy Research Lead (Phase I/II Studies)</td>
</tr>
<tr>
<td>Dr Fernando Carceller</td>
<td>Consultant Paediatric Oncologist with an interest in Neurooncology</td>
</tr>
<tr>
<td>Professor Louis Chesler</td>
<td>Honorary Consultant Team Leader in Paediatric Oncology – Neuroblastoma and Medulloblastoma Drug Development, the ICR, Divisions of Clinical Studies, Cancer Therapeutics and Cancer Biology</td>
</tr>
<tr>
<td>Vacant post</td>
<td>ICR Chair, Paediatric and Adolescent Drug Development</td>
</tr>
</tbody>
</table>

**Consultant Paediatric Palliative Care**

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr AK Anderson</td>
<td></td>
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</tbody>
</table>

**Consultant Clinical Oncologists**

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Frank Saran</td>
<td></td>
</tr>
<tr>
<td>Dr Henry Mandeville</td>
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</tbody>
</table>

**Consultant Haematologists with responsibility for Adult and Paediatric Bone Marrow Transplantation**

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Mike Potter</td>
<td></td>
</tr>
</tbody>
</table>
CONSULTANT PAEDIATRIC ONCOLOGIST: CANDIDATE INFORMATION PACK

Dr Mark Ethell

Consultant Paediatric Endocrinologist

Dr A Albanese

Consultant Anaesthetists

Dr T Beutlhauser
Dr David Chisholm
Dr Robert Self
Dr Orla Lacey
Dr A McLeod
Dr A Oliver
Dr Rohit Juneja

Consultant Radiologists

Dr David MacVicar
Professor Dow-Mu Koh
Dr Daniel Levine

Lead Consultant Anaesthetist
Consultant in Functional Imaging with an interest in Paediatric oncological imaging
Consultant in Functional Imaging with an interest in Paediatric oncology imaging

Consultant Paediatric Surgeons

Mr B Okoyo
Mr Z Muktar
Mr E Nicholls
Mr CK Sinha

Honorary Consultant, St George's Hospital
Honorary Consultant, St George's Hospital
Honorary Consultant, St George's Hospital
Honorary Consultant, St George's Hospital

Consultant Paediatric Neurosurgeons

Mr S Stapleton
Mr A Martin
Miss Samantha Hetttege

Honorary Consultant, St George's Hospital
Honorary Consultant, St George's Hospital
Honorary Consultant, St George's Hospital
CONSULTANT PAEDIATRIC ONCOLOGIST: CANDIDATE INFORMATION PACK

Mr C Chandler  
Consultant, Kings College Hospital

Mr Baz Zebian  
Consultant, Kings College Hospital

Consultant Histopathologists

Professor Cyril Fisher
Dr Andrew Wotherspoon
Dr Khin Thway
Dr S O'Connor

Consultant Paediatric Histopathologists

Dr I Jeffrey  
Honorary Consultant, St George's Hospital

Consultant Paediatric and Adolescent Psychiatrist

Dr J Khor

Consultant Clinical Psychologists

Dr L Edwards

Consultant Paediatric Infectious Disease

Professor M Sharland  
Honorary Consultant, St George's Hospital

Dr P Heath  
Honorary Consultant, St George's Hospital

Dr K Doerholt  
Honorary Consultant, St George's Hospital

Consultant Paediatric Neurologists

Dr A Clarke  
Honorary Consultant, St George's Hospital

Dr P Fallon  
Honorary Consultant, St George's Hospital

Lead Nurse for Adolescents and Young Adults

Charlotte Weston


**Matron for Children’s and Young People’s Services**

Joanna Stone

**Speciality doctors**

- Dr Jane Passmore
- Dr Kavitha Srivatsa
- Dr Martha Perisoglou
- Dr Rubina Malik  
  St George’s Hospital

**Junior medical staff**

- Specialist training paediatric registrar Year 6-8: 3 FTE
- Specialist training paediatric registrar: 2 FTE
- Clinical Service Fellow: 3 FTE
- Bone marrow transplant fellow: 1 FTE
- Paediatric Drug Development Fellow: 3 FTE

**Advanced Nurse Practitioner**

- 1 FTE for Teenage Young Adult Service
- 1 FTE for Paediatric service

**Children and Young People Outreach and Symptom Care Nurse Specialists (POONS) team**

- Clinical Nurse Specialists (leukaemia, solid tumours, neuro-oncology) x 3
- Specialist sisters x 2