THE LEEDS TEACHING HOSPITALS NHS TRUST

Department of Leeds Cancer Centre

Job Description

Consultant Palliative Medicine

1. BACKGROUND

Leeds Teaching Hospitals is one the largest teaching hospital trusts in Europe, with access to leading clinical expertise and medical technology. We care for people from all over the country as well as the 780,000 residents of Leeds itself. The Trust has a budget of £1 billion. Our 15,000 staff ensure that every year we see and treat 1,500,000 people in our 2,000 beds or out-patient settings, comprising 100,000 day cases, 125,000 in-patients, 200,000 A&E visits and 1,050,000 out-patient appointments. We operate from 7 hospitals on 5 sites – all linked by the same vision, philosophy and culture to be the best for specialist and integrated care.

Our vision is based on The Leeds Way, which is a clear statement of who we are and what we believe, founded on values of working that were put forward by our own staff. Our values are to be:

- Patient-centred
- Fair
- Collaborative
- Accountable
- Empowered

We believe that by being true to these values, we will consistently achieve and continuously improve our results in relation to our goals, which are to be:

1. The best for patient safety, quality and experience
2. The best place to work
3. A centre of excellence for specialist services, education, research and innovation
4. Hospitals that offer seamless, integrated care
5. Financially sustainable

This is an up to 10PA replacement appointment Consultant in Palliative medicine post to work as the medical lead in community, day hospice and outpatient services at Wheatfields hospice. Two sessions per week, will be spent delivering palliative care to Leeds Teaching Hospital NHS Trust (LTHT) patients. One of the 2 LTHT sessions will involve working with the neurology team delivering care to patients with Motor Neurone disease and developing palliative care education particularly for medical and nursing staff. The second LTHT session is available to develop more effective and coordinated specialist palliative care for patients who are accessing hospital outpatient facilities for the management of life limiting conditions.

Wheatfields hospice is one of seven Sue Ryder hospices. It provides specialist palliative care to patients in the hospice and community. It has 18 inpatient beds, a community team, on site day hospice and outpatients and outpatient clinics in the community and acute hospital trust. There is also a bereavement service.

Each year the inpatient unit receives approximately 570 referrals, the day unit 230 referrals, the community team 1330 referrals and approximately 540 outpatient appointments are completed, (based on figures from 2016).

The inpatient unit is supported by senior medical staff, nursing and health care assistants, social workers, bereavement workers, spiritual care workers, complementary therapists,
physiotherapists, occupational therapists, a dietician and a discharge facilitator. The unit operates 24/7 and takes planned and acute admissions from across Leeds.

The day hospice runs for three days each week and provides access to specialist medical, nursing, physiotherapy, occupational therapy, complementary therapy, spiritual care, social work, bereavement support and support for carers. Blood transfusions, bisphosphonate infusions and paracentesis are also undertaken.

Wheatfields provides a Consultant outpatient service for both cancer and non-cancer patients. This includes a weekly outpatient clinic at Sunny view nursing home in the South of Leeds and a renal outpatient clinic (Dr Lynne Russon) as part of the LTHT low clearance clinic for patients who chose to have their chronic renal failure managed conservatively.

Wheatfields community service medical cover is provided by this medical consultant post, a speciality doctor (0.5WTE) and 10 WTE clinical nurse specialists (CNS). The post includes domiciliary visits for patients with more complex medical problems and includes face to face assessment and or reviews and an advisory service to GPs.

The CNSs are allocated to GPs, offering individual and joint visits and regularly attend GSF meetings and support the use of the EPaCCS palliative care register. All CNSs are non-medical prescribers and actively prescribe to support their primary care teams.

The wider community multidisciplinary team includes, OT, physiotherapy, complementary therapy, spiritual care, social workers and bereavement care staff who regularly visit patients in their own homes to help them achieve their preferred place of care.

The medical team at Wheatfields Hospice consists of 2 consultants (2WTE), 3 speciality doctors (2WTE) and usually 2 specialist registrars. Dr Lynne Russon is the Medical director for Wheatfields Hospice. Specialist registrars rotate to the team as part of the Yorkshire palliative medicine training scheme and the regional General practice rotation.

Team members also contribute towards, and lead, palliative and end of life care citywide, as representatives on the Leeds palliative care managed clinical network, regionally and nationally.

Wheatfields is involved with training medical students, nursing, social work students, AHPs and bereavement volunteers. The CNS team and medical staff deliver a teaching programme for community matrons, district nurses and specialist community staff. The post holder will be given the title of Honorary Senior Lecturer in Palliative Medicine in recognition of the time spent teaching medical students at the University of Leeds.

Specialist palliative care in Leeds is provided by Wheatfields Hospice, the specialist palliative care team at LTHT and St Gemmas Hospice.

The LTHT Specialist Palliative Care Team (SPCT) provides an advisory service for Leeds General Infirmary (LGI), St James’s University Hospital (SJUH), and Chapel Allerton Hospitals. LTHT is the acute hospital for the residents of Leeds, and is the regional centre for a number of specialist services. The Leeds Cancer Centre provides extensive modern oncology services and facilities for the region and beyond. Drs Suzanne Kite (Clinical lead), Adam Hurlow and Suzie Gillon are the consultants in the hospital team.

Doctors Mike Stockton, Jason Ward, Hannah Zacharias and Prof Mike Bennett provide clinical care at St Gemma’s Hospice for patients to the East of Leeds. St Gemmas Hospice is approximately 2 miles to the north of the city. All nine Leeds consultants contribute to the out-of-hours rota which covers both hospices, LTHT and community calls.

Leeds is the third largest city in the UK, with thriving social and leisure facilities, and within easy reach of the Yorkshire Dales. There are very close links between LTH and the Universities in Leeds, including the University of Leeds Medical School. A professorial post in Palliative
Medicine is based jointly between the University of Leeds and St Gemma’s Hospice (Prof Mike Bennett).

2. **OBJECTIVES OF THE POST**

2.1 **To provide consultant supervision of the Wheatfields community caseload, working closely with Consultant colleague Dr Lynne Russon and with a well-established and highly experienced multi-professional team. To also provide input to the inpatient unit medical and nursing staff when required. The consultants are available for specialist telephone advice, to assess patients and to see relatives, and to provide advice to GPs and the weekly MDTs.**

2.2 **To build closer working relationships with teams providing both generalist and specialist palliative medicine in community.**

2.3 **To build closer working relationships with those teams providing services for patients with specialist palliative care needs, regardless of diagnosis, across organisational boundaries. This includes 2 PAS within specialist outpatient settings based at LTHT (MND Clinic, and a developmental session).**

3. **To develop palliative care input into the MND service within Leeds**

3.1 **To supervise the Palliative Medicine speciality doctors, and speciality registrars on rotation to Wheatfields.**

3.2 **To contribute to the service developments, audit and teaching commitments of the team.**

3.3 **To provide 1:9 Palliative medicine on-call citywide (Leeds community and both hospices in addition to LTHT)**

3.4 **Attendance at multidisciplinary team meetings, clinics or ward rounds as specified in the job plan.**

3.5 **To participate in, and to provide consultant leadership as necessary, for the educational and research programme of Wheatfields hospice and Sue Ryder Care. To develop relationships with other education and research providers across the city including the managed clinical network but also regionally and nationally.**

3.6 **To contribute to Strategic and Service development at Wheatfields and across Sue Ryder nationally and work to their agreed policies and procedures at Wheatfields hospice.**

3. **REQUIREMENTS OF THE POST**

3.1 **Service Delivery**

   **General**

   The Trust expects consultants to deliver clinical service as agreed with commissioners and other stakeholders. This will include:

   - Meeting the objectives of the post (see above)
   - Continuously improving the quality and efficiency of personal and team practice
   - Working with other staff and teams to ensure that the various criteria for service delivery are met, such as:-
     - achieving the best clinical outcomes within the resources available
     - waiting times
     - infection control standards

Consultants in LTHT are line managed by their specialty Lead Clinician working in conjunction with a Business Manager. This specialty team is then managed alongside a number of other specialties in a Clinical Service (or Support) Unit (CSU) led by a Clinical Director as the responsible person, and supported by a full time General Manager and a full time Head of Nursing.
The Clinical Director and their team report operationally to the Chief Operating Officer’s (COO) team consisting of the Chief Operating Officer, the Medical Director for Operations and the Nurse Director for Operations. In addition, the COO team contains four assistant directors of operations (ADOps) and a Performance Team. The ADOps are each aligned to specific CSUs to facilitate two-way interaction.

Professionally, consultants report to Dr Yvette Oade, Chief Medical Officer and Medical Director, Mr David Berridge.

**Service specific**
The role of consultant in palliative medicine will be expected to:

- Provide consultant supervision of the community, day hospice and outpatient caseload, working closely with consultant colleague, Dr Lynne Russon with a well-established and highly experienced multi-professional team.

- Provide specialist telephone advice, to assess patients and see relatives, and to provide advice to GPs and the weekly MDTs.

- To provide consultant cover to the inpatient unit when other consultant is on annual or study leave.

- To build closer working relationships with teams providing both generalist and specialist palliative medicine in community. A session within the job plan is dedicated to the development of innovative models of service delivery.

- To provide education in palliative care, especially in primary care by provision of educational events and by seeking opportunities such as attendance at Gold Standards/Palliative Care meetings.

- To build closer working relationships with those teams providing services for patients with specialist palliative care needs, regardless of diagnosis, across organisational boundaries.

- To supervise the Palliative Medicine speciality doctors, and speciality registrars on rotation to Wheatfields.

- To contribute to the service developments, audit and teaching commitments of the team.

- To provide 1:9 Palliative medicine on-call citywide (Leeds community and both hospices in addition to LTHT)

- Attendance at multidisciplinary team meetings, clinics or ward rounds as specified in the job plan.

- To contribute to clinical governance in the hospice including involvement in Quality Improvement Group and Clinical Strategy meetings.

- To participate in, and to provide consultant leadership as necessary, for the educational and research programme of Wheatfields hospice and Sue Ryder. To develop relationships with other education and research providers across the city including the managed clinical network but also regionally and nationally.
• To contribute to identified areas of work within the Leeds Managed Clinical Network for Palliative Care

• To contribute to The Sue Ryder national agenda and work to their agreed policies and procedures at Wheatfields hospice.

3.2 Quality
The Trust has a programme of activities that are designed to help consultants improve the quality of the service they offer. This includes a range of activities shown below as examples – not all activities can be undertaken every year! Consultants are expected to routinely engage in relevant activities in their specialty that are focused on quality improvement. This participation should be reflected at annual appraisal and job planning and will be discussed in specialties as part of clinical governance programmes and meetings.

Clinical Audit and standard setting
• Clinical audit projects
• Development and application of agreed clinical guidelines
• Ensuring compliance against relevant national specifications, e.g. NICE guidelines
• External Peer review and relevant national audits.

Clinical outcome review
• Mortality and morbidity review
• Monitoring of outcomes reflected in routinely collected data
• Participation in clinical coding review and improvement

Improving patient safety
• Participation in Trust-wide programmes
• Implementation of local improvements as defined in e.g. mortality review

Improving service effectiveness and efficiency
• Service or system improvement projects, including small scale change, lean or other recognised improvement methods
• Conducting or considering reviews of the evidence to plan better service delivery
• Where agreed, working with commissioners to match service delivery with requirements of relevant populations

Improving the patient experience
• Implementing service improvements on the basis of individual or service feedback from patients or carers
• Raising the profile and impact of patient participation in decisions about their own care
• Involvement in understanding and improving the ethical basis of care provided

3.3 Research
The Trust’s Research Strategy encourages all clinicians to participate in high quality, nationally-recognised clinical research trials and other well-designed studies, with a particular emphasis on work supported by the National Institute for Health Research. The Trust has a number of major programmes in experimental medicine and applied health research, developed in partnership with the University of Leeds, which reflect particular strengths described in the Strategy and clinicians are encouraged to participate in these programmes.

The Trust also supports bespoke academic development and participation programmes linked to the Research Strategy, including academic mentoring and embedding of clinicians within the major research programmes.

Sessional time required for any participation in research activity will be agreed on commencement and kept under review, but not all consultants will require such sessional time.
Liaison with the Academic Unit of Palliative Care (University of Leeds/St Gemma’s Hospice) would be encouraged to develop portfolio studies as part of a city wide initiative. The new consultant would be welcome to develop any research interests with the academic unit.

3.4 Teaching
The Trust is a Teaching Hospital and therefore considers the active participation of consultant and other medical staff in teaching and training to be part of our core activities. Not all consultants will have regular and substantial teaching commitments but all will be involved in related activities from time to time, if only through informal opportunities, for example as part of service quality improvement (see above). It is therefore expected that all consultants will be familiar with the principles of effective teaching and will enable the service and colleagues to fulfil their obligations to learn and teach about effective care.

The remainder of this section concentrates on teaching and training for medical colleagues, but the Trust actively supports and encourages consultant medical staff to participate in and deliver teaching and training to any colleagues, within and outside of the Trust, where this is agreed as an appropriate time commitment.

Undergraduate medical teaching

The Trust actively promotes links with the University of Leeds, School of Medicine for teaching medical undergraduates and all consultant medical staff are required to participate to the level agreed within their service.

Where it is agreed by the Clinical Director that the postholder will be significantly involved in delivering undergraduate medical teaching, the following requirements have been agreed with School of Medicine, University of Leeds.

The University of Leeds will award the honorary title of Honorary Senior Lecturer to the person appointed to the role in recognition of their willingness to participate in undergraduate teaching in support of these arrangements. The honorary title will be awarded for a probationary period of 5 years and renewal of the Title will be on evidence of meeting the full criteria (i.e. during this year period, it is expected that a peer review and relevant training courses will have been undertaken as well as continuing to significantly contribute to learning and teaching) and will be renewed for a further period of 5 years.

This honorary title will entitle the consultant to privileges such as being a member of staff of the University, including the use of the Senior Common Room, the library (University and Medical and Dental) and inclusion on the circulation list for ceremonies, public lectures, concerts, etc.

In accepting the role, the appointee will undertake to satisfy the criteria for the award of an honorary University title, which will include:

a) Contribution to at least 2 or more of the following ‘teaching activities’ for a minimum period of 50 hours per annum:

- Lectures
- Ward Based teaching
- Administration / organisation / management of teaching
- Examinations / marking and assessing
- Student mentoring
- Small group teaching
- Personal tutor scheme
- Offering special study modules
- Admissions interviews
b) Show a commitment to learning and teaching by having attended at least 2 relevant courses over the last 5 years (as identified on an individual basis and as relevant in that particular field). This may include, for example, training in lecturing, student assessment or, peer reviewing. *

c) Participate in peer reviews, at least once in every 2 years.

*In accepting the responsibility to contribute significantly to undergraduate teaching, the appointee will undertake to attend courses in the following unless written certification of attendance at previous similar courses can be provided. Thereafter the appointee will be expected to attend at least 2 approved courses in some aspect of learning and teaching in every 5-year period. It is not envisaged that he/she would need to repeat the same course(s) every 5 years, but to diversify their interest and breadth of experience on a continual basis:

i. small group teaching )
ii. appraisal techniques ) within 12 months of appointment
iii. CPR refresher course)

Postgraduate Medical teaching

As with undergraduate teaching, consultants are expected to contribute to overall programmes of postgraduate teaching in their service. Where there is a lead or significant role agreed as part of the consultant’s job plan, the following expectations apply:

Consultants will be expected to act as a clinical supervisor for any or specified junior doctors working with them. All consultants must undergo clinical/educational supervisor training from July 2016. Training is envisaged as needing renewal every 5 years.

Consultants may take up specific educational roles in the speciality which includes educational supervisor, college tutor, speciality educational lead and CSU educational lead. Where the current allocation for educational supervisors in 0.25 SPA per trainee (subject to change in further iterations of job planning guidance), the SPA allocation for the other roles are for negotiation with the CD.

If consultants have a role in either under- or post-graduate medical education, the GMC expects that evidence of the quality of this education is presented at annual appraisals and for revalidation.

3.5 Continuing Professional Development (CPD)

In the discharge of their responsibilities, the consultant will be expected to maintain and update their skills and knowledge through appropriate continuing professional development.

The Trust fully supports the requirement for CPD by the relevant Royal College and the GMC. This essential component of a consultant’s professional activities will be reviewed during the appraisal process. Time and financial support for these activities will be allowed in accordance with the Trust policy.

3.6 Leadership

All consultants are senior members of the Trust’s staff and are therefore seen by colleagues as leaders. Consultants are expected to make allowance for this, given that the most powerful leadership influence they exert is the example they set.

In addition, the Trust places great emphasis on the role of doctors in leading service improvement and change, both in their normal daily role of delivering care and in relation to specific issues. It is expected that a consultant will lead on specific areas of priority for their service from time to time, as part of their consultant duties. Such departmental or specialty leadership roles would be agreed, for example, in respect of leading or co-ordinating:
- Clinical governance
- Quality improvement
- Appraisal
- Research
- Reaching

The Trust supports these activities as part of the normal job plan commitments of any consultant.

On appointment, all consultants will be encouraged to participate in the activities established by the Trust to support doctors in their new role, such as the New Consultants’ Network and a formal mentoring programme (see below).

4. STANDARDS OF CONDUCT AND BEHAVIOUR

All consultants are required to work to the standards set out by the General Medical Council in Good Medical Practice. This includes protecting patients when you believe that a doctor’s or other colleague’s conduct, performance or health is a threat to them. If, after establishing the facts, it is necessary, you must follow the Trust’s procedures in this matter and inform your Clinical Director in the first instance.

5. JOB PLAN AND WORKING ARRANGEMENTS

The job plan review will take place annually, normally with the Lead Clinician / Clinical Director. Any job plan review may result in a revised prospective job plan where duties, responsibilities, accountability arrangements or objectives have changed or need to change significantly within the area. Such changes may require variation in location of sessions.

The post consists of 10PAs with 8.5PAs of direct clinical care (DCC) and 1.5 PAs of supporting professional activity (SPA).
## 5.1 Proposed Job Plan

### Week 1 and 3

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
<th>Description of activity</th>
<th>Categorisation</th>
<th>No of Pas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>08.30-09.00</td>
<td>Wheatfields</td>
<td>Community support</td>
<td>DCC</td>
<td>0.125</td>
</tr>
<tr>
<td></td>
<td>09.00-14.00</td>
<td></td>
<td>Service development and improvement related to outpatients, community services and pharmacy. Support to CNS non-medical prescribing</td>
<td>SPA</td>
<td>1.25</td>
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<tr>
<td></td>
<td>14.00-16.30</td>
<td></td>
<td>Community support/patient assessment at home/Wheatfields, including clinical admin</td>
<td>DCC</td>
<td>0.625</td>
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<td>Tuesday</td>
<td>08:30 - 09:00</td>
<td>Wheatfields</td>
<td>Community support</td>
<td>DCC</td>
<td>0.125</td>
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<tr>
<td></td>
<td>09:00 - 10:30</td>
<td></td>
<td>Community team / DTU MDT</td>
<td>DCC</td>
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<tr>
<td></td>
<td>10:30 - 13:00</td>
<td>Wheatfields</td>
<td>Patient assessment in Day Therapy/Outpatients (3 in 4) Community team service meeting (1 in 4), including patient admin</td>
<td>DCC</td>
<td>0.625</td>
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<tr>
<td></td>
<td>13:00 - 14:00</td>
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<td>Education / educational supervision – SpR, GP Reg.</td>
<td>SPA</td>
<td>0.25</td>
</tr>
<tr>
<td></td>
<td>14:00 - 16:30</td>
<td>Wheatfields / DTU / Pt home</td>
<td>Patient assessment, including admin</td>
<td>DCC</td>
<td>0.625</td>
</tr>
<tr>
<td>Wednesday</td>
<td>08:30 - 09:30</td>
<td>LTHT</td>
<td>Clinical governance/quality improvement/CPD</td>
<td>SPA</td>
<td>0.25</td>
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<tr>
<td></td>
<td>09:30 - 13:00</td>
<td></td>
<td>LTHT outpatient/community interface (to be developed)</td>
<td>DCC</td>
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<tr>
<td></td>
<td>13:00 - 13:15</td>
<td>Travel Patients home/ Wheatfields</td>
<td>Travel LTHT to Wheatfields</td>
<td>DCC</td>
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<td>13:15 - 16:30</td>
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<td>Community support / patient assessment at home/Wheatfields, including clinical admin</td>
<td>DCC</td>
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<tr>
<td>Thursday</td>
<td>08:30 - 09:00</td>
<td>Wheatfields</td>
<td>Community support</td>
<td>DCC</td>
<td>0.125</td>
</tr>
<tr>
<td></td>
<td>09:00 - 11:00</td>
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<td>Community and DTU MDT</td>
<td>DCC</td>
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<tr>
<td></td>
<td>11:00 - 13:00</td>
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<td>Outpatients / Day Therapy Unit (DTU), inc clinical admin</td>
<td>DCC</td>
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<tr>
<td></td>
<td>13:00 - 15:00</td>
<td>Wheatfields/ LTHT</td>
<td>MND related work – Clinical Supervision and Service Development</td>
<td>DCC</td>
<td>0.5</td>
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<tr>
<td>Friday</td>
<td>08:30 - 09:30</td>
<td>Wheatfields</td>
<td>Community support</td>
<td>DCC</td>
<td>0.25</td>
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<tr>
<td></td>
<td>09:30 - 13:30</td>
<td>South Leeds</td>
<td>Outpatient clinic, inc clinical admin</td>
<td>DCC</td>
<td>1.0</td>
</tr>
<tr>
<td>Time</td>
<td>Venue</td>
<td>Inc. Travel</td>
<td>Department</td>
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<tr>
<td>13:30 - 16.30</td>
<td>Pt home / IPU Wheatfields</td>
<td>Patient assessment home / IPU Wheatfields (including travel) inc clinical admin</td>
<td>DCC 0.75</td>
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**Saturday**

**Sunday**

**Agreed activity to be worked flexibly**

**Predictable Emergency On-Call Work**

**Unpredictable emergency on-call work**

1 in 7

On site, at home on the telephone & travelling to & from site

Given the nature of palliative medicine where rapid response to clinical demands is necessary, it is anticipated that there will need to be some flexibility within the weekly timetable whilst honouring the split of SPA/DCC.

Direct Clinical Care

0.125 - 0.25 (or as negotiated if greater than this) to be taken back flexibly from weekly job plan according to clinical service requirements

**TOTAL PAs**

10.0
<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
<th>Description of activity</th>
<th>Categorisation</th>
<th>No of Pas</th>
</tr>
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<tbody>
<tr>
<td>Monday</td>
<td>As per week 1 and 3</td>
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<tr>
<td>Tuesday</td>
<td>As per week 1 and 3</td>
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<td>Wednesday</td>
<td>As per weeks 1 and 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td>12:00 - 12:30</td>
<td>Seacroft hospital</td>
<td>Travel to Seacroft hospital, MND MDT meeting, MND Outpatient clinic, including clinical admin</td>
<td>SPA</td>
<td>0.125</td>
</tr>
<tr>
<td></td>
<td>12:30 - 13:00</td>
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<td>DCC</td>
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<tr>
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<td>13:00 - 18:00</td>
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<td>DCC</td>
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<td>Sunday</td>
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<tr>
<td>Predictable Emergency On-Call Work</td>
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<td>Direct Clinical Care</td>
<td>1.5</td>
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<tr>
<td>Unpredictable emergency on-call work</td>
<td>1 in 9</td>
<td>On site, at home on the telephone &amp; travelling to &amp; from site</td>
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<td>Direct Clinical Care</td>
<td>0.125-0.25 (or as negotiated if greater than this) to be taken back</td>
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**Activity Summary**

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<tr>
<th>Programmed activity</th>
<th>Number</th>
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<tr>
<td>Direct clinical care (including on-call)</td>
<td>8.25</td>
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<tr>
<td>Supporting professional activities</td>
<td>1.75</td>
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<tr>
<td>Other NHS responsibilities</td>
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<td>External duties</td>
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<td><strong>TOTAL PROGRAMMED ACTIVITIES</strong></td>
<td><strong>10.00</strong></td>
</tr>
</tbody>
</table>

**On-call availability supplement**: Category A supplement 1:9 3%

5.2 **Accountability**

See section 3, above. The postholder is managerially accountable for the use of resources to their Clinical Director and professionally accountable to the Chief Medical Officer through Clinical Directors. This may be amended in the light of the Trust’s management arrangements.

5.3 **Mentoring**

The Trust’s new consultant mentoring programme aims to:

- provide structured support for new consultants joining the Trust
- support the development of a culture of lifelong learning

The mentoring programme feeds in to the Trust’s systems and processes for appraisal. New consultants will be allocated a mentor when they join the organisation.

5.4 **Consultant Appraisal and Medical Revalidation**

All consultants should maintain their specialist registration with the GMC and comply with the standards expected by their Royal College (or equivalent) so that they are professionally ‘in good standing’. Regular appraisal is both the key activity underpinning revalidation and is also a contractual requirement for all consultant staff.

The Trust attaches considerable importance to this approach, which is intended to be of benefit to individual consultants and to support the highest possible standards in the delivery of healthcare and services. All consultants are therefore expected to undertake regular appraisal as decided by the Clinical Director of the service.
5.5 **Leave Arrangements**
All leave should be applied for in accordance with the Trust’s Leave Policy, normally giving eight weeks’ notice of any leave, other than in exceptional circumstances.

5.6 **Training**
During your employment, you agree to undergo whatever training the Trust deems necessary. This may include, but is not limited to, induction training, professional development and safe working practices. Funding of such training will be in accordance with the Trust’s Staff Development Policy, of which mandatory training is an important part.

5.7 **Infection Control**
All consultants must comply at all times with the Leeds Teaching Hospitals NHS Trust Infection Control policies, in particular by practising Universal Infection Control Precautions. Hand hygiene must be performed before and after contact with patients and their environment.

5.8 **Secretarial Support**
As part of the resource commitments to enable the postholder to fulfil their job plan, the appointee will have access to such secretarial assistance as is required.

5.9 **Health & Safety**
The Trust has a responsibility to provide a safe working environment for all staff. As an employee/supervisor/manager you are responsible for your own safety and that of others. This will require you to comply with the Trust arrangements for Health & Safety and Risk Management. As a supervisor/manager, you will be responsible for ensuring your team work in a safe manner and are competent to do so.

5.10 **Equality & Diversity**
The jobholder must comply with all policies and procedures designed to ensure equality of employment and that services are delivered in ways that meet the individual needs of patients and their families. No person whether they are staff, patient or visitor should receive less favourable treatment because of their gender, ethnic origin, age, disability, sexual orientation, religion etc.

The Trust's Equality and Diversity Policy ensures that barriers to employment for disadvantaged groups are identified and removed, and that no person is treated less favourably on the grounds of their race, ethnic group, religion, impairment, age, gender, sexual orientation or mental health status. Reasonable adjustments will be made for disabled applicants and post holders where required.

5.11 **Smoking Policy**
The Leeds Teaching Hospitals NHS Trust recognises the serious hazards to health caused by smoking and has adopted a strict no smoking policy. Under the terms of our policy, staff, visitors and patients will not be permitted to smoke at any time or in any part of Trust property, whether inside or outside the hospital buildings.

5.12 **Rehabilitation of Offenders Act & DBS Check**
This post involves access to patients during the normal course of duties and is therefore subject to the Rehabilitation of Offenders Act (Exceptions Order) 1975. As such you must reveal any information which you may have concerning convictions which would otherwise be considered as ‘spent’.

An offer of appointment to this post would be subject to the express condition that the Leeds Teaching Hospitals Trust receives a Disclosure and Barring Services (DBS) Disclosure which will check the existence and the content of any criminal proceedings has been made on a candidate's application form or Criminal Declaration Form. The Trust reserves the right to determine this issue at its sole discretion. If you are successful in being short listed for this position you will be asked to complete a criminal disclosure form to be
handed to a representative at interview. Furthermore, if appointed to this post you will be asked to complete a 'DBS Disclosure Application Form' which will be submitted to the DBS.

Leeds Teaching Hospitals NHS Trust has a Policy Statement on the Recruitment of Ex-offenders which is available on request.

5.13 Respect for Patient Confidentiality
As set out in GMC guidance (Good Medical Practice, paragraphs 20, 50, 69 and 73) the jobholder should respect patient confidentiality at all times and not divulge patient information unless sanctioned by the requirements of the role.

5.14 Patient and Public Involvement
The Trust has a statutory duty to involve patients and public in evaluating and planning services. All staff have a responsibility to listen to the views of patients and to contribute to service improvements based on patient feedback.

5.15 Office
The post holder will be provided with office space and all IT equipment will be provided.

6. TERMS AND CONDITIONS OF EMPLOYMENT

6.1 Conditions of employment are determined by the Leeds Teaching Hospitals Trust in accordance with the Terms & Conditions – Consultants (England) 2003, as amended from time to time in the light of national or local collective agreements. The post-holder, as a practitioner with continuing responsibility for the care of patients must be able to respond promptly to emergency calls from the Hospital.

6.3 A consultant is required to reside within a distance of 30 minutes or 10 miles by road from their principal place of work unless an employing organisation agrees that they may reside at a greater distance.

6.4 A consultant must be contactable by telephone in their contracted work time.

6.5 The consultant must ensure that there are clear and effective arrangements so that the employing organisation can contact him or her immediately at any time during a period when he or she is on call.

6.6 The postholder should note, however, that where the Trust agrees that the postholder may live further than ten miles from the hospital, the Trust will only reimburse travelling expenses up to a maximum of twenty miles return, in accordance with Trust Terms and Conditions of Service.

6.7 Assistance with relocation to the Leeds area may be provided to the successful candidate. A copy of the Trust’s Relocation Policy is available on request.

6.8 The normal NHS requirements for indemnity of medical and dental staff in cases of medical negligence apply.

6.9 Subject to the provisions of the Terms and Conditions of Service, the appointee is expected to observe the Trust’s policies and procedures, drawn up in consultation with the profession on clinical matters, and to follow the standing orders and financial instructions of the Leeds Teaching Hospitals NHS Trust. In particular, where the postholder is responsible for managing employees of the Trust, they will be expected to follow the local and national employment and personnel policies and procedures.

6.10 The Trust is reconfiguring services and your base hospital may change during your employment, if and when your department transfers base, following consultation.

7. CONTRACT
The post is available on a full or part time basis or as a job share.

8. ENQUIRIES
Prospective applicants are encouraged to visit the Departments and are invited to contact any of the following persons:
Palliative Medicine is within the Leeds Cancer Centre Clinical Service Unit. The CSU brings together the core services providing non-surgical oncology services within the Trust, together with pan-organisational services, Palliative Care, and Medical Physics, and specialist oncological surgical services as well as Breast surgery, Thoracic surgery & Gynaecological Oncology surgery. Adult oncology services are well established with their focus within a single £250M specialist Cancer Centre building (the Bexley Wing) on the St James’s University Hospital site, aiming to improve the quality of care and provide a robust central resource for the North, West and (in tertiary services) the East Yorkshire region.

<table>
<thead>
<tr>
<th>General Manager</th>
<th>Lucy Turner</th>
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</thead>
<tbody>
<tr>
<td>Head of Nursing</td>
<td>Kate Smith</td>
</tr>
<tr>
<td>Matron</td>
<td>Lynne Lodge</td>
</tr>
<tr>
<td>Matron</td>
<td>Sue Dodman</td>
</tr>
<tr>
<td>Matron</td>
<td>Claire Jones</td>
</tr>
<tr>
<td>Clinical Director</td>
<td>Dr Philip Wood</td>
</tr>
<tr>
<td>Clinical Lead (Medical Oncology)</td>
<td>Dr Dan Swinson</td>
</tr>
<tr>
<td>Clinical Lead (Clinical Oncology)</td>
<td>Dr Rachel Cooper</td>
</tr>
<tr>
<td>Clinical Lead (Haematology)</td>
<td>Dr Rod Johnson</td>
</tr>
<tr>
<td>Clinical Lead (Palliative Care)</td>
<td>Dr Suzanne Kite</td>
</tr>
</tbody>
</table>

**St James’s Institute of Oncology:**

Medical and Clinical Oncology services from within the Trust provide comprehensive non-surgical oncology services to the Trust and to the population of West and the majority of North Yorkshire. We are a key component of the Leeds Cancer Centre. There is a hub and spoke arrangement with the surrounding cancer units in Airedale, Bradford, Dewsbury, Halifax, Harrogate, Huddersfield, Pontefract, Wakefield and York. This covers a population of approximately 2.7 million. In addition there are other tertiary referrals from a more extensive catchment area including East Yorkshire, East Lancashire and North Yorkshire. This wider network applies for the TYA and sarcoma practices as well as germ cell and other rare cancers.

The non-surgical Oncology service currently works from the new St James’s Institute of Oncology Building on the St James’s University Hospital site. These two disciplines run as a single bed base and integrated service with site specialist teams.

In January 2008, oncology services across Leeds were relocated into a new £250M, 63,000m² Oncology Wing (the Bexley Wing) on the St James’s University Hospital campus. This incorporates services in non-surgical oncology, haematology, the Academic Unit clinical offices and support areas and substantial services in cancer surgery. The St James’s Institute of Oncology also includes a dedicated Cancer Research UK funded facility for patients in complex early-phase clinical trials.

The Bexley Wing, the principal base of the St James’s Institute of Oncology, is one of the largest oncology facilities in the UK, within one of the largest acute general hospitals in Europe. There are 350 beds, day-care and outpatients facilities and a patient hotel.

Imaging support within the building includes 3 spiral CT and 2 MRI scanners and a CT/PET scanner with space for a second. A major isotope imaging department is within the building as are shielded treatment rooms on 2 wards to support unsealed source therapy. The centre was selected as one of 10 national selective intrahepatic radiotherapy centres. There are dedicated clinical cancer research facilities with beds and a nursing research team. The links to the Academic Unit of Cancer Medicine are strong and there are world-class molecular oncology labs and research programmes on site.
There is a £10M Yorkshire Cancer Centre Appeal to support research radiotherapy provision. There are 10 NHS funded linear accelerators. There is a dedicated brachytherapy suite and 2 theatres.

There is an active acute oncology service operating its own acute assessment unit, an active unknown primary service- each are supported by a dedicated multi-professional and administrative team. There are close relationships with the LTHT palliative care team as well as the local and regional hospice and community services, and active research collaborations with the academic unit of palliative care.

**Current staff and Site Specialisation**

**Palliative Medicine Consultants**

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Suzanne Kite</td>
<td>Lead Clinician</td>
</tr>
<tr>
<td>Dr Adam Hurlow</td>
<td>Pall Med/ CUP/ Research/ Clinical Governance lead</td>
</tr>
<tr>
<td>Dr Suzie Gillon</td>
<td>Pall Med/ education</td>
</tr>
<tr>
<td>Dr Lynne Russon</td>
<td>Wheatfields hospice and renal palliative care.</td>
</tr>
</tbody>
</table>

**17 Medical Oncologists**

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Alan Anthonney</td>
<td>GI Cancer / Drug Development / Neuroendocrine</td>
</tr>
<tr>
<td>Dr Fiona Collinson</td>
<td>GI cancer</td>
</tr>
<tr>
<td>Dr Geoff Hall</td>
<td>Gynaecological Cancer</td>
</tr>
<tr>
<td>Dr Jane Hook</td>
<td>Gynaecological Cancer/ Acute Oncology</td>
</tr>
<tr>
<td>Dr David Jackson</td>
<td>Gynaecological Cancer</td>
</tr>
<tr>
<td>Dr Satinder Jagdev</td>
<td>Urology / Renal</td>
</tr>
<tr>
<td>Dr Maria Marples</td>
<td>Melanoma / Sarcoma / Teenage &amp; Young Adult</td>
</tr>
<tr>
<td>Prof Tim Perren</td>
<td>Gynaecological Cancer / Breast Cancer</td>
</tr>
<tr>
<td>Dr Christy Ralph</td>
<td>Urological cancer</td>
</tr>
<tr>
<td>Prof Peter Selby</td>
<td>Sarcoma / Young Adult / Germ Cell Tumours</td>
</tr>
<tr>
<td>Prof Matt Seymour</td>
<td>GI Cancer</td>
</tr>
<tr>
<td>Dr Dan Stark</td>
<td>Sarcoma / Teenage &amp; Young Adult / Germ Cell Tumours</td>
</tr>
<tr>
<td>Dr Daniel Swinson</td>
<td>GI Cancer / Neuroendocrine</td>
</tr>
<tr>
<td>Prof Chris Twelves</td>
<td>Breast Cancer</td>
</tr>
<tr>
<td>Dr Naveen Vasudev</td>
<td>Urological cancer</td>
</tr>
<tr>
<td>Prof Galina Velikova</td>
<td>Breast / Quality of Life Research</td>
</tr>
<tr>
<td>Dr Alison Young</td>
<td>Gynaecological Cancer / Acute Oncology</td>
</tr>
</tbody>
</table>

**32 Consultant Clinical Oncologists**

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr David Bottomley</td>
<td>Lung, Urological Oncology /Brachytherapy</td>
</tr>
<tr>
<td>Dr Natalie Casanova</td>
<td>Gastrointestinal Oncology</td>
</tr>
<tr>
<td>Dr Kate Cardale</td>
<td>Gynaecological Oncology/Head &amp; Neck</td>
</tr>
<tr>
<td>Dr Katy Clarke</td>
<td>Lung Cancer</td>
</tr>
<tr>
<td>Dr Rachel Cooper</td>
<td>Gynaecological Oncology / GI Cancer</td>
</tr>
<tr>
<td>Dr Peter Dickinson</td>
<td>Lung Cancer / Sarcoma</td>
</tr>
<tr>
<td>Prof David Dodwell</td>
<td>Breast Cancer</td>
</tr>
<tr>
<td>Dr Emma Dugdale</td>
<td>Urology/Breast/Acute Oncology – resident at Harrogate</td>
</tr>
<tr>
<td>Dr Karen Dyker</td>
<td>TYA/Paediatric / Head &amp; Neck Cancer</td>
</tr>
<tr>
<td>Dr Kevin Franks</td>
<td>Lung and Urological Cancer</td>
</tr>
<tr>
<td>Dr George Gerrard</td>
<td>Thyroid Cancer</td>
</tr>
</tbody>
</table>
Junior Medical Staff

There are 13 Medical Oncology clinical STRs which includes 7 posts which rotate through Bradford, Huddersfield, York and Hull. There are 19 Clinical Oncology STRs which includes 2 academic fellows and 3 posts which rotate with Hull. There are 18 foundation and core training level staff in medicine and primary care, working in a team-based structure in the unit, as well as specialty doctors in Non-Surgical Oncology.

Quality Assurance

SJIO is registered with BSI for quality assurance in radiotherapy and is ISO 9001 certified. There is a formal Risk Management and incident reporting process and the department has recently undergone a successful IRMER inspection.

Cancer Research UK Centre:

The Leeds Cancer Research UK Centre (Chair, Professor Reuben Tooze) consists of several research areas across Leeds. Specific themes are: Genetic and epigenetic factors in cancer causation and progression (lead, Professor Maggie Knowles), biomarkers and molecular pathology (lead, Professor Roz Banks), early clinical trials and randomised prospective trials (lead, Professor Chris Twelves). We are also developing the following new scientific areas: Chemical biology, radiation therapeutics, and systems biology and medicine. Research income is approximately £10M per annum and the accommodation is principally provided on the St James's University Hospital campus in the Cancer Research Building, Clinical Genetics Building and Cancer Resource and Information Centre but also at the Leeds General Infirmary. Close working between the Cancer Research UK Centre and the Section of Oncology and Clinical Research is a feature of the arrangements. The Cancer Research UK Centre has a wide research portfolio (available on request) and approximately 200 staff.

Research accommodation is principally provided on the St James's University Hospital campus in the new Wellcome Trust Brenner Building, the Cancer Research Building, Clinical Genetics Building and Cancer Resource and Information Centre but is also to be found at the Leeds General Infirmary.
Clinical Trials Group:

This group (led by Prof Matt Seymour), is part of the Oncology and Clinical Research section of the University of Leeds Institute of Molecular Medicine. It develops and runs high-quality clinical research trials in a range of cancer sites. The group has close links with the Clinical Trials Research Unit (Prof Julia Brown) and with the Early Clinical Trials Group (Prof Chris Twelves), with whom collaboration is encouraged. There are strong links within LIMM for translational studies within RCTs, notably in GI cancer.

Leeds Cancer Centre

The Leeds Cancer Centre provides specialist tertiary services, including medical and clinical oncology, for the treatment of intermediate and rarer cancers within North and West Yorkshire and all cancers from within the city itself. It also provides treatment for common cancers to the local population of 1.2M.

The Leeds Cancer Centre Network covers a population of approximately 2.7 million. The Cancer Units surrounding Leeds are evolving into a pattern of linked District General Hospitals. This has occurred through Trust merges and the drive to provide and maintain higher standards of site specialist care for the local population. The consequence of this is the “new” Cancer Units provide services for approximately 450,000 thousand of population. Most of the current Cancer Units already have the concept of resident oncology services in most cases Medical Oncology, complimented with visiting Clinical Oncology. This has allowed the development of some limited in-patient facilities and a higher level of local care for common cancers. They will have primary responsibility for the local resident services in the Units and in some cases take part in Cancer Centre Multi-disciplinary Teams for intermediate cancers and so allow some decentralised chemotherapy for ovarian, upper GI or urological cancers. The need to maintain co-ordinated patterns of care as well as professional links and postgraduate education are fundamental principles. The ability to maintain research and development across the whole network will also be facilitated.

The tertiary services which this post-holder would work within cover a population of over 4 million, ensuring a wide experience of rarer as well as less rare presentations and clinical problems.

The Cancer Centre has established a number of clinical groups for each of the key cancer sites/generic issues. Each group is headed by a designated Clinical Lead. The Groups aim to ensure the development of cancer services in accordance with Calman/Hine principles. The Trust Lead Cancer Team includes a Lead Cancer Clinician - Rob Turner (Sarcoma clinical oncology), the Lead Cancer Nurse – Karen J Henry, and a Data Manager.

A Steering Group has been established involving key clinicians and managers from the Leeds Teaching Hospitals NHS Trust and primary care representatives. This group provides advice and direction on crucial issues for the development of the Leeds Integrated Cancer Service.