**Job description and person specification**

**Senior Clinical Fellow in Airway Management and Research**



**DEPARTMENTS OF ANAESTHESIA and INTENSIVE CARE MEDICINE**

**JOB DESCRIPTION**

Senior Clinical Fellow in Airway Management and Research (1 post)

Whole-time fixed-term appointment for six months

(Extendable up to 1 year subject to satisfactory review)

1. Contract

The pay scale for this fellowship is aligned with the mirrored pay scale of the 2016 junior doctors’ contract. This is comprises a basic salary plus additional elements in line with the rota pattern for the post.

1. Location

The Royal Marsden has two sites - one based in Chelsea, London, and one based in Sutton, Surrey. The post holder will be based in both Chelsea and Sutton.

1. Key information about The Royal Marsden

The Royal Marsden is recognised worldwide for the quality of its cancer services. The Trust’s strategic aim is to achieve excellence in cancer treatment and diagnosis, through partnership and collaboration.

The prime purpose of the Trust is the provision of state of the art cancer services as well as enabling research into the development of improved methods of prevention, diagnosis and treatment of cancer. Its other main purpose is teaching and the dissemination of knowledge both nationally and internationally. In 1991 it became the first NHS hospital to be awarded the Queen’s Award for Technology for its work on drug development. The hospital gained National Charter Mark Awards in 1995, 1998, 2001, and again in 2008 for the excellence of its services and achieved the international quality standard ISO 9001 for radiotherapy in 1996 and for chemotherapy in 2003. The Royal Marsden has consistently been awarded three stars and more recently double excellent rating in the NHS performance indicators, rating it among the nation’s best in terms of clinical quality and patient care.

As a leading Cancer Centre, the Trust has close working relationships with many Cancer Units and other Cancer Centres. Predominantly the Trust’s workload is from within the South West and West London Cancer Networks but the Trust is unique in having a high out-of-area referral rate for rare cancers, recurrent disease and clinical trials.

The Royal Marsden comprises two sites (87 inpatient beds and an 8 bed day unit at Chelsea and 128 beds at Sutton including paediatrics). Over 40,000 patients attend the Royal Marsden each year. The Trust employs 3600 staff, including 335 medical staff. As a specialist cancer centre, the Trust serves local populations within the London Boroughs of Merton, Sutton, Wandsworth, Kensington & Chelsea and Westminster, as well as receiving referrals both nationally and internationally.

The Royal Marsden supports a number of junior doctor training programmes and provides core and specialist training across a wide range of tumours in Clinical and Medical Oncology and Surgery, including; gynaecological, gastro-intestinal, breast, head and neck, haemato-oncology, hepato-biliary, sarcoma, melanoma, neurological, renal, paediatric, urological and lung cancers. Many trainees pursue higher degrees with the Royal Marsden’s academic partner the Institute of Cancer Research (ICR).

1. Organisation

The Trust Board comprises an independent chair Mr Charles Alexander, executive directors, (Chief Executive, Chief Nurse, Director of Finance, Medical Director), and five non-executive directors from outside the NHS.

The Trust Chief Executive Officer is Miss Cally Palmer, CBE

The Trust Medical Director is Dr Nick Van As

The Trust Finance Director is Mr Marcus Thorman

The Trust Chief Operating Officer is Mr Karl Ong

The Trust Chief Nurse is Mr Eamonn Sullivan

The Royal Marsden hospital management structure is organised into three Divisions: Cancer Services, Clinical Services and Private Care. This post sits within the Clinical Services Division. Each Division is managed by a Divisional Director and supported by a Divisional Nursing Director. The consultants heading up each Clinical Unit or specialty is a member of the Medical Advisory Committee. This is chaired by the Medical Director, Dr Nick Van As, who together with the other directors (i.e. Chief Nurse, Finance, IT, Strategy & Service Development, HR, Private Care and Estates) and the Divisional Directors form the Leadership Team. The Leadership Team is chaired by the Chief Executive, Miss Cally Palmer.

**Clinical Services Division**

Anaesthetics and Intensive Care/High Dependency, Pain Service, Clinical Pharmacology, Cancer Genetics, Palliative Care, Pathology, Imaging, Therapeutic Radiotherapy, Theatres and Day Surgery, Nuclear Medicine, Physics, Pharmacy, Medical Records, Patient Transport, Rehabilitation Department (Physiotherapy, Occupational Therapy, Dietetics, Speech Therapy, Lymphoedema Service, Therapeutic Massage, Pastoral Care, Clinical Psychology, Complementary Therapies, Patient Information, Volunteer Services, Community Liaison, Social Services). The Divisional Director for Clinical Services is Mr Jonathan Spencer.

**Cancer Services Division**

Breast Unit, Gynaecology Unit, Gastrointestinal Unit, Lung Unit, Urological Unit, Sarcoma Unit, Head & Neck Unit, Haemato-oncology Unit, Neuro-oncology Unit, Paediatric Unit, Thyroid Unit, Skin & Melanoma Unit, Plastic Surgery Unit, Drug Development Unit.

In addition, the Divisions are supported by the following Directorates:

**Nursing, Risk and Quality Assurance Directorate comprising:**

Quality Assurance Department, Risk Management, Research, Practice and Professional Development Department

Finance Directorate

Human Resources Directorate

Computing and Information Directorate

Facilities Directorate

Private Care Directorate

Marketing and Communications Directorate

1. Key information about The Institute of Cancer Research

The ICR’s mission is to make the discoveries that defeat cancer. The ICR is one of the world’s most influential cancer research institutes, with an outstanding record of achievement dating back more than 100 years. The ICR provided the first convincing evidence that DNA damage is the basic cause of cancer, laying the foundation for the now universally accepted idea that cancer is a genetic disease. Today, the ICR leads the world at isolating cancer-related genes and discovering new targeted drugs for personalised cancer treatment. As a college of the University of London, the ICR provides postgraduate higher education of international distinction. The RM and ICR work in partnership to deliver academic excellence across the two institutions, especially in clinical and translational research.

1. Reporting structure

Managerially Accountable to: **Dr N Kasivisvanathan** (Lead Clinician for Anaesthetics)

Professionally Accountable to: **Dr O Lacey** (Head and Neck Anaesthetist)

**Senior Medical Anaesthetic/ICM Staff: Chelsea and Sutton**

Dr T Beutlhauser (Head of Paediatrics/Urology/Gynaecology)

Dr M Brown (Acute and chronic pain/Breast)

Dr D Chisholm (Paediatrics/Gynaecology/Plastics/Vascular access)

Dr P Farquhar-Smith (Head of Acute and Chronic Pain/Plastics)

Dr J Filshie (Pain)

Dr P Gruber (Head of CBU/CCU/Breast)

Dr V Grover (Head of CCU/Gynaecology)

Dr M Hacking (Upper GI/Gynaecology/Plastics)

Dr J Handy (CCU/Vascular Access/Paediatrics)

Dr C Irving (Head & Neck/Plastics)

Dr S Jhanji (CCU/Urology/Plastics/Lead for Perioperative Research)

Dr R Juneja (Audit/Sarcoma/Paediatrics/Pre-assessment)

Dr R Kasivisvanathan (Head of Department/Urology/IR)

Dr O Lacey (Head & Neck/Paediatrics)

Dr Q Lo (Patient Safety and Quality Improvement/Breast)

Dr H Lawrence (Gynaecology/Breast/Sarcoma/Lead for Day Surgery)

Dr A Majumder (Sarcoma/Breast/Paediatrics)

Dr A McLeod (Guardian of Safe Working/Head&Neck/Paediatrics/Pre-assessment)

Dr O Mingo (Plastics/Hepatobiliary/Paediatrics/Simulation lead)

Dr A Oliver (Pre-assessment/CPET lead/Paediatrics/Lower GI)

Dr M O’Mahony (Lead for Pre-assessment/Upper GI/Gynaecology)

Dr N Owen (Patient Safety and Quality Improvement/Breast)

Dr R Raobaikady (Hepatobiliary/Endoscopy/Breast/Vascular access)

Dr M Rooms (Paediatrics/Endoscopy/Urology)

Dr R Self (College Tutor/Gynaecology/Urology/Paediatrics)

Dr J Schutzer-Weissmann (Acute and chronic pain/Breast)

Dr S Uren (Pre-assessment/Upper GI/Gynaecology/Lead for ACSA)

Dr G Wares (Divisional Medical Director of Clinical Services/CCU)

Dr T Wigmore (CCU/Information Technology adviser)

Dr S Walker (Paediatrics/Pre-assessment/Sarcoma/Fellowships coordinator)

Dr J E Williams (Acute and chronic pain/Upper GI/Breast)

Dr M Frow Trust grade (Breast/Plastics/Chest Drain Clinic/On-call – Sutton)

Dr A Smith Trust grade (Breast/Plastics/On-call – Sutton)

**Junior Medical Staff: London and Sutton**

 Anaesthesia:

* 12 ST 5,6 or 7 trainees (Imperial / Royal Free / UCLH Schools of Anaesthesia)
* 2 Pain Fellows (1 advanced pain trainee, and 1 academic fellow)
* 6 Anaesthesia Fellows

**Critical Care:**

* 2 ST 5, 6, or 7 Trainees from Imperial School of Anaesthesia, ICM module
* ST 3 from London ICM CCT Program
* ST 4 from London ICM CCT Program
* 2 Intensive Care Fellows
* 4 Foundation Year 2 Trainees in critical care medicine
1. Workload

There are currently 7 theatres, and a 16 bedded critical care unit in Chelsea. There are 2 theatres, and a 2 bedded ‘treat and transfer facility’ in Sutton for stabilisation of critical care patients.

**Theatres:**

This is a Consultant led and delivered service, with senior trainees available for training and continuity in theatres.

There is one senior trainee on call in theatre between the hours of 10:30am and 8:30pm, supported by a nominated daytime Consultant, with night time cover provided by the ITU SpR (on site) and on call General Anaesthesia Consultant (off site from 6pm, covering Sutton and Chelsea) and Critical Care Consultant (off site, covering Sutton and Chelsea).

Chelsea: There are seven theatres and the average workload is currently 400 procedures per month, of which on average 120 per month are admitted to the critical care unit (CCU). The case mix is predominantly complex major surgery including:

* Upper GI – Thoraco-abdominal Oesophago-gastrectomy (including robotic oesophago-gastrectomy), Gastrectomy, Whipple’s procedure, Hepatobiliary Surgery
* Head and Neck/Maxillo-facial – Major resection and free flap reconstruction, and complex airway management, including Trans-oral robotic procedures.
* Lower GI – including sacrectomy and total exenteration procedures
* Gynae-Oncology – including pelvic exenteration and an increasing amount of robotic surgery.
* Sarcoma – tertiary referral centre for complex retroperitoneal sarcoma and melanoma.
* Urology – increasing amount of robotic surgery including cystectomy, prostatectomy and nephrectomy.
* Plastics – across discipline reconstructive and free flap surgery
* Breast Surgery

Sutton: There are currently two theatres and one paediatric day-procedure theatre. The theatre workload averages 300 procedures per month. Included within this total figure are 100 paediatric procedures, which take place in the paediatric day-procedure suite, and an average of 40 paediatric CT/MRI cases a month.

**Critical Care:**

The Marsden Critical Care unit provides excellent outcomes for both elective surgical (75% of admissions) and medical patients. Following the fire in 2008, a new 16-bedded CCU opened in September 2010. This is the largest critical care unit dedicated to the care of oncology patients in the United Kingdom and admits on average 1,400 patients per annum. The units (Chelsea and Sutton) treat a mixture of level two and three patients comprising elective admissions following major surgical procedures and emergency surgical, medical and haemato-oncology admissions. With active chemotherapy and bone-marrow transplantation programmes within the Trust, immunosuppressive and immune mediated complications are regularly encountered. The specialist nature of the Trust also requires that the units double as respiratory, coronary and renal high-dependency units for our patients.

In keeping with national standards and guidelines, active programmes of evolution and modernisation are underway in the critical care unit with the development of evidence-based protocols for the management of severe sepsis, nutrition, ventilation, renal replacement therapy and infection control. Sub-specialist interests are being developed within the ICU team. Weekly multi-disciplinary team meetings are undertaken to discuss and decide upon best courses of care and treatment for our patients and provides a forum for regular morbidity and mortality reviews. Data is submitted to ICNARC and the critical care network, with outcomes and quality measures amongst the best against the benchmarks of both organisations.

Senior medical cover is provided by seven intensive care consultants who undertake on-call duties on a weekly or split week roster. They provide dedicated cover to the unit undertaking morning and evening ward rounds. Junior medical cover is provided by Specialist Registrars (SpRs), Trust Grade Doctors or Fellows in Anaesthesia and ICM for each site. Foundation Year 2 (FY2) trainees are also attached to the Chelsea critical care unit. Night-time cover is provided by the SpR in Anaesthesia and/or ICM and a FY2 with the on call Consultant off site. There is a 24/7 nurse led critical care outreach service on the both sites.

There are 2 “treat and transfer” beds in Sutton which provide cover primarily for haemato-oncological emergencies, with patients being transferred up to Chelsea should they require level 3 care. Communication with Sutton is augmented by the presence of webcams and teleconferencing facilities at both sites.

**Pre-assessment**

There is an anaesthetic lead pre-assessment service with 2 sessions per week at Sutton and 10 sessions at Chelsea. We also run a preoperative Cardiopulmonary Exercise Testing (CPET) service.

1. Advanced Airway Management and Research Fellowship

This is a substantive six-month post, extendable to one year subject to satisfactory internal review, open to all post-fellowship anaesthetic ST5+ registrars or post CCT anaesthetists who wish to develop a further interest in advanced airway management and research. The post will include advanced airway research work, clinical work within the head and neck multi-professional team, attendance at the head and neck MDT and clinic, and an additional on-call commitment. This would add up to an average 48-hour week.

The post-holder will have a key research role within the Head and Neck anaesthesia team, liaising closely with Dr Orla Lacey, Dr Colm Irving, Dr Andrew McLeod, and Dr Phil Ward (Locum) and integrate closely with the whole Head and Neck surgical and oncology team.

The post would suit an individual seeking Out of Programme for Experience (OOPE). With the approval of the Post Graduate Dean, Out of Programme for Training (OOPT) may be available following appropriate prospective approval. The post would also suit an individual looking for post-CCT experience.

1. Specific objectives and opportunities of this post:

Opportunities include, but are not limited to, the following:

**Clinical Responsibility**

1. Regular opportunities to develop advanced airway skills, in the assessment, planning and delivery of anaesthesia for complex airway patients, **in conjunction** with providing advanced airway training in head and neck/maxilla-facial lists for higher trainees. Please note that the department maintains a key commitment to deliver advanced airway techniques to **all** higher anaesthesia trainees. This fellowship will be structured to be complimentary to that commitment.
2. Regular opportunities to develop a breadth of experience in the delivery of TIVA based anaesthesia for major oncology and reconstructive surgery.
3. Regular attendance on the head and neck MDT and outpatient/pre-assessment clinics.
4. To influence the patient care pathway, refer to other professionals, and sign-post patients to other agencies and services as appropriate.
5. To provide clinical expertise, specialist advice and support across service and organisational boundaries.
6. To sustain a high-quality specialist service for the patient throughout their journey

**Research**

1. Research/Clinical Database – Review over ten years of data collected in the electronic anaesthetic record database in respect of advanced airway techniques; inform the design of appropriate data collection for research in advanced airway techniques.
2. Recruit to a prospective study in the efficacy and safety profile of conscious sedation for awake tracheal intubation and other awake airway techniques.
3. Support the retrospective review of oxygenation techniques in complex airways and then help evidence the safety profile of innovative oxygen delivery devices.
4. To be involved in ethics proposals, data collection, abstract writing, presentations and publications.

**Education**

1. Opportunities to teach on the RM internal and external airway training programmes, including in-house “tea trolley” updates, PIDAAC’s, advanced airway training for all anaesthetic/ICM trainees and other multi-professional healthcare staff, and the “TCI Practicum” conference.
2. Opportunities to teach on the weekly anaesthetic higher trainee teaching
3. Fully funded Good Clinical Practice Training Course (international ethical, scientific, and practical standard to which all clinical research training is conducted)
4. Attendance of the Royal Marsden Management course.
5. The post-holder would be expected to participate in Continuing Medical Education to the level required by the Royal College of Anaesthetists

**Audit**

1. The appointee will take part in regular departmental, academic and audit meetings

**Management**

1. The advanced airway fellow will be supported to develop their leadership and management skills.

**Additional Requirements**

1. The appointee will be expected, with colleagues, to provide a first-class anaesthetic and critical care service.
2. Clinical duties include, but are not limited, to the day to day provision of high quality anaesthetic and medical care to patients in theatres and the ICU and management of patients in the Pre-assessment Clinic.
3. The post holder is expected to be familiar with and adhere to the Trust’s policies on Clinical Governance, Confidentiality and Infection Control.
4. The post holder is required to act in accordance with the General Medical Council’s “Code of Professional Conduct”.
5. The appointee will be expected to adhere to the Trust’s values and behave in a way that reflects these.

**Annual Review**

The post-holder will have a six-monthly appraisal with the head of department and with his/her educational supervisor. In addition, it is anticipated that the post-holder will meet at least monthly with his/her supervisor to review the progress of their audit/research work.

1. Confidentiality and data protection

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.

1. General Data Protection Regulation

You will familiarise yourself with the Trust’s data protection policy which sets out its obligations under the General Data Protection Regulation and all other data protection legislation.  You must comply with the Trust’s data protection policy at all times and you agree that you will only access the systems, databases or networks to which you have been given authorisation.   The Trust will consider a breach of its data protection policy by you to be a disciplinary matter which may lead to disciplinary action up to and including summary dismissal.  You should also be aware that you could be criminally liable if you disclose personal data outside the Trust’s policies and procedures. If you have any queries about your responsibilities in respect of data protection you should contact the Trust’s Data Protection Officer.

1. 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 adult awareness training, additional training and supervision regarding child protection relevant to their position and role.

1. Health and safety

All staff are required to make positive efforts to maintain their own personal safety and that of others by taking reasonable care, carrying out requirements of the law whilst following recognised codes of practice and Trust policies on health and safety.

1. 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.

1. 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.

1. 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.

1. No 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 both sites.

1. Review of this job description

This job description is intended as an outline of the general areas of activity. It will be amended in the light of the changing needs of the organisation, in which case it will be reviewed in conjunction with the post holder.

1. Terms and conditions of employment

This post is exempt from the Rehabilitation of Offenders Act 1974, meaning that any criminal conviction must be made known at the time of application.

1. Person specification

|  |  |
| --- | --- |
| **ESSENTIAL** | **DESIRABLE** |
| FRCA or equivalent | Experience, or understanding of the UK health care system |
| GMC registration | Experience working in the oncology environment |
| ALS current certification | BSc, B Med Sc or MSc |
| Experience in Intensive Care Medicine | An interest in advanced airway anaesthesia, including the use of TIVA, conscious sedation and awake airway techniques, pre-assessment and/or major surgery. |
| Experience in Paediatric Anaesthesia | APLS or PILS current certification |
| A strong work ethic and an ability to systematically progress clinical, research and audit tasks in collaboration with a consultant supervisor | Previous work in an academic environment with basic laboratory skills and the motivation and drive to initiate, work through, and complete a scientific research project under supervision  |
| The ability to collaborate and communicate effectively with patients, relatives and colleagues and work well as part of a multi-disciplinary team across management and clinical disciplines, grades and abilities. |  |