

**THE ROYAL MARSDEN NHS FOUNDATION TRUST  
IN ASSOCIATION WITH THE INSTITUTE OF CANCER RESEARCH  
LONDON AND SUTTON**

**DEPARTMENTS OF ANAESTHESIA and INTENSIVE CARE MEDICINE**

**JOB DESCRIPTION**

**Pain Management and Research Fellowship  
(1 post)**

**Whole-time fixed-term appointment for six months  
(Extendable up to 2 years subject to satisfactory review)**

**Band 1A EWTD and New Deal compliant**

**The Royal Marsden NHS Foundation Trust**

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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 Queens Award for Technology for drug development. The hospital gained National Charter Mark Awards in 1995, 1998, 2001 and again in 2008 for the excellence of its service and in 1996 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 nations' best in terms of clinical quality and patient care. The most recent CQC report gave an overall rating of "Good" for all services and "Outstanding" for the Chelsea site and Critical Care Services.

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 treatment-related problems. The Trust forms a joint cancer centre with St George's Healthcare NHS Trust. As a leading Cancer Centre the Trust has close working relationships with many Cancer Units and other Cancer Centres.

The Royal Marsden and The Institute of Cancer Research form the United Kingdom's only designated NIHR Biomedical Research Centre dedicated solely to cancer, awarded in 2006 by The National Institute for Health Research (NIHR). This award has been successfully renewed for a further five years twice, in 2011 and most recently from April 2017. The Centre for Molecular Pathology in Sutton was completed in 2012 and has clinicians, geneticists, pathologists and scientists from The Royal Marsden and The Institute of Cancer Research (ICR) together under one roof for the first time.

The Royal Marsden is part of the Cancer Vanguard, together with The Christie and University College London Hospitals. Covering a population of over 10 million the Cancer Vanguard has the overarching aim to introduce accountability for the whole patient pathway and population service planning and provision. It will ensure everyone receives the best care possible when and where they need it.

Locally, The Royal Marsden is part of RM Partners, alongside health organisations across north-west and south-west London, including clinical commissioning groups, NHS acute trusts, community services, hospices, and third sector and voluntary organisations. The aim of the RM Partners Cancer Vanguard is to improve survival, quality and safety, patient experience and recruitment to clinical trials, and will cover a population of 3.5 million people. This is a completely new local delivery model for cancer care, and includes public health, primary, secondary and tertiary care, community care and hospices.

The Royal Marsden comprises two sites (87 in-patient beds and an 8 bedded day unit at Chelsea and 128 beds at Sutton, including paediatrics). Over 50,000 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 also provides Sutton Community Health Services, offering a diverse range of services within a number of different health and social care settings. Community and school nurses, health visitors, physiotherapists and sexual health clinics across the Sutton communities.

The Royal Marsden 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 (including gynaecological cancer, gastro-intestinal cancer, breast cancer, sarcoma and melanoma). The Trust also participates in rotations for training of junior doctors in a number of other specialties including Anaesthesia, Pain and Intensive Care Medicine.

## **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 and Deputy Chief Executive is Dr Liz Bishop

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 (ie 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.

The Haemato-Oncology unit sits within the Division for Cancer Services and the Division of Clinical Services for the laboratory. The Divisional Director for Cancer Services is Mrs Sarah Clarke and the Divisional Nurse Director is Jen Watson. The division is grouped into three Clinical Business Units (CBUs). Haemato-Oncology sits within the Rare Cancers CBU. The Clinical Director is Mr Andrew Hayes. Within this CBU are the following units: Sarcoma, Skin & Melanoma, Head & Neck, Thyroid, Neuro-Oncology and the Paediatric Unit. Haematology also leads and provides important laboratory services including routine haematology clotting and transfusion as well as the regional specialist laboratory diagnostic services (SIHMDS). This area of activity sits within the Clinical services division.

The units within both divisions are as follows:

**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**

**The Royal Marsden NHS Foundation Trust and The Institute of Cancer Research**

The Royal Marsden and the ICR work in close partnership and together are rated in the top four cancer centres globally. This unique partnership and 'bench-to-bedside' approach allows The Royal Marsden and the ICR to create and deliver results through translational research in a way that other institutions cannot.

In 2006 The Royal Marsden and the ICR were awarded a grant from the National Institute for Health Research (NIHR) to set up the UK's only designated Biomedical Research Centre dedicated solely to cancer, which drives pioneering research into the prevention, diagnosis and treatment of cancer, and to translate advances in biomedical research into patient benefits. This acknowledges our position as the leading academic and clinical partnership for cancer in the UK.

Funded through the NIHR Biomedical Research Centre, the Centre for Molecular Pathology is enhancing the capacity to deliver personalised, targeted treatments by bringing together research teams and clinicians from The Royal Marsden and the ICR in one state-of-the-art facility. This partnership will help to rapidly translate basic research discoveries into benefit for cancer patients.

## **Present Staffing in the Anaesthetics Department**

### **Senior Medical Staff: Chelsea and Sutton**

Dr T Beuthauser (Head of Paediatrics/Urology/Gynaecology)  
Dr G Browne (Gynaecology/CCU/Sarcoma)  
Dr M Brown (Acute and chronic pain/Breast)  
Dr D Chisholm (Paediatrics/Gynaecology/Plastics/Vascular access)  
Dr P Farquhar-Smith (Pain management/Plastics)  
Dr J Filshie (Pain)  
Dr P Gruber (Head of CBU/CCU/Breast)  
Dr V Grover (CCU/Gynaecology)  
Dr M Hacking (Head of Department /Upper GI/Gynaecology/Plastics)  
Dr J Handy (CCU/Breast/Paediatrics)  
Dr C Irving (Head & Neck/Plastics)  
Dr S Jhanji (CCU/Urology/Plastics)  
Dr R Juneja (Audit/Sarcoma/Paediatrics/Preassessment)  
Dr R Kasivisvanathan (Lead for Preassessment/Urology/IR)  
Dr O Lacey (Paediatrics/Head & Neck)  
Dr H Lawrence (Preassessment/Gynaecology/Lead for Day Surgery)  
Dr A Majumder (Sarcoma/Breast/Paediatrics)  
Dr A McLeod (College Tutor/Head&Neck/Paediatrics/Breast/Preassessment)  
Dr O Mingo (Plastics/Hepatobiliary/Paediatrics/Simulation lead)  
Dr A Oliver (Preassessment/Paediatrics/Breast/Lower GI)  
Dr R Raobaikady (Hepatobiliary/Endoscopy/Breast/Vascular access)  
Dr M Rooms (Paediatrics/Endoscopy/Urology)  
Dr R Self (Gynaecology/Urology/Paediatrics/Plastics)  
Dr G Wares (Director of Medical Education/CCU/Urology)  
Dr T Wigmore (Head of CCU/Chief Clinical Information Officer/Urology)  
Dr S Walker (Paediatrics/Pre-assessment/Sarcoma/Fellowships coordinator)  
Dr J E Williams (Head of 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)  
Dr M Gerstman (Locum Consultant)

### **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

## **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 8am and 8pm, 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 side, 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 oesophagogastrectomy), Gastrectomy, Whipples procedure, Hepatobiliary Surgery
- Head and Neck – Major resection and free flap reconstruction
- Lower GI – including Sacrectomy and total exenterative 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.

### **Preassessment**

There is an Anaesthetic lead pre-assessment service with 2 sessions per week at Sutton and 9 sessions at Chelsea. We also run a preoperative Cardiopulmonary Exercise Testing (CPET) service.

## **Pain Management and Research Fellowship**

**Managerially Accountable to:** Dr M Hacking (Lead Clinician for Anaesthetics)  
**Professionally Accountable to:** Dr J Williams (Lead for Pain Management)

This is a substantive six-month post, extendable to two years subject to satisfactory internal review, open to all post-fellowship anaesthetic ST7 registrars who wish to develop a further interest in pain management and research. The post will include pain research work, clinical work within the pain team, pain clinic experience, access to pain clinics in other trusts, and an additional on-call commitment based in Sutton. This would add up to an average 48-hour week.

The post-holder will lead on research within the pain management team, liaising with Dr John Williams and Dr Paul Farquhar Smith, and integrate with Clinical Nurse Specialists in Pain Management to ensure pain management ward rounds are carried out, and to ensure pain clinics are supported by medical staff.

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.

### **Specific objectives and opportunities of this post:**

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

#### **Education**

1. Opportunity to teach on the RMH Epidural Study Day
2. Opportunities to be involved in education for pain clinic nursing staff
3. Opportunity to teach on the weekly anaesthetic registrar teaching
4. Fully funded Good Clinical Practice Training Course (international ethical, scientific, and practical standard to which all clinical research training is conducted)
5. The post-holder would be expected to participate in Continuing Medical Education to the level required by the Royal College of Anaesthetists

#### **Research**

1. Research/Clinical Database – Introduction into clinical practice of a new Pain Clinic database; evaluation of the database
2. Recruit to an RCT evaluating the implementation of a new pain pathway for patients undergoing major abdominal surgery
3. Continued recruitment to a study looking at the use of High Intensity Focused Ultrasound for the treatment of bone metastases

4. Continued recruitment to a study looking at perioperative analgesia interventions for thoracotomy patients
5. Recruitment to a new study evaluating physiotherapy interventions after breast surgery – an RCT due to be conducted at RMH in 2016, organised from Warwick University
6. To be involved in ethics proposals, data collection, abstract writing, presentations and publication

#### **Audit**

1. The appointee will take part in regular Department, Academic and Audit meetings

#### **Clinical Responsibility**

1. Attendance on pain control ward rounds and at outpatient pain clinics, and to lead discussions about the patient's diagnosis and treatment options, including research based treatments
2. To influence the patient care pathway, refer to other professionals, and sign-post patients to other agencies and services as appropriate.
3. To provide clinical expertise, specialist advice and support across service and organisational boundaries.
4. To sustain a high quality specialist service for the patient throughout their journey

#### **Management**

1. The Pain Fellow will be responsible for providing medical support to the pain team.

#### **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 pain management, anaesthetic and medical care to patients in clinics, theatres and the ICU.
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.

#### **General Information**

##### **Access to Computer System**

Computer data should only be accessed if this has been authorised and is necessary as part of your work. Unauthorised access to computer data or helping others to access such data will result in disciplinary action being taken in accordance with the Trust's disciplinary procedure and may lead to dismissal.

The Post-holder's attention is drawn to the Data Protection Act 1984 and the Computer Misuse Act 1990.

**Confidentiality Clause**

All information concerning patients and staff must be held in the strictest confidence and may not be divulged to any unauthorised person at any time, unless to do so is in the best interest of the individual. In this instance, the post-holder should be appropriately advised by a Senior Manager. A breach of confidentiality will result in disciplinary action being taken in accordance with the Trust's disciplinary procedure and may lead to dismissal.

**Safety**

The post-holder has personal responsibility for safety as outlined in the Hospital's Health & Safety Policy and the Health & Safety Work Act 1974.

**Smoking**

The Trust has implemented a No Smoking policy, which applies to all staff.



## EMPLOYEE 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 pain management
Paediatric anaesthesia experience	APLS or PILS current certification
A strong work ethic with 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.	