

National Surgical Fellowship in Cardiothoracic Transplantation

PAPWORTH HOSPITAL NHS FOUNDATION TRUST

JOB DESCRIPTION

This post will provide comprehensive surgical training in all aspect of advanced heart and lung failure, including cardiothoracic transplantation, ventricular assist device (VAD) and extra-corporeal membrane oxygenator (ECMO) support.

This post is supernumerary to service requirement, is non-resident and the post-holder will NOT be part of any formal on-call rota. However, as the nature of this work is variable, the out-of-hours component will be unpredictable.

The post-holder is expected to take appropriate compensatory rest and time off in-lieu of any out-of-hours worked. The post-holder is expected to work an average of 48-hours per week.

1 Tenure

This post is for 18 month, subject to satisfactory ARCP / RITA reviews and appraisal every 6 months.

2 Papworth Hospital

Papworth Hospital opened in 1917 as a tuberculosis hospital, founded by Pendrill Varrier Jones. The size and scope of the hospital has grown considerably over the years. Today we provide specialised cardiothoracic services, principally to the 2.5 million people in Norfolk, Suffolk, Cambridgeshire and mid and north Bedfordshire. Papworth is also one of five supra-regional centres for cardiac and pulmonary transplantation.

Today we are

- A high performing trust. We achieved an excellent CHI report, being the first trust to be awarded the top mark for Research and Clinical Audit.
- One of UK's main adult heart and lung transplant centre
- One of 5 designated centres for Ventricular Assist Device as bridge to transplantation in England
- The busiest and most versatile NORS program in UK, retrieving cardiothoracic organs for both adult and paediatric population. Unique program in the world, promoting both in-vivo and ex-situ organ perfusion for both heart and lungs.
- The sole designated centre for Pulmonary Endarterectomy surgery for chronic thromboembolic pulmonary hypertension

- Treating 20,000 patients each year in adult cardiology, cardiac surgery, thoracic surgery and respiratory medicine, and have 225 beds.

In achieving this position Papworth has established a reputation for pioneering clinical developments. These have been underpinned by substantial research, development and education. Although the hospital has been at Papworth for nearly 90 years our programme of capital development has ensured there are new patient facilities and state of the art equipment to deliver the services.

Brief developments and key facts – Transplantation at Papworth

1979 First UK successful human cardiac transplantation of the new era

1984 First heart/lung transplantation

1986 First heart/lung/liver transplant

1988 First domino transplant of healthy heart from a heart/lung recipient

1996 1000th transplant

2000/1 Designation by NCG (now NHS England) as the sole provider for Pulmonary Thrombo-endarterectomy in the UK, and jointly for the provision of Pulmonary Hypertension Services. It is also part of a National Consortium funded programme for provision of a Mechanical Ventricular Support Service as a bridge to Transplantation

2004 25th Anniversary of Heart transplantation

2006 UK's first beating heart transplant

2009 25th Anniversary of Heart-lung transplantation

2015 First heart transplantation from DCD donor. This is now the world's largest DCD heart transplant programme

2018 First clinical lung transplant using portable normothermic ex situ perfusion from extended donor criteria

A full summary of the key clinical milestones and the capital programme since 1995 can be seen on the hospitals website <https://royalpapworth.nhs.uk>

Management and staff

The trust has four clinical directorates which manage the respective services of Cardiology, Cardiothoracic Surgery (including Transplantation), Thoracic, Theatres, Critical Care & Anaesthetics (TCCA) and Diagnostic Services (Radiology and Pathology) on a daily basis. Each is led by a consultant Clinical Director and Service Manager. There are further non-clinical directorates for Research & Development, Education & Development, and Clinical Governance & Risk Management, together with central management services.

The hospital has over 1,500 staff, plus contracted services. The workforce has grown considerably over the past few years. Recent appointments have enhanced our patient focus through a Patient Advice & Liaison service and Booked Admissions service. Modernisation is high on the agenda and there are posts in place to look at networking services, changing working roles and new ways of working.

Moving forward

Over the last 10 years we have recorded clinical and financial successes while maintaining and enhancing our excellent relationship with patients and staff. This has been achieved whilst the hospital has grown by an average of 9 % p.a.

The strategic and workforce plans indicate the growth that will be required to achieve the NHS plan. The hospital's track record provides a sound base on which to achieve these plans. Key to the success of our future will be continuing workforce expansion and the appointment of high calibre staff to the Trust.

The East of England SHA and the Papworth Hospital Board of Directors strongly support the co-location of Papworth Hospital on a Greenfield site adjacent to Addenbrooke's Hospital on the Cambridge Biomedical Campus. It highlights the importance of service, teaching and research in a strategic alliance between Papworth and Addenbrooke's: The location of both hospitals in a single health and research campus will ensure they compete successfully with other centres in the UK and beyond in attracting the very best quality of staff, maintaining excellence in services and securing significant research funding. It will also allow better integration of heart and lung work with other specialist services such as cancer treatment. The construction is now well underway with an expected relocation in about 20 months.

Full details of the redevelopment programme, including the detailed consultation document and accompanying video can be found at www.papworth-hospital.org.uk or follow the link: www.papworthpeople.com/about.asp?section=about&nav=newpapworth

The 2006 Annual Report is also on the Papworth Hospital website or follow the link: www.papworthpeople.com/about.asp?section=about&nav=annual

3 Transplant Unit

Consultants in cardiothoracic surgery, anaesthetics, cardiology, pathology and chest medicine, led by the Clinical Director of the Transplant Service, Mr. Pedro Catarino, are all involved in the care of the heart, heart/lung and lung transplant patients. The

consultants are supported by a team of 3 Senior Clinical Fellows in transplant surgery, 1 Surgical Specialty Registrar, 1 advance cardiology fellow, 1 cardiology StR, 1 chest medicine StR, and 5 Clinician Assistants. There is additional support staff in management, information services, statistics and data collection, administration and secretarial services.

Patients are referred to the Transplant Service for heart, heart/lung or lung transplantation from around the UK. Prior to listing for transplantation, they undergo a pre-assessment appointment followed by a 2-day assessment. At the end of this admission, all cases are discussed at a weekly Assessment MDT and a decision to list is made. They return to the care of their local hospital and general practitioner whilst waiting for transplantation. On admission for their transplant operation, patients spend 1 to 3 days in ITU and further 3 weeks on average in hospital. After discharge home, they return to the Transplant Continuing Care Unit (TCCU) on a regular basis for lifelong follow up. Patients may self-refer to clinic for emergency admission.

The first successful heart transplant in the UK was carried out at Papworth Hospital in 1979 and the heart/lung transplant programme began in 1984. Over the past 5 years, an average of 65-70 cardiothoracic transplant operations is carried out each year. In 2017/18 a record of 102 transplants were performed. Nearly 800 patients are now cared for by the Transplant Continuing Care Unit of whom over 500 have had heart transplants and the rest have had lung or heart/lung transplants.

The Transplant Service is fully integrated with the inpatient services of the hospital - there are no dedicated transplant beds for either transplant surgery or medicine. At assessment, patients are admitted to a cardiac or thoracic surgical ward and ideally admitted to the same ward for their transplant operation - emergency readmission is usually to the Chest Medical Unit. In 1998 a new building for the Transplant Unit was completed, housing a 100 seat lecture theatre in the basement, Outpatients Department on the ground floor and Administration Department on the top floor. The 5 consulting rooms and associated treatment areas in the Outpatient Clinic are shared by all transplant specialties; fibre-optic bronchoscopies are carried out in the Radiology room in the Thoracic Department.

A Grown-Up Congenital Heart diseases (GUCH) service was commenced in Papworth Hospital in 2008, which runs a bi-monthly outpatient clinic. The GUCH service is also an integral part of the Transplant service.

Transplant Medical Team

Clinical Director	Mr P Catarino
Consultant Cardiologist	Dr C Lewis Dr J Parameshwar Dr S Pettit Dr A Kydd Dr S Bhagra

Consultant Chest Physician Dr J Parmar
Dr D Thomas
Dr C Patterson

Consultant Surgeons Mr D Jenkins (National lead pulmonary endarterectomy)
Mrs C Sudarshan (Clinical lead lung transplant)
Mr Y Abu-Omar (Clinical lead heart transplant and long term VAD program)
Mr M Berman (Clinical lead Organ Retrieval Service and acute heart failure program)
Mr S Tsui
Mr P Catarino

Training posts 1 StR (surgery)
2 StR physicians (cardiology/ chest medicine)

4 Duties and responsibilities

- 1 Under the direction and supervision of the Consultants in transplant, participate in:
 - Donor care and donor organ retrieval
 - The care of heart and lung failure patients and transplant recipients on the intensive care unit and on the ward.
 - Management of immunosuppressed patients with opportunistic infection.
 - Management of complications (non infection) of immunosuppressive drugs.
- 2 Patient Assessment:
 - To participate in the assessment of patient with heart and lung failure
 - To present the patients' history/test results to the Consultant and at the Assessment MDT
- 3 Donors:
 - Receive donor offers, matching to suitable recipients and discuss with Transplant Consultants
 - Travel to donor hospitals and carry out full assessment and resuscitation of donors
 - Dissection and procurement of donor heart and lungs
 - Preservation, maintenance, resuscitation and ex-vivo assessment of donor organs
- 4 Surgery:
 - Adult Cardiac Surgery: participate in adult cardiac procedures at least one day per week to maintain skills
 - Transplant Surgery: participate in surgery to prepare the recipient for implantation of donor organs and/or mechanical circulatory support devices
- 5 Post Operative Care:
 - Participate in the care of early post-operative patients on the ICU and on wards
 - Participates in the daily morning ward round and/or undertake evening ward rounds

- Assess and manage patients re-admitted with medical and surgical complications
- 6 Completion of accurate records including patients' clinical notes and discharge summaries
- 7 Maintaining medical audit records as required by Papworth Hospital Trust
- 8 Participation in teaching of junior medical staff, undergraduate students and other non-medical staff as required by the Hospital
- 9 To adhere to the clinical protocols of the Hospitals and support its developments and practices.
- 10 To undertake other duties as appropriate to the level of responsibility for the smooth running of the service.

Clinical meeting and teaching

- Transplant MDT – weekly meeting on Mondays at 12:30 pm in which all in-patients are presented and discussed. This is followed by presentation of all donor offers received in the preceding week. The post-holder will be expected to present cases at this meeting.
- Assessment MDT – weekly meeting on Wednesdays at 1:00 pm to review patients assessed for Transplantation or MCSD.
- Transplant Teaching – 1st Friday of each month at 8:15 am
- Donor Run Debrief – Every Thursday at 8:15 am to review donor runs
- Transplant Audit Meetings – 3rd Friday of each month at 8:15 am
- Transplant Journal Club – 4th Friday of each month at 8:15 am

Timetable

Indicative timetable:

Day	Monday	Tuesday	Weds	Thursday	Friday
am	8-9.30 Cons ward round	Adult cardiac operating	8-9.30 Cons ward round	8-9.30 Donor organ retrieval meeting and review of all organ offers	8-9.00 Teaching, Donor Debrief, Audit or Journal club
			Tx Out- Patients	GUCH clinic	
	12.30- 1.30 Tx MDT	Adult cardiac operating	1-2 pm Assessment MDT	1-3 pm PVDU MDT	Study, Research, Admin, Audit

pm					
	See pre-op patients				

The table below identifies the reporting structure for both educational purposes and where there may be issues relating to performance and conduct.

Clinical Incidents	Associate Medical Director for Clinical Governance
Counseling	Supervising Consultant
Grievance	Clinical Director for Transplant Services
Performance/Capability	Clinical Director for Transplant Services and advice from Human Resources Manager
Misconduct	In accordance with the principles of Maintaining High Professional standards in the Modern NHS, misconduct should be considered initially by the Clinical Director with advice from the Medical Director and Director of Human Resources
Professional Body	The Medical Director is responsible for notifying the relevant Professional body where required
Investigation	Nominated consultant and Human Resources representative

Main Conditions of Service

The posts are whole-time and the appointments are subject to:

1. The Terms and Conditions of Service (TCS) for Hospital Medical and Dental Staff (England and Wales)
2. Satisfactory registration with the General Medical Council

3. Medical Fitness – You may be required to undergo a medical examination and chest x-ray. Potential applicants should be aware of the Department of Health and GMC/GDC requirements with regards to HIV/AIDS and Hepatitis viruses. Candidates must be immune to Hepatitis B. You will be required to provide, in advance of appointment, evidence of immunity or have a local blood test (as deemed necessary by the Occupational Health Department)
4. Right to work in the UK
5. Criminal Records Check/POCA check carried out by the Trust Medical HR department.
6. Pre-employment checks carried out by the Trust Medical HR department.

Hours

The working hours for junior doctors in training are now 48-hours (or 52-hours if working on a derogated rota) averaged over 26 weeks (six months). Doctors in training also have an individual right to opt-out if they choose to do so, but they cannot opt-out of rest break or leave requirements. However, the contracts for doctors in training make clear that overall hours **must not exceed 56 hours in a week** (New Deal Contract requirements) across all their employments and any locum work they do.

<http://www.nhsemployers.org/PlanningYourWorkforce/MedicalWorkforce/EWTD/Pages/EWTD.aspx>

Pay

You should be paid monthly at the rates set out in the national terms and conditions of service for hospital medical and dental staff and doctors in public health medicine and the community health service (England and Wales), “the TCS”, as amended from time to time. The pay scales are reviewed annually. Current rates of pay may be viewed at

<http://www.nhsemployers.org/PayAndContracts/Pay%20circulars/Pages/PayCircularsMedicalandDental.aspx>

Part-time posts will be paid pro-rata.

Pay supplement

Depending upon the working pattern and hours of duty you are contracted to undertake by the employer you should be paid a monthly additional pay supplement at the rates set out in paragraph 22 of the TCS. The current pay scales may be viewed at

<http://www.nhsemployers.org/PayAndContracts/Pay%20circulars/Pages/PayCircularsMedicalandDental.aspx>. The pay supplement is not reckonable for NHS pension purposes. The pay supplement will be determined by the employer and should be made clear in their offer of employment and subject to monitoring.

Pension

You will be entitled to join or continue as a member of the NHS Pension Scheme, subject to its terms and rules, which may be amended from time to time.

Annual leave

Your entitlement to annual leave will be five or six weeks per annum depending upon your previous service/incremental point, as set out in paragraphs 205 – 206 of the TCS.

The TCS may be viewed at

<http://www.nhsemployers.org/PayAndContracts/JuniorDoctorsDentistsGPReg/Pages/DoctorsInTraining-JuniorDoctorsTermsAndConditions150908.asp>

Sick pay

Entitlements are outlined in paragraphs 255-240 of the TCS.

Notice

You will be required to give your employer and entitled to receive from them notice in accordance with paragraphs 195 – 196 of the TCS.

Study leave

The employer is expected to offer study leave in accordance with paragraphs 250 – 254 of the TCS. Local policy and procedure will be explained at your induction.

Travel expenses

The employer is expected to offer travel expenses in accordance with paragraphs 277 – 308 of the TCS for journeys incurred in performing your duties. Local policy and procedure will be explained at induction.

Subsistence expenses

The employer is expected to offer subsistence expenses in accordance with paragraph 311 of the TCS. Local policy and procedure will be explained at induction.

Relocation expenses

The employer will have a local policy for relocation expenses based on paragraphs 314 – 315 of the TCS and national guidance at

<http://www.nhsemployers.org/PayAndContracts/JuniorDoctorsDentistsGPReg/Pages/DoctorsInTraining-JuniorDoctorsTermsAndConditions150908.aspx>

You are advised to check eligibility and confirm any entitlement with the employer *before* incurring any expenditure.

Pre-employment checks

All NHS employers are required to undertake pre-employment checks. The employer will confirm their local arrangements expected to be in line with national guidance at

<http://www.nhsemployers.org/RecruitmentAndRetention/Employment-checks/Pages/Employment-checks.aspx>

Professional registration

It will be a requirement of employment that you have professional registration with the GMC for the duration of your employment.

Health and safety

All employers have a duty to protect their workers from harm. You will be advised by the employer of local policies and procedures intended to protect your health and safety and to comply with these.

Disciplinary and grievance procedures

The employer will have local policies and procedures for dealing with any disciplinary concerns or grievances you may have. They will advise you how to access these, not later than eight weeks after commencement of employment.

Educational supervisor

The employer will confirm your supervisor on commencement.

Outside Employment

The post-holder may not engage in any outside employment including locum work when on annual leave etc. without the written consent of their employing Trust or Health Authority. They must also declare to their employing Trust/Authority any interests they may have which affect Trust/Authority policies and decisions.

Cover

The post-holder will be expected in the normal run of his/her duties, and within his/her contract to cover occasional emergencies and unforeseen circumstances without additional remuneration.

Residence

This post is non-resident, but residence must be sufficiently near the hospital for the general duties to be undertaken without compromise to Health and Safety principals.

Ionising Radiation

The post-holder may be involved in directing exposures under the terms of the Ionising Radiation (Protection of persons Undergo Medical Examination or Treatment) Regulations 1988. If he/she does not already hold an appropriate qualification under these Regulations, he/she may be required to attend training in order to obtain this, and to present a copy of the appropriate certificate to the employing Trust at the start of the appointment.

Confidentiality

In the course of your duties, you will have access to confidential material about patients, members of staff and other Health Service business. On no account must information relating to identifiable patients be divulged to anyone other than authorised persons. Similarly, no information of a personal or confidential nature concerning individual employees should be divulged to anyone without the proper authority having first been given. Failure to observe these rules may lead to further action under local Trust procedures. This requirement is not intended to conflict with the rights and principles under whistle-blowing and data protection legislation.

Information Technology

As an employee of a NHS Trust, you are expected to develop the IT skills necessary to support the tasks included in your post. You will, therefore, be required to undertake any necessary training to support this. This is to take account of the increasing need for all staff to be able to use the information systems relevant to their post.

Car Driving

The post holder may be required to be a car driver/owner in accordance with the person specification. Disabled candidates able to meet this requirement by other means, or following reasonable adjustments to the job description, will be considered.

Informal visits

Informal visits or further information- please contact MrPedro Catarino, Consultant Cardiothoracic Surgeon and Clinical Director of Transplantation