THE ROYAL MARSDEN NHS FOUNDATION TRUST

JOB DESCRIPTION

CLINICAL FELLOW in ANAESTHESIA
Fellowship in Patient Safety incorporating Medical Simulation and Education
The Royal Marsden NHS Foundation Trust
Whole-time fixed-term appointment for six months
(extendable to one year)

To start 2\textsuperscript{nd} February 2014

Full time
Band 1A EWTD and New Deal compliant

The Royal Marsden is recognised world-wide for the quality of its cancer services. The Royal Marsden NHS Foundation Trust's strategic aim is to achieve excellence in cancer treatment and diagnosis, through partnership and collaboration. The Royal Marsden with its associated Institute of Cancer Research constitutes a centre of excellence for research and development, education, treatment and care in cancer. It is acknowledged to be one of the largest Comprehensive Cancer Centres in the world.

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 and again in 2001 for the excellence of its service and in 1996 achieved the international quality standard ISO 9001 for radiotherapy and for chemotherapy in 2003. It was recognised as one of six centres of excellence in the Government's NHS Plan. For the last four years, The Royal Marsden has been awarded a double Excellent rating in the NHS performance indicators, rating it among the nation’s best in terms of clinical quality and patient care and the Marsden is the only trust in the UK to have achieved this feat 4 years running. The Royal Marsden and our academic partner, The Institute of Cancer Research, has been awarded one of 11 National Institute for Health Research Biomedical Research Centre grants. We are the only institution to be designated a National Biomedical Research Centre for Cancer.

The Royal Marsden NHS Foundation Trust comprises two units (currently 87 beds at Chelsea and 8 day beds and 128 beds at Sutton including paediatrics). Over 40,000 patients attend the Royal Marsden each year. The Trust employs 2500 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 accepting referrals both nationally and internationally.

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 Surgical Oncology (including gynaecological, gastro-intestinal and breast cancers, melanoma and sarcoma). The Trust 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, executive directors, (Chief Executive, Chief Nurse, Director of Finance, Medical Director), and five non-executive directors from outside the NHS.

At the Royal Marsden NHS Foundation Trust, the hospital management structure is organised into two Divisions: Cancer Services and Clinical Services. This post sits within the Clinical Services Division. Each Division is managed by a General Manager supported by a Divisional Medical Director. Within the Divisions, the consultants leading up each Clinical Unit comprise the Medical Advisory Committee. This is chaired by the Medical Director, Professor Martin Gore. The Medical Director, Directors of IT, Business Development, HR, Facilities and Finance, together with the General Managers and the Chief Nurse form the Management Executive. This body is chaired by Ms Cally Palmer, the Chief Executive.

The Divisional Director of Clinical Services is Mr Johnathon Spencer and the Divisional Medical Director is Dr Timothy Wigmore. The consultant Heads of each Clinical Unit formally meet with the Divisional Management Team on a bi-monthly basis.

Clinical Services Division
Anaesthetics, Intensive Care, Pain, Cancer Genetics, Palliative Care, Pathology, Imaging, Radiotherapy, Theatres, Day Surgery, Nuclear Medicine, Physics, Pharmacy, Medical Records, Patient Transport, Outpatients.

Cancer Services Division
Head and Neck Unit, Haematology-oncology Unit, Neuro-oncology Unit, Paediatric Unit, Sarcoma Unit, Thyroid Unit, Skin and Melanoma Unit, Clinical Pharmacology Unit, Breast Unit, Gastro-intestinal Unit, Lung Unit, Urological Unit, Gynaecology Unit.

Community Services Division
Community NHS services for Sutton and Merton

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

Nursing, Rehabilitation and Quality Assurance Directorate
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)
Quality Assurance Department

Finance Directorate
Human Resources Directorate
Computing and Information Directorate
Facilities Directorate

THE INSTITUTE OF CANCER RESEARCH

The Institute of Cancer Research is a College of the University of London. It was established in 1909 to investigate the causes of cancer and develop new strategies for its prevention, diagnosis, treatment and cure and is now a centre of excellence employing some of the world’s leading scientists working on cutting edge research.

The institute is on two sites located adjacent to both the Chelsea and Sutton sites of the Royal Marsden and is closely integrated with the NHS clinical provision.
THE DEPARTMENT OF ANAESTHESIA

The Department of Anaesthesia provides anaesthesia (both adult and paediatric), critical care provision and acute and chronic pain services across both sites of The Royal Marsden Hospital. The adult surgical specialties include all areas of cancer surgery except neurosurgery, pulmonary resections and cardiac surgery. The anaesthetic paediatric service is supporting a regional paediatric cancer centre and consists mainly of anaesthesia for diagnostic and therapeutic procedures and radiotherapy in children older than 1 year. Paediatric surgery is performed on site mainly for vascular access, there is no major paediatric cancer surgery performed at RMH.

Present Staffing in the Anaesthetics Department

Senior Medical Staff : Chelsea and Sutton

- Dr G Browne (gynaecology/CCU/Sarcoma)
- Dr C Carr (Head and neck/CCU)
- Dr D Chisholm (Paediatrics/urology/plastics/vascular access)
- Dr P Farquhar-Smith (CCU/pain management/plastics)
- Dr J Filshie (pain)
- Dr R Juneja (Audit/Sarcoma/Paeds)
- Dr M Hacking (Head of Department /upper GI/gynaecology)
- Dr C Irving (Head and neck)
- Dr O Lacey (Clinical Tutor/Paediatrics/Head & Neck)
- Dr A McLeod (College Tutor/Gynaecology/paediatrics/breast)
- Dr A Majumder (Sarcoma/upper GI/paediatrics)
- Dr O Mingo (Plastics/acute pain/paediatrics)
- Dr A Oliver (Lead for pre-assessment/Paediatrics/breast/sarcoma)
- Dr R Raobaikady (Upper GI/endoscopy/vascular access)
- Dr R Self (Gynaecology/urology/paediatrics)
- Dr T Wigmore (Head of CCU/Sarcoma/Urology)
- Dr J E Williams (Head of acute and chronic pain/upper GI/breast/)
- Dr P Gruber (Head of CCU)
- Dr G Wares (CCU/Upper GI/Breast)
- Dr S Jhanji (CCU/Urology/Plastics)
- Dr M Frow Trust grade
- Dr A Smith Trust grade
- 2 Locum Consultants

Junior Medical Staff : London and Sutton

Chelsea On call at Chelsea is provided by our anaesthetic trainees and the 6 fellows.

12 SpR’s (Years 3, 4 and 5)
8 from Imperial School of Anaesthesia
4 from Royal Free/UCLH School of Anaesthesia
4 Perioperative Medicine and Anaesthesia Posts
2 Intensive Care Fellows

Sutton On call at Sutton is covered by a rota of 6 staff grades and fellows.

1 Advanced pain trainee
1 Head and neck Fellow
1 Pain fellow
2 Patient safety fellow
1 Clinical Fellow in Critical Care
Workload

There was a serious fire at The Chelsea branch of RMH in January 2008 following which there has been extensive theatre and critical care redevelopment. There are currently 7 theatres in Chelsea. A new 19 bedded critical care unit opened in September 2011.

Theatres:
Chelsea: There are currently seven theatres and the average workload is currently 250 procedures per month, of which on average 100 per month will be admitted to the critical care unit (CCU).

Sutton: There are currently two permanent theatres and 1 temporary modular theatre. The theatre workload averages 300 procedures per month of which on average 4 per month will be admitted to the Critical Care Unit. Included within this total figure are 100 paediatric procedures and an average of 40 paediatric CT/MRI cases a month. Other developments planned include a juvenile oncology unit and enhanced bone marrow transplant service. The modular theatre is to be reassigned in January 2010 to be used as a Day Care paediatric unit while the expansion to the Paediatric facility is undertaken.

Critical Care:
Chelsea: There are currently 12 ICU beds and 4 HDU/OIR beds on the Chelsea site. During the last 12 months there were over 900 admissions with an average length of stay of 2.7 days. Some 70% of the workload are elective postoperative surgical cases, with the remainder being made up of a combination of emergency medical (haematology-oncological and solid tumour patients) and surgical cases.

Sutton: There is currently a two bedded step up unit capable of providing level 1 and level 2 care on the Sutton site. There is an enhanced recovery with 3 beds for post-operative monitoring. This largely provides support to the medical oncology and haematology-oncology and post operative high dependency. Patients requiring level 3 support are transferred to our Fulham site.

Preassessment
There is an Anaesthetic lead pre-assessment service with 2 sessions per week at Sutton and 5 sessions at Chelsea. We also run a preoperative Cardiopulmonary exercise testing service.
INTRODUCTION

This is a substantive 6-month post, extendable to 12 months subject to satisfactory internal review, open to all post-fellowship anaesthetic specialist registrars who wish to develop a further interest in patient safety incorporating medical simulation and education. The trainee would be expected to have up to two days a week dedicated to patient safety, risk management, staff training and medical simulation projects, with one day a week clinical service commitment to theatres/ICU and an additional 1 in 6 on-call commitment to ICU. This would add up to an average 48-hour week. The on-call component will be based in Sutton.

The aim of the fellowship position is to enable the Fellow, by the end of twelve months:

• To have developed a sound understanding of patient safety and to have actively contributed to the risk management profile of the Trust.
• To function independently as a medical simulation and education instructor, including as a senior facilitator in the field of Crisis Resource Management.
• To have completed a research and/or management project.
• To have gained clinical experience in the anesthetic/intensive care management of a broad range of cancer related therapies, surgical and medical.

The post is currently considered ‘Out of programme experience’ and taken in addition to their specialty training. Upto 3 months can be recognised towards training if applied for prospectively.

Patient Safety and Risk Management

The impact of healthcare systems on patient safety is well recognized, but the effective implementation of risk management strategies within healthcare is still at a developmental stage and poorly understood by many healthcare practitioners. Developing good risk management strategies requires a good understanding of human error, including error mechanisms and recovery, the impact of “latent pathogens” within healthcare systems and how healthcare teams can work more effectively together in complex dynamic environments. Implementation of risk management strategies involves both effective management and educational systems for all healthcare staff.

The Royal Marsden Trust is committed to reducing patient risk to an absolute minimum. This does not merely involve improving management of patients during their treatment but undertaking thorough pre-treatment assessments and informing patients of risk in advance of therapy and involving them in decision making pathways. Strategies of pre-operative surgical/anaesthetic risk assessment and group decision making (patients/carers/MDT/surgeon/oncologist/radiotherapist/anaesthetist and palliative care) are evolving dynamically within the Trust. Despite these strategies, and clinical care pathways designed to reduce risk, adverse events still occur which require to be rapidly recognised and managed by all members of the multi-disciplinary team in order to prevent realization of avoidable harm. Staff and patient education, audit and excellent clinical management systems all have roles to play in enhancing patient safety and reducing harm.

Medical Simulation and Education

Royal Marsden and Royal Brompton joint Clinical Skills and Simulation Centre.

Medical education in the clinical setting is currently ad-hoc in nature, relying on random exposure to a variety of healthcare problems. It is inappropriate to allow less experienced health care staff and trainees to ‘practice’ managing difficult cases on actual patients without appropriate senior supervision and intervention. Rarely in the busy clinical setting is there an opportunity for the whole healthcare team to debrief and reflect on the management of individual cases, and they certainly do not have access to video analysis.

Medical simulation is an experiential form of education, incorporating the use of high fidelity human patient simulators in a full immersive simulated environment. Within this learning environment real time evolving clinical situations can be simulated and managed by the
appropriate health-care team. Scenarios can be replayed at will and no actual patient harm can occur, thus allowing less experienced health care professionals the opportunity to lead in the management of cases. As well as concrete experience of common medical conditions, medical simulation can provide exposure to important rare and potentially life threatening conditions.

As well as the specific clinical skills and knowledge required to manage a simulated case, the impact of individual and team behaviours on the effective management of medical crises can be explored, facilitated by video assisted debriefing of the scenarios. The debrief is an essential part of the educational experience, facilitating constructive critique and reflection on the management of the case. Crisis resource management (CRM) is a structured approach to exploring the individual and team behaviours that impact on the effective management of medical crises.

**Expected outcomes**

The Fellow will be expected to take an active role in the risk management activities of the Trust, including critical incident review and follow up implementation of strategies to improve patient safety. The position of Fellow is a highly varied one and will involve all aspects of the running and developing educational programmes incorporating medical simulation. The Fellow will be expected to maintain a learning portfolio reflecting upon their progress through the fellowship. The portfolio will inform regular tutorials with an educational supervisor.

The successful candidate will also be expected to take an active role in the ongoing research activities, of the Trust and within the Centre for Good Clinical Practice, additionally they will attend the relevant professional meetings. The Fellowship position could be combined with study towards a further degree and the Royal Marsden would actively support this activity.

Over the six to twelve months the Fellow will gain training and experience in a variety of teaching formats including:

- Lectures
- Small group discussion
- Clinical skills station
- Medical simulation
  - Familiarising candidates with the simulated environment
  - Facilitating ‘pause and discuss’ sessions
  - Debriefing realistic scenario sessions

In addition the Fellow will be expected to gain an understanding of how human factors impact in patient care and safety, including:

- The principles of crisis resource management,
- Human error, including error mechanisms and recovery
- Effective team working in a health care environment
- The impact of healthcare systems on patient safety
- Effective implementation of risk management strategies

The successful Fellow will gain supervised experience in the development and quality assurance of interdisciplinary educational programmes incorporating medical simulation, based on:

- Learning needs assessment and current curricula
- The principles of adult learning theory
- Scenario and course design
- Props and prompts in a high fidelity full immersive simulated environment
- The principles of operating human patient simulators
  - Physiologically modelled simulators
  - State-based systems
- Audio visual systems to aid immediate video-assisted debriefs
- Audit, quality assurance evaluations and research
CLINICAL WORKLOAD AND FACILITIES

Critical Care

The average length of stay of our patients is 3.7 days. The average bed occupancy is 87%. The units 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 evidenced-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. Development is also occurring in the recording and analysing of our patient care and outcome data and we are introducing a programme to bench-mark our care against other comparable units nationally and internationally.

Following the fire in 2008, a brand new 19 bedded CCU will be opening in July 2010. This will become the largest critical care unit dedicated to the care of oncology patients in Europe.

Theatres

London: Prior to the 2008 fire there were five theatres and an average workload of 250 procedures per month, of which on average 60 per month would be admitted to CCU. Currently, the hospital back upto five theatres in Chelsea. Work is also in progress to open a further three theatres at Chelsea in June 2010, giving a total of eight theatres in addition to the endoscopy and interventional radiology suites.

Sutton: Prior to the 2008 fire, the theatre workload averaged 300 procedures per month of which on average 4 per month were be admitted to the Step-Up Unit (time-limited level two critical care facility). Included within this total figure were 100 paediatric procedures and an average of 40 paediatric CT/MRI cases a month. We have opened a second theatre at Sutton in addition to the paediatric day-procedure suite.

Facilities

The postholder will have secretarial support from the anaesthetic and ITU secretaries. There is also support from the departments of IT, medical illustration and audit. General library facilities are available in the ICR at Sutton and London. Staff parking is available at both sites is by permit only.
The Post

Duties and responsibilities

1. The appointee will be expected with colleagues to provide a first class anaesthetic and critical care service. Clinical duties include on-call for ICU at Sutton (or Chelsea) one night in six. It is hoped this will reduce to 1 in 7 over the next 12 months. Daytime clinical anaesthetic/ICU duties will be undertaken approximately one day per week. The remaining time will be dedicated to clinical risk management/simulation/education/research.

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 preassessment of patients in the Preassessment Centre.

3. The appointee will be expected to undertake a programme of formal research or audit under a designated consultant supervisor.

4. The appointee will take part in regular Departmental, Academic and Audit meetings.

5. The post-holder would be expected to participate in Continuing Medical Education to the level required by the Royal College of Anaesthetists/IBTICM as appropriate to the individual post-holders.

The post holder is expected to be familiar with and adhere to the Trust’s policies on Clinical Governance, Confidentiality and Infection Control. It is expected that strict attention is paid to hand-washing before and after every patient contact and that aprons will be worn before approaching a patient and then appropriately disposed of when leaving that patient’s area.

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 postholder 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**

1. FRCA or equivalent.
2. A strong work ethic with an ability to systematically progress clinical, research and audit tasks in collaboration with a consultant supervisor
3. The ability to work well in a team, collaborate and communicate effectively with colleagues in the Anaesthetic Department, and multidisciplinary teams in the various clinical units.

**DESIRABLE**

1. Completion of Basic Training in ICU as defined by the IBTICM
2. 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
3. BSc, B Med Sc or MSc