Appointment of
Integrated Academic Training Programme

Academic Clinical Fellowship

In Clinical Oncology ST3

October 2017
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</table>
**SECTION 1  Job Description – General Details**

<table>
<thead>
<tr>
<th><strong>Title:</strong></th>
<th>Academic Clinical Fellow in Clinical Oncology</th>
</tr>
</thead>
</table>
| **Location:** | Based at Addenbrooke’s Hospital, Cambridge, Department of Oncology, University of Cambridge Department of Oncology  
Clinical training rotation may include FTE in hospitals in Norwich, Ipswich, Southend and Colchester |
| **Origin of Post:** | This is a new post funded by the National Institute for Health Research. The post attracts an Academic National Training Number NTN(A). |
| **Duration of Post** | A maximum of 3 years may be spent in this post |
| **Main responsibilities:** | 1. Clinical training in clinical oncology, including fellowship of the Royal College of Radiologists  
2. Training in clinical research in clinical oncology and allied fields  
3. Complete and submit competitive funding applications for higher degree (MD or PhD) with relevance to clinical oncology |
| **Protected Research Time** | Protected research time will be provided by day release which will average 25% of working time over the 3 year maximum duration of the post. The remaining 75% of working time will be devoted to clinical training.  
Training in the first year will provide a grounding in research methodology. Training in subsequent years will concentrate on forming plans for a competitive grant funding application supervised by a senior member of the Department of Oncology. |
| **Academic Programme Director:** | Dr Raj Jena, Principal Research Associate & Honorary Consultant Clinical Oncologist |
| **Clinical Programme Director:** | Dr Deborah Gregory, Clinical Oncology Training Programme Director & Consultant in Clinical Oncology |
## SECTION 2: Detailed Description of the Post

### Introduction - Training Objectives & Environment

This post has been developed as part of the response to the Walport report by the UK Clinical Research Collaboration (www.ukcrc.org) and Modernising Medical Careers. The post will provide an exciting balance of clinical and research training and carry an academic training number, delivered using innovative teaching methods. The Academic Clinical Fellowship will allow the successful candidate to set aside time to develop academic skills and to prepare and complete for a training fellowship to undertake a higher degree. Upon completion of a higher degree, the academic trainee may apply for a clinical lectureship post.

The Clinical Fellowship will provide the trainee with the opportunity to complete his/her clinical training in conjunction with postdoctoral research career development or higher educational training. At the end of this phase, the trainee will have completed his/her clinical training leading to the attainment of a CCT.

It is expected that the academic fellow will remain in post for 3 years during which time we will achieve the primary objective of providing a grounding in clinical practice and research. The fellow will be sufficiently well equipped to think medically and scientifically to gain competitive grant funding.

Basic, clinical and translational oncology research is expanding in Cambridge. Over the last 8 years £70 million of capital have been invested in new research buildings. This investment includes the Cancer Research UK Cambridge Research Institute. Approximately £150 million is already committed to support cancer research in Cambridge over the next 5 years. Even before these new investments, the Department of Oncology attracted £7 million of peer-reviewed grant funding annually. Clinical cancer research is well-established with Cambridge designated in the first tranche of cancer research networks (WACRN) and NTRAC centres as well as being an Experimental Medicine Centre. Cambridge enters over 700 patients into a broad range of oncology trials annually and follows up over 1500 patients in clinical trials.

The department also holds an excellent record for research innovation in Clinical Oncology, implementing 3 dimensional treatment planning in 1999 and Intensity Modulated Radiotherapy in 2004. In 2008, the first Tomotherapy in the unit was opened at Addenbrooke’s as part of a £4.5 million research and evaluation programme by the Department of Health. A number of regional and national radiotherapy studies are based in Cambridge. The department also benefits from excellent research links with the department of Medical Physics and Radiology. The department boasts an excellent track record for multidisciplinary training in radiation oncology. It offers a hybrid virtual environment for teaching of radiotherapy treatment delivery, and a nationally reputed teaching courses in radiotherapy treatment planning and brachytherapy.

### Support in Applying for a Competitive Peer-Reviewed Research Training Fellowship

The support for oncology fellows will be co-ordinated by Dr. Raj Jena (Clinician Scientist & Consultant in Clinical Oncology). Fellows will choose 2 3-month attachments relevant to oncology with a site specific team or laboratory group, with a range of projects on offer. Fellows will have the opportunity to discuss the projects with the relevant clinical and scientific staff. The projects will then be specifically developed within the Academic (University) and Clinical Departments of Oncology to combine elements likely to provide data in the short term with a longer-term and more fundamental component. The fellow will gain experience of research methodologies, results and their analysis and their discussion in laboratory meetings. The fellow’s choice of project will determine who their clinical and scientific supervisors will be. This joint supervision is important to ensure that the fellow is aware of the scientific and clinical implications of their work and in particular the translational links between the two. The supervisors will meet regularly with the fellow and ensure that progress in achieving milestones is made as discussed below.
In order to maximise productivity, extensive use of distance learning via a dedicated e-learning platform will be offered to applicants, allowing up to 50% of their core knowledge and formal research methodology training to be conducted at the time and place of their own choice. This will allow increased flexibility when establishing weekly timetables of clinical and research activities, especially if the trainee is posted outside Cambridge for a particular attachment.

**Protection of Research Time and Service Cover Arrangements**

The fellowships are divided into 75% clinical and 25% research components. Dividing the week into 10 sessions, the individual will receive 2.5 sessions for research activities (typically 1 day a week plus one extra day per calendar month). In the first year, this time will be used for laboratory visits and placements with academic site specific teams, as well as formal training in research methodologies. As mentioned above, training in core knowledge and research methodologies will be implemented using a distance learning platform to offer increased flexibility for the trainee. The remaining 7.5 sessions will be 'clinical' and follow the same successful clinical training as other SpRs on the programme. This is essential, since maintaining high standards of clinical training for these NTNAs will be vitally important. The fellow will take part in the grand round, the department's varied seminar programme and the out-of-hours on-call arrangements. Some previous fellows have chosen to do a 3 month or 6 month block of research during their 3 year funding instead or 1 day per week. The program is flexible to the individual requests from each fellow.

Mentoring:

Mentoring will be provided by a consultant academic oncologist for academic matters, together with a clinical supervisor in accordance with the Royal College of Radiologists guidelines.

**Academic and Clinical Milestones:**

The academic milestones, by which time the corresponding stage should have been reached, are:

- Month 12: Chosen 2 site specific research attachments. Obtain Part 1 FRCR examination.
- Month 18: Gained background understanding and formal research project
- Month 24: Completed 2 laboratory projects and starting work on first competitive grant application form
- Month 36: Transfer to full-time clinical research fellowship. Obtain Part 2 FRCR examination.

The achievement of these academic milestones will be monitored by Dr. Raj Jena.

**Training Infrastructure**

The excellent clinical and research training infrastructure at the Addenbrooke's site is also described in the introduction to this section. The Department of Oncology has particular strengths in areas relevant to translational research including imaging and genomics. The department has an excellent track record of academic qualifications amongst its clinical oncology trainees, with 6 MD and PhD qualifications awarded in the last 5 years, and another 6 expected in the next 2 years.

**Training Location & Links to Other training Programmes**

The training will take place at the Addenbrooke's site. The oncology application is part of a wider application from Addenbrooke's for fellowships in a range of specialties. The broad range of fellows will provide a supportive peer group for oncology trainees.

**Management Structure**

The overall academic and clinical lead for the programme will be Dr Raj Jena who will have overall management responsibility. A clinical training committee, chaired by Prof Richard Gilbertson, with representation from the CRI, the Hutchison/MRC & the Clinical Department of Oncology will advise on candidate selection, project selection and fellows' progress. A lead for each of these tasks will be delegated by the committee.

**Trainee-centred Nature of the Programme**
There are 3 key features underlying the trainee-centred nature of the proposed programme. First, fellows will choose their own project, second the individual training needs of the fellow will be considered in planning their clinical training programme. Within Oncology, the department has a good record of securing funding for MD and PhD posts for trainees to continue their own research projects. Finally, the adoption of e-learning technologies increases the flexibility for trainees to balance clinical and research commitments during their working week.

**Quality Assurance**

The fellowship committee will critically assess the suitability of the projects and the working of the programme. Clinical training will be assessed in the same way as for all Specialist Registrar posts by Health Education East of England (HEEoE) and the Regional Postgraduate Training Committee.

**Early Return to the Clinical Training Programme**

A trainee who wishes to return early to the clinical training programme will be helped to do so as long as there has been satisfactory progress in the clinical part of the Academic Clinical Fellowship. This process will be managed by HEEoE and the Medical Oncology Training Committee.

There will be a very close link with the Clinical Lectureship Phase of the Integrated Academic Training Pathway.

In addition, the post-holder will have the following general duties:

(a) provision with colleagues of a service to Addenbrooke'sHospital, with responsibility for the prevention, diagnosis and treatment of illness, and the proper functioning of the department;
(b) out-of-hours responsibilities, including participation in registrar on-call rota;
(c) cover for colleagues' annual leave and other authorised absences;
(d) any responsibility which relates to a special interest;
(e) professional supervision and management of junior medical staff;
(f) responsibilities for carrying out teaching;
(g) participating in medical audit, the Trust's Clinical Governance processes and in CPD;
(h) involvement in research;
(i) managerial responsibilities where appropriate;
(j) The post holder must at all times carry out his/her duties with due regard to the Trust’s Equal Opportunities Policy.
(k) It is the responsibility of all employees to maintain a safe and healthy environment for patients, visitors and staff.
(l) It is the responsibility of the postholder to ensure that all duties are carried out to the highest possible standard and in accordance with current quality initiatives
(m) All staff who have access to or transfer data are responsible for that data and must respect confidentiality and comply with the requirement of the Data Protection Act 1998, in line with the Trust’s policies.
(n) The postholder is responsible for data quality and complying with the policies, procedures and accountability arrangements throughout the Trust for maintaining accuracy and probity in the recording of the Trust's activities.
(o) Staff are required to comply with the requirements of the Freedom of Information Act 2000 in line with Trust Policy.
(r) Any other duties which may be required from time to time.
SECTION 3: The Department of Oncology

University Department
Head of Department of Oncology: Richard Gilbertson
Academic Clinical Lead: Pippa Corrie

NHS Cancer Division
Director: Dr Hugo Ford

Clinical Directorates:
- Systemic therapy: Dr Karen McAdam
- Radiotherapy: Dr Richard Benson
- Haematology-oncology: Dr Charles Crawley
- Palliative Care: Dr Sarah Galbraith

The Centre sees approximately 5,000 new patients per year

4.1 Staffing: NHS and Academic
Clinical Oncology: Academic 3; NHS 23. Medical Oncology: Academic 11; NHS 6:
The present medical staff establishment comprises:

Academic Department – all activities at Addenbrooke’s & Papworth

<table>
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<tr>
<th>NHS CONSULTANT</th>
<th>SPECIALIST INTERESTS and LOCATION</th>
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<tbody>
<tr>
<td>Dr A Ahmad BSc PhD MRCP(UK) Consultant Medical Oncologist</td>
<td>Colorectal cancer, Upper GI, breast cancer (Addenbrookes and Kings Lynn)</td>
</tr>
<tr>
<td>Dr R Benson MRCP FRCP Consultant Clinical Oncologist</td>
<td>Head &amp; neck cancer, thyroid cancer, interstitial radiotherapy, Urological Cancer (Addenbrookes and Peterborough District Hospital)</td>
</tr>
<tr>
<td>Dr R Bulusu MRCP MD MSc FRCP Consultant Clinical Oncologist</td>
<td>Lymphoma, gastrointestinal stromal tumours, upper GI, lung, and unknown primary (Addenbrookes and Bedford)</td>
</tr>
<tr>
<td>Dr P Corrie BSc PhD FRCP Consultant / Associate Lecturer in Medical Oncology</td>
<td>Hepatopancreatobiliary, melanoma. (Addenbrookes)</td>
</tr>
<tr>
<td>Dr C Coles MRCP, FRCR, PhD Consultant Clinical Oncologist</td>
<td>Breast radiotherapy research &amp; clinical trials and gynaecological cancers (Addenbrookes)</td>
</tr>
<tr>
<td>Dr M Daly MB BCh BAO MRCP(Ire) FRCP Consultant Clinical Oncologist</td>
<td>Breast, colorectal, and gynaecological cancers. (Addenbrookes and Kings Lynn)</td>
</tr>
<tr>
<td>Dr K Fife MD MRCP FRCP FRANZCR Consultant Clinical Oncologist</td>
<td>Renal cancer, Skin cancers, lung (Addenbrookes and Peterborough District Hospital)</td>
</tr>
<tr>
<td>Dr H Ford MD MRCP Consultant Medical Oncologist</td>
<td>Lung cancer, upper GI, colorectal (Addenbrookes)</td>
</tr>
<tr>
<td>Dr D Gilligan FRCP FRCR Consultant Clinical Oncologist and Director of Cancer Division</td>
<td>Lung cancer, upper GI, thymoma, mesothelioma (Addenbrookes and Papworth Hospital)</td>
</tr>
<tr>
<td>Dr D Gregory MRCP FRCR Consultant Clinical Oncologist</td>
<td>Gynaecological cancer (Addenbrookes and Peterborough District Hospital)</td>
</tr>
<tr>
<td>Dr S Harden MA DM MRCP FRCR Consultant Clinical Oncologist</td>
<td>Lung cancer, upper GI, thymoma, mesothelioma (Addenbrookes and Papworth Hospital)</td>
</tr>
<tr>
<td>Dr H Hatcher PhD MRCP Academic Consultant &amp; Hon. Consultant Medical Oncologist</td>
<td>Teenage &amp; young adult cancers, sarcoma, ovarian cancer</td>
</tr>
<tr>
<td>Dr G Horan MB BMedSci MRCPI</td>
<td>Urology, Paediatric Radiotherapy, sarcoma</td>
</tr>
<tr>
<td>Consultant Clinical Oncologist</td>
<td>(Addenbrookes and Kings Lynn)</td>
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<tr>
<td>Dr L Hughes-Davies PhD MRCP FRCR</td>
<td>Breast cancer</td>
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<tr>
<td>Consultant Clinical Oncologist</td>
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<tr>
<td>Dr S Jefferies PhD FRCR MRCP</td>
<td>Head and Neck cancer, CNS tumours, thyroid cancer (Addenbrookes)</td>
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<tr>
<td>Consultant Clinical Oncologist</td>
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<tr>
<td>Dr C R Jephcott MRCP FRCR</td>
<td>Colorectal, breast and upper GI (Addenbrookes and Peterborough District Hospital)</td>
</tr>
<tr>
<td>Consultant Clinical Oncologist</td>
<td></td>
</tr>
<tr>
<td>Dr D Mazhar MA PhD MRCP</td>
<td>Urology, Germ cell (Addenbrookes)</td>
</tr>
<tr>
<td>Consultant Medical Oncologist</td>
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</tr>
<tr>
<td>Dr K F McAdam MB BS FRCR</td>
<td>Breast, upper GI &amp; colorectal malignancy, hepatobiliary, neuroendocrine, and unknown primaries. (Addenbrookes and Peterborough District Hospital)</td>
</tr>
<tr>
<td>Consultant Medical Oncologist</td>
<td></td>
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<tr>
<td>Dr A M Moody MRCP FRCR</td>
<td>Breast, lymphoma, and colorectal malignancy. (Addenbrookes and West Suffolk Hospital)</td>
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<tr>
<td>Consultant Clinical Oncologist</td>
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<tr>
<td>Dr C Palmer BM BCh MRCP</td>
<td>Colorectal, pancreatic and hepatobiliary, breast (Addenbrookes and Hinchingbroke)</td>
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<tr>
<td>Consultant Medical Oncologist</td>
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<tr>
<td>Dr S Prewett MRCP FRCR</td>
<td>Gynaecology and Sarcoma (Addenbrookes)</td>
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<tr>
<td>Consultant Clinical Oncologist</td>
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<tr>
<td>Dr S Russell MRCP FRCR</td>
<td>Urological Cancer, breast (Addenbrookes and Hinchingbroke)</td>
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<tr>
<td>Dr S Smith MRCP FRCR</td>
<td>Ovarian, breast, colorectal</td>
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<td>Consultant Clinical Oncologist</td>
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</tr>
<tr>
<td>Dr L T Tan MD MRCP FRCR</td>
<td>Gynaecological oncology, Interstitial radiotherapy, colorectal (Addenbrookes, Hinchingbroke and Peterborough District Hospital)</td>
</tr>
<tr>
<td>Consultant Clinical Oncologist</td>
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</tr>
<tr>
<td>Dr R J Thomas MRCP MD FRCR</td>
<td>Breast; colorectal; urology; prostate brachytherapy. (Addenbrookes and Bedford)</td>
</tr>
<tr>
<td>Consultant Clinical Oncologist</td>
<td></td>
</tr>
<tr>
<td>Dr R Wade MRCGP</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>Consultant Clinical Oncologist</td>
<td></td>
</tr>
<tr>
<td>Dr A Kumar FRCR</td>
<td>Lymphoma; paediatric oncology and radiotherapy for haematological malignancy. (Addenbrookes)</td>
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<tr>
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<td></td>
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<tr>
<td>Dr C B J H Wilson MD MRCP FRCR</td>
<td>Breast cancer; colorectal tumours and other gastrointestinal malignancy. (Addenbrookes)</td>
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<tr>
<td>Dr C Woodward MRCP FRCR</td>
<td>Urological cancer; breast (Addenbrookes and West Suffolk Hospital)</td>
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**Academic Department – all activities at Addenbrooke’s & Papworth**

<table>
<thead>
<tr>
<th>Consultant Medical Oncologist</th>
<th>Early phase trials – focus on breast</th>
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<tbody>
<tr>
<td>Dr Richard Baird PhD MRCP CRUK</td>
<td>Early phase trials – focus on breast</td>
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<tr>
<td>Consultant Medical Oncologist</td>
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<tr>
<td>Dr Bristi Basu PhD MRCP CRUK</td>
<td>Early phase trials – focus on pancreas</td>
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<tr>
<td>Dr J D Brenton MBBS PhD FRCP CRUK Senior Clinical Research Fellow and Hon Consultant Medical Oncologist</td>
<td>Gynaecological cancer</td>
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<td></td>
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<tr>
<td>Prof N Burnet MBCh MD FRCS FRCR University Lecturer &amp; Hon Consultant Clinical Oncologist</td>
<td>Pituitary tumours</td>
</tr>
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<td></td>
<td></td>
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<tr>
<td>Professor C Caldas MD FACP FRCP FMedSci. Professor of Cancer</td>
<td>Breast cancer</td>
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Medicine & Hon Consultant Medical Oncologist
Prof H M Earl MBBS PhD FRCP
University Reader & Hon. Consultant Medical Oncologist
Breast, gynaecological cancers, sarcoma.

Dr R Jena MB BChir MRCP MD FRCR
Senior Fellow & Hon Consultant Clinical Oncologist
Brain and spinal tumours, radiosurgery

Professor D Jodrell PhD FRCP
Professor of Cancer Therapeutics & Hon Consultant Medical Oncologist
Early phase clinical trials, hepatopancreatobiliary Cancer

Dr Athena Matakidou PhD MRCP CRUK Clinician Scientist & Hon. Consultant Medical Oncologist
Renal cancer

Dr U McDermott PhD MRCP CRUK Clinician Scientist, Sanger Centre & Hon. Consultant Medical Oncologist
Colorectal cancer

Professor D E Neal FMedSci FRCS MS BSc
Professor of Surgical Oncology & Hon Consultant Surgical Uro-oncology
Complex retroperitoneal surgery including testes, renal & sarcoma; robotic prostatectomy

Dr Simon Pacey PhD MRCP CRUK Consultant Medical Oncologist
Early phase trials – focus on urology and lung

<table>
<thead>
<tr>
<th>Trainee Medical Staff</th>
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<tr>
<td>Academic Clinical Lecturers</td>
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<tr>
<td>Academic Clinical Fellows</td>
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<tr>
<td>Specialist Registrars</td>
<td>Medical Oncology 5; Clinical Oncology 20.</td>
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<tr>
<td>NTNA (pre-UKCRC/MMC/IATP)</td>
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<tr>
<td>FY2 and ST1/2 (CMT)</td>
<td>5</td>
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<tr>
<td>Pre-registration House Officers (FY1)</td>
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Details of current clinical research staff and activities for each cancer site can be provided to applicants at their request. Also see [www.oncology.cam.ac.uk](http://www.oncology.cam.ac.uk)

### 4.2 The Anglia Cancer Network

Addenbrooke’s, in conjunction with Papworth, is a Cancer Centre working in close collaboration with 5 associated Cancer Units which formerly constituted the West Anglia Cancer Network:

- Peterborough Hospitals NHS Trust, Peterborough
- Queen Elizabeth Hospital, Kings Lynn
- West Suffolk Hospital, Bury St Edmunds
- Bedford Hospital, Bedford
- Hinchingbrooke Hospital, Huntingdon

The Anglia Cancer Network was incorporated in March 2013 into the East of England Strategic Cancer Network (EoESCN). The ACN is a governed partnership between PCTs and hospital Trusts overseeing the development of cancer services for a population of 2.4 million in Norfolk, Suffolk, Great Yarmouth and Waveney, Bedfordshire, Cambridgeshire and Peterborough. With a 13-strong team based at Newmarket, the ACN is building on the excellent work of the former networks of the Eastern Region.
The main objective of the ACN is to develop excellent leading edge equitable cancer care, working in close collaboration with the University of Cambridge Department of Oncology based at Cambridge University Hospitals NHS Foundation Trust, the CRUK and other research, academic and educational organisations.

A video and audio conference network enables remote participation in network multi-disciplinary team meetings (MDTs). Each MDT consists of core members with expertise in the relevant disciplines including medical oncology, clinical oncology, surgical oncology, pathology and radiology.

Serving a core population of 1.3 million, Addenbrooke’s has an extended catchment area of 2-4 million for some highly specialised services including:-

- Sarcomas and tumours of adolescents
- Paediatric malignancy
- Haematological malignancy and BMT
- Brain tumours
- Skull base malignancy
- Cancer genetics

Cambridge serves an acute population of 320,000, Peterborough 300,000, with the remainder of the associated Cancer Units serving populations of approximately 200,000. The area served is mainly rural with no large conurbations and the majority of the Cancer Units are situated approximately 30 to 45 miles from the Cancer Centre. By car or ambulance this equates to a maximum travelling time of 1½ hours. The Network has therefore adopted a systematic approach to the delivery of cancer care as near as possible to the patient’s home. A series of joint Consultant Medical/Clinical Oncology appointments have been made between the Cancer Centre and individual Units. This enables most systemic therapy, the management of complications, supportive care and follow up to be delivered locally, thus preventing patients having to make long and unnecessary journeys to the Cancer Centre.

In order to enhance the co-ordinated approach to cancer management, the Oncology Centre has set aside Tuesday mornings for a weekly audit and academic session.

### 4.3 Clinical Facilities in Cambridge

#### 4.3.1 Chemotherapy Facilities

There is a chemotherapy suite with full integrated sterile intravenous therapy preparation unit. Day care therapy is provided and staffing is adequate to cover infusions lasting up to 10 hours. The chemo / day unit is open Monday- Friday, situated within the clinical oncology centre, delivers chemotherapy and supportive treatment to haematology and cancer patients. It has an emergency bed for cancer patients to be reviewed by medical staff, before a decision to admit is made, and provides a clinic bed where diagnostic investigations can be carried out following consultation. Over the years this unit has expanded as treatments have developed. It comprises;

- 14 dedicated chemo chairs
- 8 chairs allocated to chemo or supportive therapy dependent on need
- 6 bed spaces.

#### 4.3.2 Radiotherapy Facilities

The department has a full range of radiotherapy equipment;

- 8 linear accelerators, all with image guided radiotherapy capability, including a Novalis radiosurgery platform.
- Orthovoltage and Superficial: Pantak (calibrated 75, 100, 150, 260 kV)
Pre Treatment: Toshiba Multi slice CT scanner
Nucletron Simulix with CT facility
Prosoma Virtual simulation

Treatment Planning Systems: Tomotherapy
Pinnacle
OnCentra Brachytherapy

Brachytherapy: Iridium wires
Nucletron HDR unit
Prostate Brachytherapy Seeds

Unsealed sources: Usual availability

Specialised techniques: Total body irradiation
Paediatric radiotherapy
Stereotactic radiotherapy
Stereotactic radiosurgery
IMRT
Tomotherapy

4.3.3 Radiology

The Department has close links with the Department of Diagnostic Radiology such that ultrasound and CT facilities (both diagnostic and planning) are readily available. Three MRI scanners and PET scanning services are available.

4.3.4 Inpatient Facilities and TYA Cancer Facilities

The Department is supported by a bed complement of 34. Neuro-oncology patients are accommodated in designated beds within one of the neurosurgery wards. Two side rooms are also available for the administration of unsealed sources.

Opened in February 2012, the Teenage Cancer Trust Unit is an 11 bed state of the art facility which is the principal treatment centre for 14- to 24-year-olds with cancer in East Anglia, providing care to around 200 patients per year in both inpatient and outpatient settings.

There is an 8-bedded Oncology Hostel situated close to the ward block. Facilities for haematological oncology are fully integrated within the Centre and have been fully refurbished as part of the development of a separate 14-bedded specialist Bone Marrow Transplantation Unit and ward based day unit. The necessary facilities are available to provide high quality inpatient intensive therapies for leukaemia, lymphoma and myeloma.

4.3.5 Ward Service

The Department operates a rota for ward cover of all oncology patients. This consists of one week on the ward every 3-4 months, with at least two formal ward rounds per week and daily availability and consultant responsibility for all admissions for systemic therapy and emergency admissions. The ward consultant works with a ward registrar supervising 5 junior staff. The responsibility of the ward consultant is the day-to-day care of the patients, liaising with the various multidisciplinary teams.

4.3.6 Palliative Care

The Palliative Care Team is based within the Oncology Centre. In 1998 Dr Sara Booth, Macmillan Consultant in Palliative Medicine, was appointed to set up a multi-professional team and fully fledged service for the Trust as it was recognised that there were huge unmet needs. The service now comprises 5.2 wte Clinical Nurse Specialists plus associated secretarial
support. The team receives over 800 referrals a year from all directorates of the hospital. It has an active programme of research and education. The next priority for the service is the provision of psychological care for all patients who need it. The service has close links with the locality, WACN and other Palliative Care providers.

4.4 Research in Cambridge

The Addenbrooke’s Oncology Department is at the centre of a series of very substantial new developments which will result in a new Cambridge Cancer Centre, combining the research of the University and surround with the clinical facilities of the Hospital. We expect this to equal to the best in Europe or the USA. The NHS Trust is fully supportive of the plans for the expansion of cancer research, and has made cancer a ‘flagship’ area for the future. Cambridge is particularly well-suited to the conduct of translational research and excellent links between the clinical and scientific parts of the department are therefore crucial. Described below are descriptions of the existing laboratory and clinical research and an outline of planned developments over the next few years with the specific aim of fostering translational research.

4.4.1 Laboratory research

Approximately £70 m has been committed to new laboratory buildings, and £150 m to research funding over the next 5 years, by Cancer Research UK, the University and private donors.

The CRUK Cambridge Research Institute, which opened in November 2006, is the major new development in cancer research in the UK [http://science.cancerresearchuk.org/cri/]. The new Institute has space for over 300 researchers. Together with the Hutchison/MRC Research Centre and the Strangeways Centre for Genetic Epidemiology, [www.hutchison-mrc.cam.ac.uk; www.srl.cam.ac.uk ], this will bring some 600 cancer researchers on site by 2007.

Research in the Institute will be organized around 3 areas - (1) basic cell and molecular biology and mouse models; (2) research with ‘enabling’ technologies, to include molecular imaging, genomics, and bioinformatics and biomolecular computing, and (3) clinically-related research, which will include several programmes focussed on specific cancers including lung, breast and prostate cancers. Links between the Institute and the clinic will be strongly encouraged and there will be a particular emphasis on early phase trials using pharmacodynamic endpoints based on Institute science to explore mechanisms of resistance and response. Examples include the incorporation of intensive genomic analysis and imaging endpoints into clinical trial design.

4.4.2 Clinical research

A key criterion for the success of the investments in laboratory research will be the extent to which the results of the research are taken to the clinic. Accordingly, the research funders and NHS have agreed that the Institute development should be linked with a package of support for clinical research infrastructure. This package, amounting to over £2M per year, will include (but not be limited to) investment in the Cambridge Cancer Trials Centre (CCTC). – support for core activities of tissue collection, clinical data collection and management, support for trials; plus programme specific support for the cancer-site specific research which links between laboratory and clinics.

The CCTC (Director: Prof Duncan Jodrell) is a University and NHS collaborative facility supporting the conduct of cancer trials. It has a staff of 100, including research nurses, data managers, administrative staff, statisticians and pharmacy technicians. The CCTC supports research at all phases of clinical drug development and co-ordinates major multi-centre studies such as AVAST-M, COUGAR, Neo-TANGO, ProTECT and ProMPT. The CCTC is the hub of the West Anglia Cancer Research Network (WACRN).

WACRN Clinical Lead for Research & Deputy Director of the Cambridge Cancer Trials Centre: Dr Pippa Corrie
WACRN is a first wave Cancer Research Network established in April 2001 and is part of the Anglia Cancer Network. WACRN is based at Addenbrooke’s and has 6 associated cancer units in Bedford, Bury St Edmunds, Hinchingbrooke, Kings Lynn, Papworth and Peterborough. Accrual into NCRN clinical trials has consistently met and exceeded national targets, with recruitment currently around 17% of all new cancer cases, making WACRN one of the most successful research networks in the country. The trial portfolio is wide-ranging, including strong support for rarer cancers. While recruitment into randomised trials is a strength, there is significant support for genetic epidemiology, screening and prevention trials.

In 2008, Duncan Jodrell was appointed as Professor of Experimental Therapeutics, to lead development of early phase clinical trials. Working with Dr Dave Tuveson, one particular focus is development of novel therapies and effective imaging for pancreatic cancer.

Cambridge is as a Biomedical Research Centre and an Experimental Cancer Medicine Centre (ECMC). The Cambridge ECMC (CECMC) is directed by Prof. Carlos Caldas and funds 5 research nurses, a clinical trials QA manager, as well as support for 3T MRI molecular imaging. The aim of the CECMC is to translate the strong basic science in Cambridge through to clinical applications and to initiate new areas of fundamental research based on observations derived from clinical material. The CECMC is developing its programmes around the following themes:

- Better use of currently available treatments by pharmacogenetics, pharmacogenomics and functional imaging approaches
- Experimental therapeutics with pharmacodynamic (PD) and imaging endpoints and integrated pharmacogenetics/pharmacogenomics
- Molecular imaging of targets, drugs or surrogates of clinical response, closely integrated with the above themes
- Molecular diagnostics and prognostics
- Genetic predisposition and identification of high-risk groups as leads for screening and prevention studies and for stratifying patient groups for molecular imaging

The post holder will be expected to enter patients into NCRN and other clinical trials. There will be support and encouragement to develop translational links throughout the department to help the post-holder develop their own research portfolio as appropriate.

A seminar series designed to be of interest to both clinicians and scientists began in March 2007. The post holder will be expected to play a full part in this series.

In order to offer the best possible treatment and clinical research opportunities, we are actively exploring the need for a new building to house the clinical parts of the department.

### 4.5 Teaching

The Department plays an active and expanding part in the teaching of clinical students at Cambridge University Medical School, to which NHS Consultants are expected to contribute. As well as teaching medical students in clinics and at the bedside during ward service, NHS consultants contribute to a Seminar Series delivered to medical students during their two week rotation through the department. Between 5 to 10 of these seminars will be delivered by every member of the department every year. There are also opportunities to participate in the teaching of pre-clinical undergraduates, either by lectures or College-based teaching. There are separate teaching programmes in Oncology for SHOs and for the SpRs in radiation and medical oncology, in which again NHS Consultants are expected to participate.

Tuesday mornings are currently set aside for the whole Department to join in academic, audit and management activities.

There is a strong Academic Department (rated 5* at the last RAE) linked to the research facilities outlined in Section 4.13. A major goal of the Department is to build the interface between laboratory and clinic. The weekly seminar programme contains slots specifically designed to make clinical issues accessible to scientists, and scientific research to clinicians.
Ad hoc teaching series are organised on demand. Half day retreats for scientists and clinicians around specific topics can be proposed and organised by any member of the Department; they are held in a College and subsidised by Department.

Accommodation and secretarial support: the post holder will share an office in the Department of Oncology. Secretarial support for NHS practice will be provided.

### 4.6 Future developments in the Clinical Department

Several developments are expected:

- further appointment of an academic consultant
- introduction of a Clinical Fellowship scheme within the wider Cambridge Cancer Centre
- development of the plans for a new clinical Cancer Centre build within the Hospital, driven primarily by service needs but incorporating facilities for research
SECTION 4  General Information

5.1  Addenbrooke’s Hospital in profile

Addenbrooke’s is a thriving, modern NHS hospital based in Cambridge England.

The hospital fulfils a number of important functions. It is the local hospital for people living in the Cambridge area, it is a specialist centre for a regional, national and international population, it is the teaching hospital for the University of Cambridge, and it is a world-class centre for medical research.

Addenbrooke's is now a flagship NHS hospital having achieved NHS Foundation Trust status in July 2004. It is also working in partnership with the University and other major scientific and charitable organisations, and has recently gained Biomedical Research Centre status.

The hospital already shares its site with a range of other organisations including the University Clinical School, the National Blood Authority, and laboratories funded by the Medical Research Council (MRC), the Wellcome Trust and Glaxo SmithKline. The Cancer Research UK (CRUK) Cambridge Research Institute opened in November 2006 and houses 30 research groups using the latest techniques to translate scientific advances into new treatments for cancer.

Addenbrooke’s commitment as part of the wider health community is to re-examine, re-evaluate and explore new ways of working: with our partners in health services, social care, and the city; with each other as colleagues; and with patients and the public. The agenda for modernisation drives this commitment; modernisation is not perceived as a separate issue, but rather as something that informs the whole structure, thinking and culture of the Trust.

Our commitment to our patients and our community is as an open, accountable and responsive organisation that fosters patient and public involvement, which we consider is crucial to the development of a modern hospital fit for the 21st century.

We pride ourselves on the teamwork, energy and commitment of our excellent staff – they are our most important assets. Recognising this, we have taken a positive approach to supporting them in their work through schemes to help work-life balance, improvements in the working environment and initiatives to make it easier for staff to explore new career opportunities and to develop professionally and personally.

Addenbrooke's hospital provides:

- accessible high-quality healthcare for local people
- specialist services for people in the east of England and beyond
- support for education and training in all healthcare staff, and a workplace where all staff have access to continuing learning and personal development
- support for research and development generating new knowledge, leading to improvements in population health and in healthcare delivery
- a contribution to economic growth, sustainable communities and a good quality of life for those we serve
5.2 Addenbrooke's in detail

Addenbrooke's provides emergency, surgical and medical services, and is a centre of excellence for specialist services for liver transplantation, neurosciences, renal services, bone and marrow transplantation, cleft lip and palate reconstruction, treatment of rare cancers, medical genetics and paediatrics. The Trust also includes the Rosie Hospital, which provides a full range of women's and maternity services.

The hospital has 28 operating theatres, five intensive care units, 14 clinics and 51 wards.

In 2005/06 there were 68,574 inpatients, 68,934 people attended accident and emergency, and there were 421,575 visits to outpatient clinics.

Addenbrooke’s medical staff hold clinics in 14 different regional hospitals so that patients do not have to travel to Cambridge. Over 100 Addenbrooke’s consultants hold some form of joint appointment with a dozen neighbouring hospitals.

Addenbrooke’s is a teaching hospital for medical undergraduates and postgraduates, nurses and students in other clinical professions and has a variety of initiatives to encourage life-long learning. Many training schemes are in place in our National Vocational Qualification Centre, Postgraduate Medical Education Centre and Learning Centre. Training schemes include cadet schemes in nursing, office technology, science, modern apprenticeships in clinical engineering and supporting training placements for biomedical scientists.

Addenbrooke's Hospital has:

- more than 6,800 staff
- An income in excess of £393 million
- Around 1,000 beds
- 32 operating theatres
- five intensive care units
- 14 clinics
- 42 wards

5.3 Addenbrooke's history

Addenbrooke's was one of the first provincial, voluntary hospitals in England. The Hospital opened its doors in 1766 with 20 beds and 11 patients. Dr John Addenbrooke, a fellow and former Bursar of one of the Cambridge Colleges, left just over £4500 in his will "to hire and fit up, purchase or erect a small, physical hospital in the town of Cambridge for poor people".

In 1540, two centuries before Addenbrooke's was founded, the Regius Professorship of Physic in the University of Cambridge was founded by Henry VIII. Medical training on a modest scale developed at Addenbrooke's during the late 1700s, and in 1837 (the year of Queen Victoria's accession to the throne) the hospital became a recognised school of medicine.

Addenbrooke's grew rapidly during the 19th and early 20th centuries, as medical science developed. By the 1950s, the hospital was having difficulty accommodating the expansion generated by the introduction of the National Health Service.

In 1959, building began on a new 66-acre site south of Cambridge, and the first phase of the Hospital was opened by Her Majesty the Queen in May 1962. Work continued to provide the majority of Addenbrooke's as we know it today, with a fully-fledged Clinical School being established in 1976.
History
- 1766 Addenbrooke’s Hospital was opened in Trumpington Street
- 1847 The first general anaesthetic using ether at Addenbrooke’s was carried out two weeks after it was first used in the USA
- 1918 Addenbrooke’s welcomed its first female medical student
- 1962 New site on Hills Road was officially opened by the Queen
- 1966 The first kidney transplant in the NHS was carried out at Douglas House Renal Unit
- 1968 Professor Sir Roy Calne carried out the first liver transplant in the NHS
- 1975 The first open heart surgery was carried out at Addenbrooke’s
- 1981 Addenbrooke’s first whole body scanner opened by Prince of Wales
- 1983 The Rosie Hospital was opened on the Addenbrooke’s Campus
- 1984 Last patient left the ‘old’ Addenbrooke’s Hospital site in Trumpington Street
- 2004 National Centre for pancreatic surgery was opened

Positioning for the future
Cambridgeshire is one of the fastest growing counties in the UK and it is estimated that the number of people over 45 years of age will rise by 55% over the next 20 years, and the county will see the continued expansion of research, business and high-tech industries.

Planning is already well advanced for additional capacity to meet this growing local demand. But it is not just a matter of providing extra beds and recruiting extra staff. The hospital needs to ensure high standards of patient care by supporting training and education for staff, and work closely with NHS partners and others to ensure that care is tailored to the needs and expectations of users. This is likely to involve developing some alternatives to hospital-based care.

Another challenge will be to ensure that improvements in clinical facilities keep up with the rapid pace of research investment, and that processes and governance support this growing research activity, some of which involves sensitive ethical, legal and social issues.

Addenbrooke’s contributes to the economic strength of the greater Cambridge area as a major employer and, with our research partners, to the biotechnology sector. As a public benefit corporation, the new NHS Foundation Trust will work in partnership with other local bodies, primarily local authorities and education providers, to support sustainable economic development in the locality.

5.4 Research and development - working for tomorrow’s medicine

Cambridge medical research enjoys an international reputation for excellence, a reputation that extends from the laboratory to the bedside.

A great deal of research is carried out within the hospital. Over 1,000 projects and 400 clinical trials are run by Addenbrooke’s staff. Much of the research is clinical and translational, turning basic science into new drugs and new therapies to improve patient care.

Research activity is supported by the Cambridge NHS Research and Development Consortium consisting of Addenbrooke’s Hospital, Papworth Hospital, the Cambridgeshire Mental Health Partnership NHS Trust and Primary Care Trusts, with representation from the Institute of Public Health.

There is continuing significant growth in research of international excellence in cancer, diabetes, heart disease, neurosciences and mental health. Two new cancer research buildings are planned, which together will house more than 450 scientists in cell and molecular biology. A new centre will study the interaction between genes and environment in the cause of cancer and how this might be applied to screening and prevention.
Addenbrooke's Clinical Research Centre was opened in 1999 and provides dedicated facilities for clinical investigation.

Over the next 20 years the hospital site will develop as The Cambridge Biomedical Campus, an enhanced international biomedical centre for research and scientific development.

The Addenbrooke's campus covers 66 acres. Over the next 20 years the site will double in size, creating an international biomedical campus

5.5 University of Cambridge School of Medicine

The University Of Cambridge School of Clinical Medicine on the Addenbrooke’s site is a major centre for biomedical research and education of world leading quality. In the most recent University Funding Council Research Selectivity Exercise Cambridge shared the highest score for any Medical School in the country. Whilst the University of Cambridge has granted medical degrees since at least 1363, the university could not offer undergraduate clinical education until the Clinical School was formally established in 1975 with purpose built accommodation at Addenbrooke’s. In addition to these facilities comprising lecture theatres, seminar rooms and first class medical library, a postgraduate education centre was opened in the Clinical School building in 1980. The most recent HEFC teaching quality assessment of the undergraduate clinical education judged the learning facilities and the teaching in the clinical school to be of the highest quality.

The Clinical School admits 145 students annually for the clinical component of their medical education. Student teaching is organised in each department by an Attachment Director, often an NHS consultant, who is responsible to the Clinical Dean for the educational effort of that unit. The majority of students follow a 3 year clinical course with a strong emphasis on bedside clinical skills as well as clinical science. In September 1989 the first MB PhD programme in any UK medical school was established in Cambridge, in which selected students complete both their medical degree and a PhD in a 5 - 6 year course. A further 20 students per year undertake an accelerated four-year medical course for graduates.

Members of the consultant staff at Addenbrooke’s Hospital are expected to participate in teaching of clinical students under the guidance of the Director of Medical Education and Clinical Dean and with the appropriate Attachment Director. Consultants will be encouraged to demonstrate that they have received adequate training in teaching.

NHS Consultants who make a significant contribution to teaching will be considered for appointments as Associate Lecturers in the Faculty of Clinical Medicine. Associate Lecturers who are not graduates of the University may supplicate for the degree of Master of Arts after holding the office of Associate Lecturer for three years.
5.6 General Information

**Cambridge** is one of Britain's smallest cities but also one of the fastest growing. The Arts Theatre within Cambridge is thriving and there are many musical activities to enjoy. The Fitzwilliam Museum is world famous.

For those with children of school age, there is a full range of public and private education institutions covering all age groups.

Communications with the rest of England have much improved in recent years. Cambridge is served by the national motor way network and regular train services to London King’s Cross or London Liverpool Street have a journey time of less than one hour.

**Within Addenbrooke’s**, the main concourse offers excellent shopping facilities; an advice centre; Bank; café; clothes boutique; dry cleaners; financial advisory services; florist; hairdressing salon; mini-market; newsagent; The Body Shop; gift shop; solicitor and travel agents. There is a Food Court which offers “fast-food”, as well as conventional options 24 hours a day.

In addition the Frank Lee Leisure Centre provides comprehensive facilities for swimming, squash, a multi-sports hall, a floodlit outdoor multi-sports facility and the Profiles Fitness Suite.

**The Cambridge University Postgraduate Medical Centre** has catering and bar facilities as well as the library, lecture theatres and seminar rooms.

Within the **University of Cambridge**, there is an unrivalled range of educational facilities, diverse cultural, sporting and other leisure activities.
SECTION 5  General Conditions of Appointment

i. The successful candidate will be required to live within 15 miles of Addenbrooke’s Hospital, or 30 minutes travelling time when on call.

ii. The appointee will be expected to cover for colleagues’ absence from duty on the basis of mutually agreed arrangements with the Department and with the Employing Trust. This is arranged by mutual agreement of consultant colleagues and approval of the Clinical Director, in accordance with standard Trust and NHS regulations. It is essential that six weeks notice is given to allow for proper planning and prevent cancellations of patients’ appointments/surgery. This includes all forms of leave.

iii. The Trust requires the successful candidate to have and maintain full registration with the General Medical and to fulfil the duties and responsibilities of a doctor as set down by the General Medical Council.

iv. All appointments are subject to satisfactory Occupational Health Clearance being obtained.

v. The appointment is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Act 1974 (Exemptions) Order 1975. Applicants are not entitled therefore to withhold information about convictions which for other purposes are "spent" under the provision of the Act, and in the event of employing any failure to disclose such convictions could result in dismissal or disciplinary action by the Trust. Any information given will be completely confidential and will be considered in relation to an application for positions to which the Order applies.

vi. With the Terms of DHSS Circular (HC)(88) – Protection of Children – applicants are required when applying for this post to disclose any record of convictions, bind-over orders or cautions. The Trust is committed to carefully screening all applicants who will work with children and you will be expected to undertake a ‘disclosure’ check.
SECTION 6 Application Information

Visits

Visiting the Department should be arranged through the secretary to Prof Neil Burnet: 01223 586705

**Academic Programme Director:** Dr Rajesh Jena [rjena@nhs.net](mailto:rjena@nhs.net)

**Clinical Programme Director:** Dr Deborah Gregory [deborah.gregory@addenbrookes.nhs.uk](mailto:deborah.gregory@addenbrookes.nhs.uk)

For further information please contact: Health Education East of England, 2-4 Victoria House, Capital Park, Fulbourn, Cambridge, CB21 5XB [recruitment.eoe@hee.nhs.uk](mailto:recruitment.eoe@hee.nhs.uk)

Alternatively, please visit the NIHR website: [https://www.nihr.ac.uk/funding-and-support/](https://www.nihr.ac.uk/funding-and-support/)