



## **Interstitial Lung Disease Trust Doctor/Fellow**

### **JOB DESCRIPTION**

**1. INTRODUCTION**

This fixed term post (12 months) will provide experience in interstitial lung disease (ILD). This post is suited to either trainees with minimal experience or more senior trainees wishing to consolidate or develop their knowledge of common and complex interstitial lung disease.

Personalised continuing professional development is central to this post, and as such the successful candidate will be given the opportunity to create a bespoke fellowship; they will be encouraged to take an active role in research and / or quality improvement. There is no commitment to ward duties, and no commitment to the general medical take, unless specifically requested by the candidate; in that setting we would anticipate this would be out-of-hours and weekends.

**Background**

Increasingly respiratory medicine involves greater sub-specialty skills that need time allocated in training to achieve competency. Interstitial lung disease is a sub-specialty discipline which has seen significant developments in the past 5-10 years, with the increasing use of immunomodulatory agents and the availability of anti-fibrotic therapies. There is an increasing need to nuance diagnoses and tailor therapy to patients needs and wishes, which can be complex. With increased sub-specialisation we recognise the importance of dedicated training in complex diseases. There is therefore the need for trainees to receive more in-depth training in these conditions, to allow more individualised treatments for ILD patients in the future.

Interstitial lung disease is becoming increasingly common, and there is a need for all respiratory trainees to develop a solid understanding of the common diseases whilst also gaining experience and awareness of the rarer types.

Training in interstitial lung disease requires the development of skills across a range of domains: clinical assessment; interpretation of basic and advanced lung function testing; imaging; multidisciplinary working with radiologists, pathologists, rheumatologists, clinical nurse specialists, physiotherapists; clinical trials; prescription of immunomodulatory therapies and high cost anti-fibrotic agents; access to allied specialties (rheumatology, cardiology, psychiatry, physiotherapy, palliative care).

There will be a significant opportunity to partake in research for interested candidates, but this is not a prerequisite of the post.

To credential specialty registrars, access to the full spectrum of services is required, which can only generally be provided in larger regional centres, such as the Royal Devon University Hospital. We are the NHS England Designated ILD Specialised Centre for the South West Peninsula, serving a population of ~2.5M in Cornwall, Devon, Somerset and parts of Dorset.

**2. THE REGIONAL INTERSTITIAL LUNG DISEASE SERVICE**

## **The Team:**

Professor Michael Gibbons	Consultant Respiratory Physician (Medical ILD Lead) Co-Lead Academic Department of Respiratory Medicine
Dr Pillar Rivera Ortega	Consultant Respiratory Physician
Dr Stefan Stanel	Consultant Respiratory Physician
Dr Janet Fallon	Visiting Consultant Respiratory Physician
Dr Ryan Miller	Visiting Consultant Respiratory Physician
Dr Sandy Spiers	Senior Consultant Radiologist
Dr Liz O'Donovan	Consultant Radiologist
Dr Rachelle Meyer	Consultant Radiologist
Dr Manish Powari	Consultant Pathologist
Drs Cates, Earl, Haigh, Mascarenhas	Consultant Rheumatologists
Dr Julia Prague	Consultant Endocrinologist
Dr Andrew Ludman	Consultant Cardiologist
SN Sarah Lines	Lead ILD clinical nurse specialist / ILD researcher
Dr Anne Marie Russell	Lead ILD researcher (NMAHP) / Nurse Consultant in ILD Co-Lead Academic Department of Respiratory Medicine
SN Jessica Mandizha	ILD clinical nurse specialist / ILD Researcher
SN Tory Elworthy	ILD clinical nurse specialist/Lead for Education
SN Ana Paiva	ILD clinical nurse specialist
Angela Thurgood	ILD Manager
Charlotte Crook	ILD Co-ordinator
Bridie Meiklereid	Respiratory Pharmacist
Belen Romero	Respiratory Pharmacist
Rebecca Lee	ILD Physiotherapist
Ana Jorge da Ponte	Senior Clinical Physiologist
Professor Chris Scotton	Respiratory Research Lead, University of Exeter
Dr Anna Duckworth	ILD Researcher
Professor Craig Williams:	Director, Children's Health & Exercise Research Centre, University of Exeter
Dr Owen Tomlinson	Sport & Health Science, University of Exeter
Lidia Romanczuk	Exeter NIHR Clinical Research Facility Research Practitioner
SN Ingrid Seath	Lead CRN Respiratory Research Nurse
SN Ana-Maria Adam:	CRN Respiratory Research Nurse
Max Ellis	CRN Respiratory Research Practitioner

## **Post description**

This post will be set in the rapidly expanding respiratory department of a large teaching hospital. The fellow will be an integral part of the team, with sub-specialty training in interstitial lung disease. There is a high volume of local and regional outpatient referrals and Royal Devon University Healthcare NHS Foundation Trust has been commissioned as the NHSE Specialised Centre for ILD within the South West Peninsula.

## **Research**

The Respiratory Department is one of the Clinical Academic Departments in the Royal Devon University NHS Foundation Trust (Professor Michael Gibbons), and the first (and only) designated ERIC Unit (Embedding Research in Clinical Care) within the Trust. We have a dedicated NIHR CRN Respiratory Research Team and have undertaken a large number of clinical trials over the years, including Phase I-IV commercial trials, observational trials and studies. In collaboration with the University of Exeter we have established the Exeter Respiratory Innovation Centre (<https://blogs.exeter.ac.uk/eri/patie>); we have a very active portfolio of Investigator Initiated Studies (basic science, translational studies, trials, patient focussed). Professor Scotton is Head of Respiratory Research within the University of Exeter. Our research is supported by the Exeter NIHR CRF (<https://exetercrfnihr.org>), the Exeter Clinical Trials Unit (<https://www.exeter.ac.uk/research>), and the Exeter Patients in Collaboration for Pulmonary Fibrosis Research

(<https://blogs.exeter.ac.uk/eri/research-opportunities/epic> ). Exeter has recently been awarded NIHR Biomedical Research Centre (BRC) status (<https://www.nihr.ac.uk/explore-nihr/support/experimental-medicine.htm#one> ), Respiratory sitting within the Mycology Theme, working closely with Professor Adilia Warris and Dr Peter Cook of the MRC Centre for Medical Mycology (<https://www.exeter.ac.uk/research/medicalmycology>).

The successful candidate would be encouraged to become involved in our exciting research programmes, writing papers and presenting at national and international conferences. For interested candidates, we would support the candidate to develop their own areas of research interest. For non-research interested candidates a bespoke clinical/CPD plan will be created with the candidate.

The fellow would be expected to attend ILD clinics, be a key contributor to the multidisciplinary meetings, support the BAL service (training) and contribute to the development of the South West ILD network, which would enable the completion of quality improvement work.

In total there will be 1 general ILD clinic per week, 1 fibrosis clinic per week and 2-4 regional ILD clinics per month, both with consultant supervision (2-3 clinics per week in total). Contribution to inpatient specialty referrals for ILD (supervised depending on their level of competency, and for training purposes) is available on request, but is not mandatory.

There will be the opportunity to develop guidelines and pathways for the ILD services, allowing the post holder to provide evidence of leadership and change-management skills.

Time can be allocated to include attendance at relevant lists in the bronchoscopy / radiology department, attendance at rheumatology-respiratory MDTs and training in lung function tests.

It would be expected that the fellow would participate in patient recruitment to clinical trials and undertake quality improvement projects suitable for National/International presentation.

There may also be involvement in the teaching of University of Exeter Medical students. This will involve an organisational component, small group teaching, bedside teaching, assessments and involvement in examining. The fellow would be able to propose a special study unit for medical students in a relevant area.

## Time table

	Monday	Tuesday	Wednesday	Thursday	Friday
0800hrs					
0900hrs	General ILD Clinic	ILD MDT	Anti-fibrotic and Immunomodulatory support	ILD personal development	Research/Audit/QiP
1000hrs		Consultant Teaching			
1100hrs					
1200hrs					
1300hrs	Lunchtime teaching	Grand round			
1400hrs	ILD personal development		Regional ILD Clinic (Alternate weeks)		
1500hrs		Fibrosis clinic	Bronchoscopy (BAL) (optional)	Clinical Admin	Research/Audit/QiP
1600hrs					Regional ILD Clinic (occasional)
1700hrs					

### **3. THE RESPIRATORY DEPARTMENT**

The department provides a full respiratory medicine service for Exeter and surrounding parts of Devon and beyond. It serves a local population of approximately 450,000. It is a busy unit with a wide range of common and uncommon conditions seen. The department has special interests in interstitial lung disease, cystic fibrosis, airways diseases, sleep-related breathing disorders, non-CF bronchiectasis, non-invasive ventilation and lung cancer. We are the NHSE Specialised Commissioned Regional Centre for ILD, Cystic Fibrosis, and Asthma. We also provide regional clinics for patients with alpha1 anti-trypsin deficiency.

There are close links with other departments within the hospital including: Radiotherapy/Oncology, Paediatrics, Intensive Therapy, Cardiology (including EKOS), Rheumatology, Histopathology & Microbiology. A multi-disciplinary approach to the care of patients with respiratory disease is facilitated by a team comprising clinical nurse specialists, specialist respiratory physiotherapists, 2 advanced care practitioners, sisters and nurses on 2 specialist respiratory wards, a large COPD early supported discharge and admission avoidance service (comprising 4 nurses and a dedicated physiotherapist), respiratory physiologists, dieticians, social workers and a respiratory pharmacist.

**In-patients:** respiratory patients are nursed on 1.5 dedicated respiratory wards. A fully equipped 5 bed respiratory high dependency unit is attached to the template. This provides facilities for non-invasive ventilation and acts as an intermediate care facility for patients discharged from ITU (with respiratory disease).

**Out-patients:** the department holds respiratory clinics in Exeter each week. A fast track lung cancer clinic is held at least once per week. There are specialist clinics in interstitial lung disease, cystic fibrosis, non-CF bronchiectasis, asthma and complex ventilation.

**Respiratory Nurse Specialists:** the department is supported by 18 respiratory nurse specialists, including 5 ILD nurse specialists, lung cancer nurse specialists, cystic fibrosis nurse specialists, a TB nurse specialist, a bronchiectasis nurse specialist and asthma nurse specialists. A clinical psychologist with an interest in respiratory disease and a dietitian are also attached to the department.

**Lung Cancer Services:** The Trust is a designated cancer centre. Dr Tom Burden is our Cancer Lead. Patients suspected of having lung cancer are seen in a weekly "fast track" lung cancer clinic. All patients are discussed at a weekly multidisciplinary team meeting and a weekly histopathology meeting. The MDT is attended by respiratory physicians, 4 thoracic radiologists, a thoracic surgeon, 2 oncologists, together with associated junior staff, lung cancer nurse specialists and the audit/MDT facilitator. We actively recruit patients to clinical trials.

**Audit & CPD:** we have dedicated sessions for departmental audit meetings, morbidity and mortality meetings and multi-professional education sessions.

**Research:** the department has a very active research programme. We have a long history of clinical trials (commercial and non-commercial) in asthma and COPD, a very busy portfolio in CF and ILD trials (Phase I-IV) and have continued growth in pleural disease and other areas. There are close academic links with the University of Exeter. Most of our department has roles at Regional, National and International Level, and our department has the Respiratory Lead and the Clinical Director of the NIHR Clinical Research Network: South West Peninsula.

**Teaching:** The Respiratory Department has a substantial commitment to delivering the undergraduate programme for the University of Exeter Medical School, and several members of staff have Postgraduate Educational roles.

**Medical & Nursing Staff:** The department has 13 consultants who work collaboratively to provide a 7 day respiratory service. They are supported by the ward matrons, and respiratory nursing service.

There are currently 3 Respiratory SpRs, 1 ILD fellow, 1 asthma fellow, 1 bronchiectasis fellow, 1 Pleural / Interventional Fellow.

Dr Tom Burden - Joint Clinical Lead for Respiratory Medicine, Dr Kate Cockcroft, Dr Ollie D'Arcy, Dr Chris Dickson - Joint Clinical Lead for Respiratory Medicine, Dr Lee Dobson- CF Centre Director, Professor Michael Gibbons, Dr Mathew Masoli, Dr Phil Mitchelmore, Dr Bipin Patel, Dr Pillar Rivera Ortega, Dr Stefan Stanel, Dr Nick Withers, Dr Rebecca Wollerton

**4. THE POST**

**TITLE:** Interstitial Lung Disease Trust Doctor/Fellow

**GRADING/EQUIVALENT:** ST3 level or above

**DURATION OF POST:** August 2026 start (12 months duration)

**SALARY SCALE:** Pro-rata for training grade

**BANDING:** N/A

**ON-CALL COMMITMENT:** N/A (unless requested)

**ANNUAL LEAVE:** Pro-rata for the duration of the post

**STUDY LEAVE:** 30 days total (not pro-rata)

**CONDITIONS OF APPOINTMENT:** The post is subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff as amended from time to time.

All appointment to Trust posts are subject to:-

- 1) Appropriate Registration with the General Medical Council
- 2) Satisfactory Medical Examination including documentary validated evidence of Hep B, Hep C and HIV
- 3) Satisfactory clearance with the Criminal Records Bureau
- 4) Two satisfactory references, one of which must be your present or most recent employer.

## **FURTHER INFORMATION**

Can be obtained from:

ILD Lead  
Professor Michael Gibbons  
Respiratory Consultant  
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Respiratory Joint Clinical Lead  
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Dr Tom Burden  
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