



**Royal Devon
University Healthcare**
NHS Foundation Trust

Severe Asthma Clinical Fellow

JOB DESCRIPTION

1. INTRODUCTION

This fixed term post (12 months) will provide experience in severe asthma as well as the management of complex airways disease. This post is suited to either trainees with minimal experience or more senior trainees wishing to consolidate or develop their airway experience, whilst continuing to gain experience in respiratory medicine.

The successful candidate will be encouraged to take an active role in audit as well as the opportunity to pursue research interests. They may also be asked to help support general respiratory ward duties at times but there is no commitment to general medical take unless requested by the candidate.

There may be opportunity to combine this clinical fellowship with one of our other fellowships (Interstitial lung disease, pleural / interventional) if a candidate wished to develop a broader range of specialist experience.

Background

Increasingly respiratory medicine involves greater sub specialty skills that need time allocated in training to achieve competency. Airways disease, encompassing asthma and COPD, is a sub-specialty discipline which has seen significant developments in the past 5-10 years, with the availability of new biologic agents for these diseases. There has also been a shift towards the concept of detailed clinical profiling of these diseases to allow interventions tailored to patient characteristics. There is therefore a need for trainees to receive more in-depth training in these conditions, to allow more individualised treatments for asthma and COPD patients in the future.

In addition, airways disease is a significant part of respiratory and general medicine workload, both in primary care and for emergency services. Asthma and COPD are currently the focus of high-level NHS reports, focussing on improving care and reducing morbidity and mortality.

Training in airways 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 physiotherapists, SLT, nurses; clinical trials; prescription of high cost biological agents; access to allied specialties (ENT/SLT, psychology, physiotherapy, weight management)

There is also an opportunity for closer working with primary care, both to enhance the care of patients in the community and to help reduce the need for crisis care in secondary care. There is a plan to develop a community asthma service pilot in East Devon to provide closer collaboration between primary, secondary and tertiary asthma care.

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 & Exeter Hospital. We currently have >200 patients under our severe asthma service and receive referrals from around the South west Peninsula.

The basis of this fellowship is to ensure that a trainee at registrar level or Post CCT fellowship level can learn and achieve competencies in airways disease.

2. THE COMPLEX ASTHMA SERVICE

The Asthma team:

Dr Matthew Masoli: Consultant Respiratory Physician (Lead for severe asthma)

SN Amanda Yates: Asthma nurse specialist

SN Hannah Ayers: Asthma nurse specialist

SN Laura Childs: Asthma nurse specialist

Kerrie Hansell: Respiratory Physiotherapist
TBC: Asthma MDT coordinator

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, currently run by 2 consultants with sub-specialty training in asthma (Matthew Masoli and Lee Dobson) and led by Dr Masoli. There is high volume of local and regional outpatient referrals and RD&E has been identified as a NHSE designated centre for severe asthma within the South West Peninsula. There is already a very proactive in-reach asthma and COPD team.

Research

We have a well-supported respiratory research department and have undertaken a large number clinical trials over the years including commercial trials, and NIHR but also individual academic research.

Our current research programme involves the validation of a new health related quality of life questionnaire for use in severe asthma, the Severe Asthma Questionnaire (www.saq.org.uk). We are currently leading a large multicentre UK study using the SAQ with biologics as a new assessment tool.

We have funding for additional studies investigating 'super-responders' to biologics and the use of body reprogramming as an adjunct to biologic therapy in severe asthma.

In partnership with the European Respiratory Society Clinical Research Collaboration - Severe Heterogenous Asthma Research collaboration – Patient centred (SHARP) we are leading a project to assess the burden of severe asthma on health-related quality of life across Europe.

The successful candidate would be encouraged to become involved in these exciting research programmes, writing papers and presenting at national and international conferences. We also support the candidate to develop their own areas of research interest.

The fellow would be expected to attend asthma clinics, prepare and be a key contributor of the multidisciplinary meetings and help to develop the South West severe asthma network, which would allow the completion of quality improvement work.

In total there would be 2-3 clinics per week with consultant supervision. Contribution to inpatient specialty referrals for asthma and COPD (supervised depending on their level of competency), and development of the respiratory in reach service.

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

Time would be allocated to include the attendance of relevant lists in the endoscopy / radiology department, attendance at specialist ENT, physiotherapy clinics and Allergy and Immunology MDTs and training in lung function and airways challenge tests.

It would be expected that the fellow would participate in the relevant BTS national audits, partake in patient recruitment to clinical trials and undertake quality improvement projects suitable for national/International presentation.

There is no commitment to the general medical take unless specifically requested or required by the candidate (as part of their training needs). If required, we would anticipate that this would be evenings or weekends. There is no commitment to supporting the respiratory wards (aside from supporting the asthma service) unless specifically requested or required by the candidate (as part of their training needs).

There will also be involvement in teaching 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. To complement the teaching, enrolling for a postgraduate diploma in medical education would be encouraged – with time allocated to complete this.

Time table

	Monday	Tuesday	Wednesday	Thursday	Friday
0800hrs					
0900hrs	Clinical research / Teaching / admin	Support respiratory in reach / asthma referrals Research	Complex asthma clinic	Biologic initiation clinic / clinical trial support / Teaching	Multidisciplinary complex asthma clinic (supernumerary initially)
1000hrs					
1100hrs					
1200hrs					
1300hrs	Lunchtime teaching	Grand round			
1400hrs	Complex asthma MDT / asthma nurse support	Consultant led severe asthma teaching / Admin	Bronchoscopy (optional)	Prepare cases for complex asthma MDT Support data entry to UK severe asthma registry	Complex asthma MDT Asthma referrals
1500hrs					
1600hrs					Problem feedback
1700hrs					
	Research component/recruitment to relevant studies				

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 2 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 15 respiratory nurse specialists, including 2 ILD nurse specialists (one of whom has a combined clinical-research post), 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 dietician are also attached to the department.

Lung Cancer Services: the Royal Devon & Exeter Hospital 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 Clinical Research Facility, the University of Exeter, the University of Exeter Medical School and the Exeter Clinical Trials Unit. The R&D department has a small grants scheme to support local research, and in addition there are opportunities for PA funding for basic and translational research from both the R&D department (through a dedicated competitive scheme) and the University of Exeter Medical School & 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 11 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 and 1 Pleural Fellow. We have 3 F1s, 1 F2s, 1 GPSTs and 2 CMTs and Trust doctors in the Respiratory team.

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

Soon to start Dr Rebecca Wollerton

Please address enquiries to Dr Phil Mitchelmore (Bronchiectasis lead) Phiip.mitchelmore@nhs.net or Tom Burden (thomas.burden@nhs.net); or Chris Dickson (christopherdickson@nhs.net)

4. **THE POST**

TITLE: Asthma Fellow in Respiratory Medicine

GRADING/EQUIVALENT: ST3 level or above

DURATION OF POST: August 2025 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:

Asthma Clinical Lead
Dr Mathew Masoli
Respiratory Consultant
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Respiratory Joint Clinical Lead
Dr Chris Dickson
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Respiratory Joint Clinical Lead
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