



**Royal Devon
University Healthcare**
NHS Foundation Trust

Clinical Fellow in Bronchiectasis and Chronic Lung Infections

EASTERN SITE BASE

JOB DESCRIPTION

1. INTRODUCTION

This fixed term post (12 months) will provide experience in bronchiectasis as well as the management of complex lung infections disease. This post is suited to either trainees with minimal experience or more senior trainees/post CCT clinicians wishing to consolidate or develop their sub-specialty experience. The exact split of time spent focusing on bronchiectasis, cystic fibrosis and mycobacterial lung disease will be dependent on the needs and interests of the successful candidate.

The successful candidate will be encouraged to take an active role in service development and/or research. 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, asthma, 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. Chronic suppurative lung disease, encompassing bronchiectasis and CF, is a sub-specialty discipline which has seen significant developments in the past 10 years. With the availability of CFTR modulator therapy, the growing attention to Anti-microbial resistance, the advancing pipeline of clinical trial in bronchiectasis, and the increasing incidence in non-tuberculous mycobacterial pulmonary disease, the management of these conditions are evolving. There is therefore a need for trainees to receive more in-depth training in these conditions.

The Royal Devon & Exeter provides the regional NHS commissioned Cystic Fibrosis service as well as a CF Trust Clinical Trial Accelerator Platform centre. The Department of Respiratory medicine also runs a Specialist MDT Bronchiectasis service, and works alongside Microbiology and ID colleagues in managing Mycobacterial disease. Visiting Primary Ciliary Dyskinesia and Immunodeficiency clinics are also hosted. In addition, the team has a close working relationship with research scientist's at University of Exeter. Consequently, this environment will enable the development of sub-specialty skills personalised to the needs of the Fellow.

2. DETAILS OF THE POST

Colleagues:

Clinicians

- Dr Lee Dobson: Consultant Respiratory Physician, subspecialty work in Bronchiectasis and CF
- Dr Phil Mitchelmore: Consultant Respiratory Physician, subspecialty work in Bronchiectasis and CF (Lead for bronchiectasis/CF)
- Dr George Trafford: Consultant in Infectious Diseases and Microbiology
- Dr Nick Withers: Consultant Respiratory Physician, subspecialty work in Bronchiectasis and CF

Dieticians

- Marie Barret (CF)

Exercise Therapist

- Tom Kent (CF)

Specialist Nurses

- Ana Adams (Research)
- Helen Dunning (Bronchiectasis and Mycobacteria)
- Hilary Mortimer (Bronchiectasis)
- Sarah Murray (CF)
- Vicky Platt (CF)
- Rachel Rogers (CF)

Trials co-ordinator

- Sophie Whiteley (CF)

Psychology

- Virginia Bell (CF)

Physiotherapists

- Alice Day (CF)
- Corey Dowdell (CF)
- Kat Thomson (Bronchiectasis)
- Jayne Trott (CF)
- Sophie Hawkins (CF)

University Collaborators

- Dr Pete Cook (Inflammation)
- Prof Chris Scotton (Respiratory)
- Prof Ben Temperton (Microbiology and Citizen Phage Library)
- Prof Adilia Warris (CF)
- Dr Owen Tomlinson (exercise)

Clinical Responsibilities

The precise timetable will be dependent on the post-holders development needs and experience. It will look to include two-three clinics a week with at least one of those being a bronchiectasis clinic (alternate weeks will be an MDT clinic). Other clinics which can be experienced during the post will include PCD, Immunodeficiency, CF and Mycobacterial clinics. In addition the Fellow will provide clinical support to the Bronchiectasis and CF MDTs with regards to clinical advice and acute reviews and attend the MDT meetings. Involvement with Bronchoscopy would be optional and dependent on the needs and experience of the Fellow.

Teaching

The Department provides Teaching to University Of Exeter Medical Students. The Fellow will be expected to develop their teaching skills during this post via delivery of "small group" and "bed-side" teaching. 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 possible if this was an ambition of the Fellow – with time allocated to complete this.

Research

The team are actively involved in research programme and the Fellow would be encouraged to research areas of interest. With regards to clinical trials, the CF Clinical Trials Accelerator Platforms enables the centre to recruit into crucial trials of novel therapies. The Team is also becoming increasingly involved in bronchiectasis clinical trials. The Fellow would have the opportunity to be involved in clinical trials as a Sub-investigator or Associate PI.

We also have strong links to researchers at the University of Exeter. Of relevance to this post, this includes the MRC Medical Mycology Centre and the Citizen Phage Library. Depending on the Fellow's wishes for their "non-Direct Clinical Contact" time, opportunities for research with these teams could be explored.

Service Development

Depending on the needs and wishes of the Fellow, a focus of the post could be in Service Development. This could include optimisation of the Teams use of the Trust's recently introduced Electronic Patient records, pioneering and evolving alternative ways of working (e.g. Hot Clinics, Patient Initiated Follow-up) and audit.

Job Plan

Task	% of Post	Comment
CORE TASKS	60	
Clinics	25	Supernumerary initially. At least 1 per week in Bronchiectasis
Clinical Admin	15	
Acute Reviews/Troubleshooting	10	Bronchiectasis and CF
Teaching	5	University of Exeter Medical Students
CF MDT	3.75	Weekly
Bronchiectasis MDT	1.25	Alternate Weeks
Fellow Options	40	
Bronchoscopy	0-6	
Research	0-30	
Service Development	0-30	
Additional Teaching	0-20	

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.

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 9 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 3 Fellows (Intervention, bronchiectasis, Asthma) 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) Philip.mitchelmore@nhs.net
or Tom Burden (thomas.burden@nhs.net); or Chris Dickson (christopherdickson@nhs.net)

4. THE POST

TITLE: Clinical Fellow in Bronchiectasis and Chronic Lung Infections

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:

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Bronchiectasis Clinical Lead

Joint Clinical Lead
Dr Chris Dickson
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Joint Clinical Lead
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