

Additional Department Information

The Department

The Wessex Kidney Centre (WKC) is centred in premises at Queen Alexandra Hospital. The WKC provides a comprehensive renal service to an adult population of approximately 2.3 million, covering the majority of Hampshire, the Isle of Wight and the adjacent parts of Wiltshire, West Sussex, Berkshire, Surrey and East Dorset. There are plans to expand towards Worthing for nephrology and for transplantation. There are 800 patients in the dialysis programme (600 on in centre haemodialysis and 200 on home therapies (peritoneal dialysis and haemodialysis) There are 1200 patients with functioning transplants. The Unit takes on around 110 new patients with end stage renal failure per million adult population per year and undertakes approximately 110 kidney transplants per year. It refers patients for pancreas-kidney transplantation to the Oxford Transplant Centre, which performs 6 weekly assessment clinics within the Outpatient Department on the Renal Unit.

There are three dedicated Inpatient Renal wards. The Transplant ward has 6 single rooms for the management of acute transplant patients only. The current bed complement on the unit is 43, with an additional 7 day-treatment beds. All beds have dialysis capabilities next to them. Haemodialysis is provided by commercial and NHS providers in 8 dedicated haemodialysis facilities with a new one being built to provide an extra 25 dialysis stations. There is a specialised home therapies unit in the community. The WKC has its own integral Out-Patient Department and the facility to see programme patients as emergencies during the day. The majority of nursing staff on the Wards are Nephrology trained and there is a locally run Nephrology Nursing Course. The Unit employs 3+ WTE Living Donor Transplant Co-ordinators, 3+ WTE Recipient Transplant Coordinators, 5 WTE Renal Dietitians, a full-time Renal Pharmacist and a Transplant Immunosuppression Service team. There are committed Nurse Specialists in vascular access, transplantation, pre-dialysis care, home haemodialysis, peritoneal dialysis and anaemia management, who all actively participate in and lead multidisciplinary team meetings, nurse-led and -supported clinics, audit and research.

This is a new post currently provided by 6 Surgeons to support ongoing development. Portsmouth Hospitals University NHS Trust is an equal opportunities employer.

This post is currently planned to be 1 WTE. The new appointee will be expected to have a fair share in the on-call rota. This involves renal transplants and vascular access issues. They will also be involved in all aspects of elective surgical care of the renal patients both pre- and post-transplant. This will include dedicated transplant assessment and annual review clinics for patients wanting to be activated and already on the waiting list respectively. There are also dedicated follow-up clinics for the new transplants that are jointly run by the transplant Nephrologists, transplant Surgeons and transplant Nurse Specialists. These currently occur twice a week. Currently, all surgical clinics are performed on the QAH site, but with expansion of Surgeon numbers, there is a plan to perform surgical clinics in the peripheries (time will be allowed for travel to off-site locations).

The emergency service is run on a weekly basis, with the Surgeon of the Week (SOW) taking all calls, reviewing all acute admissions, performing in-patient reviews and any emergency surgery between 0800 and 1700 Friday to Friday and including the weekend. Their diary is kept otherwise free that week. There is a daily ward round of all the new in-patient transplants performed with the transplant nephrologists and junior staff on the dedicated transplant ward. The emergency service is well supported by dedicated vascular access Specialist Nurses and post-transplant Specialist Nurses. Appropriate mentoring is provided where necessary and this includes weekends. Some cases are performed as 2 Consultant procedures and there is informal agreement if called in out of hours for extra payment.

We have an active living donor programme and one of the busiest altruistic donor programmes in the country. All live donor surgery is performed by the transplant surgeons on dedicated Renal lists. The live donor team have fortnightly MDT meetings to review all active patients in the programme. This is well supported by the living donor Nurse Specialists, a pre-transplant Nurse Specialist, representation from the Tooting H&I Lab, Radiologists, an MDT co-ordinator and the transplant Nephrologists. We perform upward of 30 live donor operations per year.

With over 600 patients on haemodialysis, we have a very busy vascular access service with dedicated local and general operating lists and 24-hour access to emergency CEPOD lists. The service is very well supported by two full time vascular access Specialist Nurses, an active interventional radiology service and an on-site vascular lab providing Duplex scanning. We are proactive with maintaining fistulas and have a very active and successful monitoring programme in an attempt to maintain patients on native fistulas and grafts for dialysis. We have research links with The University of Portsmouth.

The Trust and the Renal service actively participate in undergraduate and postgraduate medical and nursing training. Medical students are hosted from the nearby University of Southampton Medical School and medical staff from the service participates in regular University teaching. Final year students are placed on the Renal unit as part of their medical attachments. Interest and expertise in undergraduate teaching would be an advantage for this post holder. The surgical service is currently supported by a Physicians Associate, 3 middle grade Trainees, one CT2 and one F2. They all participate in General Surgery on call apart from the Physicians Associate. The emergency out of hours cover for the surgical and transplant patients is provided by the Nephrology juniors with support from the on call general surgical juniors. Transplant offers out of hours are taken by a dedicated team of band 6 renal Nurses, and in hours by the transplant Nurse Specialists.

The service provides acute and chronic transplantation services for the region, including all work up, surgical, nephrological and nursing care, dedicated anaesthetic staff, transplant coordinators (living donor, recipient and post-transplant), surgery and immediate, middle- and longer-term post-transplant management for donors and recipients. Hand-assisted transperitoneal laparoscopic nephrectomy is the donor operation of choice. There are a good number of local DCD donations and a dynamic and increasing living donor programme, with one of the highest number of non-directed altruistic donations in the country. The local commissioners favour transplantation, particularly pre-emptive. The H&I laboratory is off-site but provides an excellent tissue typing service. Extensive experience of acute transplantation is vital for this post. Currently four Nephrologists provide the immediate peri- and post-transplant care with the transplant Surgeons and specialist nursing team but all Nephrologists work up patients for transplant, are involved in the management of acute transplantation out of hours and receive patients back from the acute service at six months post-op for ongoing post-transplant care, and there will be scope for an increase or rearrangement of the acute transplant team in the future.

Existing Medical Staff Establishment (Portsmouth)

Surgery	
Mr Paul Gibbs	Consultant Transplant Surgeon (Surgery Care Group Director)
Mr Keith Graetz	Consultant Transplant and General Surgeon
Mr Szabolcs Horvath	Consultant Transplant and General Surgeon
Mr Rupesh Sutaria	Consultant Transplant and General Surgeon (Clinical Director for Transplantation)
Ms Catherine Boffa	Consultant Transplant and Paediatric Surgeon
Mr Raphael Uwechue	Consultant Transplant Surgeon
Junior Staff:	3 middle grade trainees, 1 CT and 1 FY2. 1 Physicians Associate

Nephrology	
Dr K A Armstrong	Consultant Nephrologist and Governance Lead
Dr A Bhanji	Care Group Director Consultant Nephrologist and Clinical Lead for Haemodialysis

Dr N L Borman	Divisional Director, Consultant Nephrologist and Clinical Lead for Home Haemodialysis
Dr K E Bostock	Consultant Nephrologist, joint PD Lead
Dr G Dingley	Consultant Nephrologist
Dr H Edwards	Consultant Nephrologist
Dr M Fredlund	Consultant Nephrologist
Dr C Gast	Consultant Nephrologist and Clinical Lead for Anaemia
Dr A Laird	Consultant Nephrologist, Junior Doctor Lead
Dr R J Lewis	Consultant Nephrologist
Dr J Louden	Consultant Nephrologist
Dr J Nevols	Consultant Nephrologist, Research Lead
Dr A L Sampson	Consultant Nephrologist and joint PD Lead
Dr N Sangala	Consultant Nephrologist
Dr S Skampardon	Consultant Nephrologist
Dr E Synodinou	Consultant Nephrologist, Living donor lead
Dr M D Uniacke	Consultant Nephrologist and Clinical Lead for Acute Kidney Injury
Junior Staff:	<ul style="list-style-type: none"> • 11 Specialist Registrar-grade juniors in Nephrology (including 1 on rotation to Southampton, 2 rotating with Cardiology/ Medicine for Older People at QAH and 1 post-CCT fellow) • 8 Senior House Officers or equivalent

Research and Innovation within the Wessex Kidney Centre

Research is firmly encouraged within the Unit. The post holder is strongly encouraged to develop their own interest and facilitate research for medical juniors and other healthcare professionals. Opportunities to undertake research through the CRN, commercial or investigator-led channels are all available and examples of each are taking place currently.

The service hosts the recently established Academic Department of the University of Portsmouth, aiming to deliver high-quality basic and clinical research. Projects are being developed looking at aspects of dialysis and access and the psychological benefits of different therapies. Currently there are two post-graduate students undertaking higher degrees. Previously successful postgraduate students from the unit have undertaken basic science projects successfully obtaining either PhD's or MD's. Projects include basic science and study of renal tubular epithelial cells, the pharmacodynamics of immunosuppression management and study of AKI.

The Unit has its own dedicated research facility for contributing to national and multinational studies and has been recognised nationally by the CRN for its contribution to national recruiting. This is staffed by five dedicated Research Nurse Specialists and a part-time Clinical Trials Assistant. The Renal specialty lead for the Hampshire and Isle of Wight CLRN is on site and is supported by additional regional research expertise. The successful applicant for this advertised post is expected to make him/herself available to be principal investigator for studies undertaken by the unit. The Unit is currently involved in 10 portfolio studies investigating diverse aspects of nephrology, dialysis and transplantation. The recruitment record of the Unit is excellent.

The Trust hosts a well-staffed and proactive Academic Research & Development Support Unit which has been set up to develop and facilitate health service-orientated research. Expert help is therefore on site for developing grant proposals and designing future research projects. Within Renal is the availability for PPI and statistical input into any locally investigator-led research projects, facilitating the more rapid development of protocols.

Status of Post

The post holder will be appointed on the Consultant Contract (2003) and the sessions have been allocated accordingly. The job plan is for a 10 PA working week. The job plan is reviewed on an annual basis.

Any Consultant who is unable, for personal reasons to work full-time, i.e. only on a part-time basis, will be eligible to be considered for the post. If such a person is appointed, modification of their job plan will be discussed between the Consultant and Clinical Director in conjunction with Consultant Colleagues if appropriate.

Accommodation

Shared office accommodation will be made available within the department together with secretarial support.

Residence

Residence within either 10 miles or 30 minutes by road from Queen Alexandra Hospital is usually required unless alternative arrangements are agreed with the trust management. The post holder must normally have a current driving licence and their private residence must be maintained in contact with the public telephone service.

Work Commitment

The Consultant Contract (2003) terms and conditions will apply together with appropriate Trust Policies and Procedures.

Rehabilitation of Offenders

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act, 1974 by virtue of the Rehabilitation of Offenders Act, 1974 (exemptions) order 1975. Applicants are therefore not entitled to withhold information about convictions. This could result in dismissal or disciplinary action from the trust.

Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order is applied. DBS checks are carried out, before appointment, on all staff involved in children's care.

Safeguarding

Act in such a way that at all times the health and well-being of children and vulnerable adults is safeguarded. Familiarisation with and adherence to the Safeguarding Policies of the Trust is an essential requirement for all employees. In addition, all staff are expected to complete essential/mandatory training in this area.

Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order is applied.

Registration with GMC

The post holder must hold full and specialist registration (with a licence to practise) with the General Medical Council (GMC) or be eligible for registration within six months of interview.

Data Protection Act

Under provision of the Act, it is the responsibility of each member of staff to ensure that all data, whether computerised or manual, is kept secure at all times. This includes data relating to patients and other members of staff. Data must not be disclosed to any unauthorised person and must be regarded as strictly confidential at all times. Failure to adhere to this instruction will be regarded as serious misconduct and could lead to dismissal.

Review of Job-Plan

The Job Plan will be reviewed annually as part of the process of appraisal for Consultant staff. An initial job plan review will take place after three months in post.

Revalidation

The Trust has the required arrangements in place to ensure that all Surgeons have an annual appraisal with a trained appraiser and supports surgeons going through the revalidation process.

Mentoring

Portsmouth Hospitals University Trust has a mentoring policy in place and a Senior Consultant mentor will be provided.

Commencement of Duties

The appointees will be required to take up the post no longer than six months from the date of the offer of employment, unless a special agreement has been made between the appointees and the Authority. If you consider it unlikely that you will be able to take up the appointment within such a period, you are advised to point this out at the time of your application.

Visiting Arrangements

Those wishing to visit the hospital should contact Mr Rupesh Sutaria via Ms Karen Reed (Renal Transplant Secretary) at Queen Alexandra Hospital on 02392 286000 ext 1073 (email: karen.reed2@porthosp.nhs.uk) to arrange a convenient time and date.

Please note that Portsmouth Hospitals University NHS Trust will reimburse expenses for one pre interview visit in respect of short-listed candidates.

Please note that due to the high volume of recruitment and our desire to treat all applicants fairly it is not possible to meet with Ms Penny Emerit, Chief Executive prior to the Appointments Advisory Committee.

However, arrangements to meet with the John Knighton, Medical Director, can be made by contacting his PA on 023 9228 6342. Both the Medical Director and the Chief Executive are extremely committed and supportive of this appointment and to appointing the right candidate and, as part of the induction programme, the successful applicant will have an opportunity to meet with them.