

## Additional Departmental Information

**Grade:** Consultant Respiratory Physician – Respiratory Medicine with an interest in palliative care, lung cancer and pleural disease.

**Department:** Respiratory Medicine

**Reports to:** Respiratory Clinical Director

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### Additional Information:

Portsmouth Hospitals University NHS Trust is a provider of acute health services under contract to a range of purchasers in the Hampshire basin and Western South Downs. The catchment is in excess of 650,000 people. The area served by the Trust is on the Solent and English Channel, including the City of Portsmouth and the Boroughs of Gosport, Fareham and Havant; it extends from Warsash in the west to Emsworth on the Sussex border and its northern boundaries encompass Petersfield and Liss. With the exception of the rural north, it is essentially an urban population having grown up around the Royal Naval establishments in Portsmouth and Gosport. It now provides a wide range of modern high-tech industry and the facilities associated with a commercial port and cross-Channel ferry terminal.

Portsmouth is a thriving Naval city, steeped in history, on the South Coast. It is ninety minutes from central London and has good transport links, including regular ferries to France and Spain. The major airports are easily accessible. It has some of the best water-sports facilities in Europe and sandy beaches are within easy reach. Developments within the city and on the Gosport side of the harbour suggest a vibrant future for the area. Inland from the hospital is the beautiful and relatively unspoilt countryside of rural Hampshire. Close-by is the New Forest and the recently-designated National Park of the South Downs. The area combines the advantages of city life with pleasant villages and seaside towns. There are a number of first-rate schools, both in the state and private sectors, and it is an excellent place to raise a family.

### Portsmouth Hospitals University NHS Trust

Portsmouth Hospitals University NHS Trust has a vision to be recognized as a world-class hospital, leading the field through innovative healthcare solutions, focusing on the best outcomes for our patients, delivered in a safe, caring and inspiring environment.

Services have been consolidated at the Queen Alexandra site within a PFI build. These include Respiratory Medicine, Respiratory High-care, Medical Assessment Unit, Emergency Medicine, Critical Care, Coronary Care, Interventional Cardiology, Gastroenterology, GI Endoscopy, Diabetes and Endocrinology, Renal and Transplant Services, Radiotherapy and Oncology, Neurology, Neurophysiology, Acute Stroke services, Elderly Medicine, Rheumatology, Rehabilitation, Trauma and Orthopaedic Surgery, General Surgery and subspecialties, Plastic Surgery, Urology, Day Surgery, Ophthalmology, ENT, Audiology, Maxillofacial Surgery, Orthodontics, Paediatrics, Neonatal Intensive Care, Maternity and Gynaecology, Breast Screening, together with comprehensive Imaging, Nuclear Medicine and Pathology departments. Dermatology and Genitourinary Medicine visit from another site within the Trust.

## **The Job**

The post offers an exciting opportunity for either a recently trained or established respiratory consultant with expertise or experience in Lung cancer, pleural disease and respiratory palliative medicine to join our busy and visionary department within a newly appointed University Hospital.

The successful applicant will join five other respiratory consultants working within the lung cancer services. Pleural clinics are run by 2 consultants and supported by a pleural specialist nurse. Ultrasound is available in clinic, where on-the-spot diagnostic aspirations are performed.

Video-thoracoscopy is performed by the respiratory physicians; Portsmouth is a training centre for medical thoracoscopy, with over 25 years' experience. There is also an IPC ambulatory chest drain service (for which we run nationally available training courses) and have recently started undertaking pleural biopsies.

Pleural tissue is being harvested for a research tissue bank and there are several research projects into pleural disease. 3 dedicated ultrasound machines are used to facilitate all pleural procedures and to support diagnosis on the wards and in clinic, in addition to endobronchial ultrasound. There is a clinical fellow in pleural disease in post who supports the service including organising the pleural one stop shop referrals and undertaking pleural procedures on the wards and in the procedure suite.

## **The Department**

### **The Respiratory Centre**

The Respiratory Centre at Portsmouth is one of the largest units in the country. The patient-base is 1% of the UK population, providing an exceptional range of clinical experience. The department has a complement of 20 Consultant Respiratory Physicians, including a full-time academic post and a Respiratory Intensivist with additional Respiratory sessions. There is a well-established multi-disciplinary ethos, including a team of specialist respiratory nurses, a superintendent physiotherapist and team, a specialist lung-function and sleep team and a closely integrated business/secretarial/clerical staff. The department has a strong record of delivery in research and innovation, with a wide interest in educational activities.

The Respiratory Centre includes purpose-built respiratory outpatient facilities, a respiratory day-case ward and bronchoscopy suite, lung function laboratories, administrative and secretarial support, with office-space for the entire team. Chest imaging facilities are immediately adjacent.

### **Respiratory in-patients in Portsmouth**

All respiratory consultants participate in the on call at QAH (approx. 1:19). Upwards of 80% of our inpatient caseload is primarily respiratory.

### **Respiratory out-patients in Portsmouth**

New referrals are all respiratory patients. Clinics are supported by respiratory nurse specialists, clinic nurses and health-care support workers as appropriate. There is comprehensive lung-function testing, including cardio-pulmonary exercise testing. Specialist clinics include: lung cancer, ILD, asthma, COPD, bronchiectasis, TB, pleural, PE, pulmonary hypertension, sleep and NIV. The department has a dedicated outpatient department with extensive facilities to deliver face to face and remote consultations.

### **Asthma and Cough Services**

The NHSE specialist commissioned Portsmouth Severe Asthma Service (PSAS) based at Queen Alexandra Hospital delivers innovative, patient-centred care for patients with difficult or severe asthma across 5 counties as part of a regional network. Portsmouth Hospitals University NHS Trust (PHU) have developed an acute partnership with

the Isle of Wight NHS Trust and there will be opportunity to expand services on the Isle of Wight (IoW) in the future.

The asthma multi-disciplinary team includes 3 respiratory consultants with a subspecialty interest in Severe Asthma, a lead asthma nurse, 3 specialist asthma nurses, 2 specialist respiratory physiotherapists, a dietician, a psychologist, a pharmacist, a severe asthma MDT co-ordinator and a dedicated asthma administrator. The service provides care for patients with associated eosinophilic conditions including a dedicated EGPA clinic.

There are 5 consultant clinics each week alongside an expanding nurse-led service and clinics provided by other members of the asthma MDT. The service provides support for over >600 patients on biologic therapies for severe asthma. Specialist testing including sputum, bronchoalveolar lavage and nasal inflammometry, oscillometry, airway acidification, bronchial hyperreactivity and cardio-pulmonary exercise testing are integrated in the service. The Department has won multiple awards for research and quality improvement and was selected by NICE as a model of adoption of exhaled NO in clinical practice.

There is a cough service dealing with new and refractory cough patients. The service is developing into a regional cough service covering Wessex with the aim to offer 24 hour pH impedance, access to upper GI surgical team and collaboration with ENT and SALT. A pathway for the GP service is currently under development along with resources for patients of which a new consultant would be encouraged to help with the development.

### **Thoracic Procedures**

The Respiratory Centre has a dedicated 6-bedded day-case ward to support procedures and also for provision of therapies, such as intravenous immunoglobulin, immunomodulators and other infusions. There is a dedicated operating room within the Respiratory Centre open 5 days a week for bronchoscopic procedures, chest drains, pleural vents and indwelling pleural catheters. Equipment includes 6 newly-commissioned bronchoscopes, dual-screen imaging, 3 EBUS scopes, 2 thoracoscopes and full sterilising and storage facilities within the unit.

We anticipate continuing expansion of our procedures service, which has seen an increase in the numbers and complexity of EBUS cases and development of other endobronchial interventions is expected. Our pleural service continues to grow.

### **Respiratory Oncology**

The Lung Cancer Service provides care for patients in Portsmouth and South East Hampshire. It is the largest such service in the Wessex region with 407 new cancer diagnoses in the last year of recording and 1861 new referrals. We offer a comprehensive diagnostic service which includes medical thoracoscopy, EBUS (130 staging/143 diagnostic procedures in the last year), bronchoscopy and image guided biopsy. It also incorporates 2 Targeted Lung Health Check Programs with a third planned for 2025. With this we aspire to deliver the best possible service to our patients as exemplified by the most recent NLCA report where we exceeded all treatment indicator targets.

Portsmouth is a Cancer Centre and the respiratory physicians in Portsmouth have a close working relationship with the oncologists. There are 10 consultant clinical oncologists and 5 consultant medical oncologists; 2 medical and 2 clinical oncologists have a specific interest in lung cancer and mesothelioma. There is an in-house palliative care consultant with supporting specialist nurses.

The multidisciplinary lung cancer clinic is run by five of the respiratory physicians, with 1 mesothelioma and 3 lung Cancer specialist nurses, 2 radiotherapists, 2 medical oncologists and one of the visiting thoracic surgeons.

Portsmouth hosts a translational oncology research laboratory, where cell and molecular biology have potential to generate important information of direct clinical relevance to individual patients with lung cancer or malignant pleural effusions.

### **Sleep Medicine**

Since our Sleep service was established 10 years ago, it has undergone rapid development and we see in excess of 1200 new cases per year, including referrals for a wide range of non-respiratory sleep disorders. We have an excellent multi-disciplinary team of nurses and physiologists who work closely with the rest of the Respiratory Department. Our sleep clinics are predominantly Nurse / Physiologist led, with access to a Consultant Sleep clinic for complex cases.

We have monthly sleep meetings that alternate between management of the service and departmental education as well as a monthly sleep MDT to discuss cases.

We provide overnight polysomnography, multiple sleep latency tests and maintenance-of-wakefulness testing. We have actigraphy monitoring for suspected circadian disorders and unexplained hypersomnia.

### **Bronchiectasis**

Our bronchiectasis service has over 400 patients with complex bronchiectasis under active follow-up. We run a weekly consultant-led multidisciplinary clinic with a specialist physiotherapist and Clinical Nurse Specialist. We deliver our own outpatient IV antibiotic and replacement IV immunoglobulin services. The service has an active interest in research.

### **COPD**

We have a newly appointed multidisciplinary COPD Specialist team with role of delivering COPD Best Practice Care to our annual 1200 acute COPD admissions. We have a specialist COPD clinic with access to the Lung Volume Reduction MDT at Southampton. The department is active in COPD research and innovation.

### **Pleural diseases**

Pleural clinics are run by 2 consultants and supported by a mesothelioma specialist nurse. Ultrasound is available in clinic, where on-the-spot diagnostic aspirations are performed. Video-thoracoscopy is performed by the respiratory physicians; Portsmouth is a training centre for medical thoracoscopy, with over 25 years' experience. There is also an IPC ambulatory chest drain service (for which we run nationally available training courses). Pleural tissue is being harvested for a research tissue bank and there are several research projects into pleural disease. 3 dedicated ultrasound machines are used to facilitate all pleural procedures and to support diagnosis on the wards and in clinic, in addition to endobronchial ultrasound. There is a clinical fellow in pleural disease in post who supports the service including organising the pleural one stop shop referrals and undertaking pleural procedures on the wards and in the procedure suite.

### **Community Respiratory Integrated Service (CRIS)**

PHT provides consultant expert support, including virtual ward-rounds, telephone-advice and education for community respiratory nurses. This currently includes 0.5 PA of consultant time, with supervision of oxygen assessment services and nurse-led admission-avoidance schemes.

### **Non-invasive ventilation**

We look-after 200 patients who are maintained on home NIV. This service is supported by a Superintendent Respiratory Physiotherapist and as well as 2 Consultants with an interest in NIV, one of whom is triply accredited as an Intensivist. We support a handful of patients who receive home tranche ventilation. Our 18 inpatient NIV-unit beds are supervised by each of the respiratory consultants, during their ward spells.

### **Physiology**

We have a thriving Physiology team which includes trainee Scientists and Practitioners, as well as BSc and MSc students on rotation. There are 2 sets of computerised spirometry/gas transfer equipment, one linked to a whole-

body plethysmograph including mouth-pressure measurements. There is bicycle-based cardiopulmonary exercise testing with on-line gas sampling and computerised analysis. There are dedicated blood gas machines in clinic and on the Respiratory High-Care unit. Pharmacological bronchial challenge testing with Methacholine, FeNO analysers and skin allergen testing are routinely available along with muscle function, field exercise tests and fitness to fly assessments.

## **TB**

A Respiratory Physician and Band 7 Clinical Nurse Specialist head this service, which provides TB case management, contact tracing, DOTs, screening for high-risk groups in community clinics and BCG vaccination. Our close co-operation within the team and with different partners in the community is exemplary within Wessex for offering a first-class service. The service has representation on local, regional and national networks.

## **Thoracic imaging**

There is a twice-weekly imaging meeting attended by several radiologists, including two of our three dedicated Thoracic Radiologists. At least one Thoracic Radiologist attends the weekly lung cancer multi-disciplinary meeting. There are three CT scanners in Portsmouth, 3 MRI scanners and a nuclear medicine department with planar, SPECT and PET-CT scanners. There is close collaboration in the provision of thoracic ultrasound. The Respiratory service enjoys direct access to dedicated CT and image-guided biopsy slots. We have one static and one portable ultrasound machine.

## **Research and Innovation**

The department has an excellent track record of clinical research and innovation and has multi-centre projects currently funded by the NIHR ([lasertrial.co.uk](http://lasertrial.co.uk)), British Lung Foundation (<http://www.respect-meso.org>), Small Business Research Initiative, Wessex Academic Health Science Network, Asthma UK, MRC and industry. There are currently 5 clinical research fellows, 5 research & innovation nurses and 4 basic clinical scientists attached to the Department under the supervision of Professor Anoop Chauhan, who is Professor of Respiratory Medicine at the University of Portsmouth and the Trust Director of R & D.

Our research participation provides unparalleled access to new biological therapies and research participation extends to ILD, bronchiectasis, COPD, health services and pleural disease ([www.respect-meso.org](http://www.respect-meso.org)). The research and innovation programme is also supported by the Wessex CRN and AHSN.

## **Palliative Care**

There is a hospital palliative care team, including 6 WTE palliative care specialist nurses and 2.6 WTE Consultant physicians (2 WTE are new posts, not yet filled); there are close links with The Rowans Hospice, Countess Mountbatten House and Jubilee House and with their associated community palliative care teams.

## **Teaching**

Portsmouth enjoys an enviable reputation for its teaching and all consultants are expected to play an active part in education for all professional groups. Undergraduates from Southampton University Medical School are attached regularly to the department. The appointee will be expected to fulfil the Royal College of Physicians' recommendations for CME/CPD as a minimum.

## **Consultant Staff in Respiratory Medicine**

Dr Suresh Babu (Clinical Director for Respiratory Medicine)  
 Dr Mark Roland (Deputy Medical Director)  
 Professor Anoop Chauhan (Director of Research & Development)  
 Dr Sarah Scrivener  
 Dr Ben Green  
 Dr Ellie Lanning (Deputy Divisional Director for Medicine and Urgent Care)  
 Dr Kay Adeniji (Consultant Intensivist)  
 Dr Tom Brown  
 Dr Clare Bradley  
 Dr Alex Hicks  
 Dr Anna Donaldson  
 Dr Claire Roberts  
 Dr Rachelle Asciak  
 Dr Kamran Tariq  
 Dr Rachel Mercer  
 Dr Georgina Stait (Military)  
 Dr Michael Ball  
 Dr Daniel Neville  
 Dr Fiona Thompson  
 Dr Ben Irving (Locum Consultant)  
 Dr Emily Harvey (Locum Consultant)  
 Dr Thomas Jones (Locum Consultant)

Dr Robin Clark is also a sessional consultant

### **Secretarial Support & Office Accommodation**

Office accommodation (room shared with other consultants) is available in the Respiratory Centre. The incumbent will share a secretary and, in addition, will be supported by medical audio-typists and clerical officers. The secretarial staff work as a mutually supportive team. The Trust offers a mentorship scheme which is available to all new Consultants.

### **Other Medical Staff**

7 Specialist Registrars (NTN training posts in the Wessex rotation)  
 3 Trust Grade Registrar  
 Clinical Research Fellows  
 10 "Senior House Officers" of FY2, S/CT 1 and S/CT 2 grades  
 6 F1 (Pre-Registration) Trainees  
 2 x ACPs

### **Wider Outpatient Dept Establishment**

1 x WTE	Band 8a	Lead Nurse / Lead ILD CNS
1 x WTE	Band 7	Sleep Lead
1.4 x WTE	Band 6	Sleep
1 x WTE	Band 7	Lung Health Check Programme

2 x WTE	Band 6	TB
1 x WTE	Band 7	Bronchiectasis/Home IVs
1 x WTE	Band 7	Asthma Lead
3 x WTE	Band 6	Asthma
1 x WTE	Band 6	ILD
1 x WTE	Band 7	COPD Specialist Team Lead
1 x WTE	Band 6	COPD

0.6 x WTE	Band 8a	Mesothelioma Lead
1 x WTE	Band 7	Lung Cancer Lead
2.56 x WTE	Band 6	Lung Cancer
0.8 x WTE	Band 6	Pleural/Mesothelioma

1 x WTE	Band 6	Lead Nurse Day Ward
4 x WTE	Band 5	Ward/ Bronchoscopy/Clinic
3 x WTE	Band 3	Ward/ Bronchoscopy/Clinic

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1 x WTE	Band 8b	Lead for Lung Health Check Programme / Business Manager
1 x WTE	Band 6	Deputy Service Manager
1 x WTE	Band 6	Lung Health Check Support Manager
1.25 x WTE	Band 8a	Superintendent Respiratory Physiotherapist
1.37 x WTE	Band 6	Respiratory Physiotherapist
1 x WTE	Band 8a	Respiratory Clinical Physiologist
1 x WTE	Band 7	Respiratory Clinical Physiologist
0.6 WTE	Band 6	Respiratory Clinical Physiologist
3 x WTE	Band 5	Respiratory Clinical Physiologist
1 x WTE	Band 7	Sleep Clinical Physiologist
1 x WTE	Band 6	Sleep Clinical Physiologist
1 x WTE	Band 4	ATO
0.5 WTE	Band 2	ATO
6 x WTE	Band 4	Co-ordinators/Pathway Navigators
3 x Part Time	Band 3	Medical Secretaries
5.2 x WTE	Band 2	Administrative and Clerical Staff

### Status of the post

This post is less than full time (8 PAs)

### Individual responsibility

Individual responsibilities are timetabled by consensus, with spells 'on' and 'off' ward-cover. Outpatient and bronchoscopy duties are weighted toward "off-ward" periods, which also include a shared commitment to the managing Respiratory patients on the Medical Assessment Unit.

Prior to the Covid-19 outbreak the department contributed to a rota supporting the unselected medical take, responsible for 10 weeks of a 26 week rota. We ceased to participate in this rota as our inpatient bed-base grew. However, there may be a return to this work as the Respiratory consultant workforce expands and any successful

candidate must be prepared to do acute general medicine in the future. The overnight medical cover continues for 20 weeks of the year and is shared equally.

Any successful applicant must be aware that there may be a return to “front-door” medicine in the future which will be shared equally within the department and would fit within job planned hours.

### **Clinical Governance**

The appointee will be expected to attend an induction process and will be subject to annual appraisal, which will be conducted initially by the Clinical Director for Respiratory Medicine or a deputy. A mentor will be appointed. The department supports fully regular clinical audit and clinical governance as a means of delivering high-quality clinical care. The department is involved in a number of ongoing audit projects and the appointee will be expected to participate in local and national audits, together with other initiatives concerning clinical governance. The appointee is expected to satisfy and maintain the requirements for revalidation, including as a minimum the RCP guidance for CPD.

### **Management**

The post holder will be expected to work with local managers and professional colleagues in the efficient running of services and will share with consultant colleagues in the medical contribution to management. Subject to the provisions of the Terms and Conditions of Service, the post-holder is expected to observe agreed policies and procedures drawn up in consultation with the profession on clinical matters and follow the standing orders and financial instructions of the Portsmouth Hospitals NHS Trust. In particular, managers of employees of the Portsmouth Hospitals NHS Trust are expected to follow the local and national employment and personnel policies and procedures. All medical and dental staff are expected to comply with the Portsmouth Hospitals NHS Trust Health and Safety Policies. The post-holder will be expected to ensure that there are adequate arrangements for hospital staff involved in the care of patients to be able to contact him/her when necessary.

### **Safe-guarding**

Employees must 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.

### **Infection Control**

In compliance with the Trust's practices and procedures associated with the control of infection, you are required to:

- Adhere to Trust Infection Control Policies, assuring compliance with all defined infection control standards at all times.
- Conduct hand hygiene in accordance with Trust policy, challenging others to do so.
- Challenge poor practice that could lead to the transmission of infection.

### **Residence**

Residence within 10 miles or 30 minutes by road from QA Hospital is required, unless alternative arrangements are agreed with local management and consultant colleagues. The post-holder must normally have a current driving licence and his/or private residence must be maintained in contact with the public telephone service.

### **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 (exceptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions as 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. 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.

### **Professional and Study Leave**

Leave will normally be granted (pro rata) within the recommended standard of a maximum of 30 days in any 3 years for professional purposes within the UK in accordance with National and local guidelines on such leave.

### **Medical clearance**

Appointment to this post is subject to satisfactory medical clearance. If appointed, you will be required to complete a simple medical questionnaire.

### **Commencement of duties**

The post commences not later than 3 months after appointment at interview unless a special agreement has been made between the appointee and the Portsmouth Hospitals NHS Trust. If you consider it is unlikely that you will be able to take up the post on that date, you must point this out at the time of your application. Applicants must hold specialist registration in Respiratory and G(I)M, or be within 6 months of anticipated CCT date on the day of interview.

### **Visiting Arrangements**

The Trust will reimburse expenses within the UK for one pre-interview visit for any short-listed candidate. Those who wish to visit the hospital should contact Dr Ellie Lanning at Queen Alexandra Hospital, telephone number 023 92 28600 ext. 4198. Due to the high volume of recruitment and our desire to treat all applicants fairly it is not possible to meet with the Chief Executive, Ms Penny Emerit, prior to the Appointments Advisory Committee.

However, arrangements to meet with Dr John Knighton Medical Director can be made by contacting his PA on 023 92 286342. Both Ms Emerit and Dr Knighton are extremely committed to and supportive of this appointment and to appointing the right candidate; as part of the induction programme, the successful applicant will have an opportunity to meet with them.

### **Interview**

The Advisory Appointments Committee will interview for this post. A date will be notified to successfully sifted applicants. The process will include a presentation from each candidate, instructions for which will include a presentation from each candidate, instructions for which will be given after shortlisting.