Portsmouth Hospitals NHS Trust
Individual Placement (Job) Description

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<tr>
<th>Placement</th>
<th>F2 - Renal Medicine and Transplantation</th>
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<td>The department</td>
<td>The Wessex Renal Unit, based in Portsmouth, covers the whole of the region and provides the only inpatient dialysis service outside of intensive care departments. There are 8 consultant nephrologists, each with differing specialist interests eg. Peritoneal dialysis or immunology etc. For the purposes of ward work the consultants are divided into three teams, each of which has an allocated SHO and Registrar. There is also an onsite haemodialysis unit (Monday to Saturday), day ward (Monday to Friday) and an outpatient department (Monday to Friday). In addition to this there are a number of satellite units where haemodialysis is performed. There are also 4 Consultant Transplant Surgeons, who also carry out a number of general surgical procedures on the renal patients – such as hernia repairs and cholecystectomies.</td>
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<td>The type of work to expect and learning opportunities</td>
<td>The SHOs have a variety of responsibilities depending on whether you are on call or on the wards. On the wards you will carry out all the generic ward duties associated with your team’s patients. Almost all patients known to the renal department are admitted directly to the unit, with specialist advice sought as required from outside the Renal “base”. This means that during weeks on call you have the opportunity to clerk in acutely unwell patients with a variety of medical and surgical pathologies. There are also opportunities to insert temporary vascaths and watch the registrars insert tunneled lines, peritoneal dialysis catheters and undertake renal biopsies. This placement encourages you to improve knowledge of the pharmacokinetics of common drugs (especially those which are nephrotoxic/renally excreted) and the basic management of common renal pathologies.</td>
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<td>Where the placement is based</td>
<td>Ward G6 (transplant and surgery), G7 (Renal High Care), G9 (general nephrology), Renal outpatients, Haemodialysis unit and the Day Ward – all based within the Renal Unit on G Level, QAH</td>
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<td>Clinical Supervisor(s) for the placement</td>
<td>Allocated at start of placement</td>
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<td>Main duties of the placement</td>
<td>The F2 doctor, with the support of their seniors, is responsible for the day to day management of the patients within their team on the wards. While on call you are responsible for the initial investigation and management of patients admitted that day, until their usual team take over their care the next morning. During your time on call you can expect to take calls from patients at home, some will be looking for advice and others will be calling to say they are unwell. In this case, during daylight hours, they can be brought to the outpatient department for bloods and assessment. The renal unit is like a GP surgery for patients so expect all sorts.</td>
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Other on call responsibilities include attending the Transplant ward rounds, usually at around 1300 – attended by the transplant surgeon and consultant nephrologist of the week.

Opportunity to clerk in the elective surgical admissions and ensure they are ready for theatre the next day.

You may be involved in the preparation of patients for renal transplant.

There are a number of meetings and teaching sessions you are able to attend. On Monday morning there is an MDT covering all the patients on the wards and outlying (eg ITU). On Wednesday afternoons there is a teaching afternoon including histopathology, formal lectures and the presentation of audits. On Thursday morning a renal radiology meeting is held in the XRay department where images can be discussed and specialist investigations requested.

**Typical working pattern in this placement**

The rota is a rolling 7 week schedule with leave allocated within this.

The rota runs as follows:
Mon – Fri On call 0800-2030 (handover in junior docs office between G6 and G7 wards)
3 weeks of 0900-1700 ward work, based on one of the 3 consultant teams (red, green or blue). Consultant ward rounds occur at varying times, but they will always let you know when and where they plan to go around – usually twice a week minimum

During the 3 ward weeks you will work 1 weekend on call, 0800-2030.

Following this are 7 night shifts from 2000-0830.

Followed by 2 weeks of leave

**Employer information**

The Queen Alexandra Hospital site has gone through a major redevelopment to create a modern and 'fit for purpose' hospital, which was completed in 2009. The majority of the Trust's acute services are now provided at Queen Alexandra following the opening phase of the new state-of-the-art facilities. We provide a full range of acute secondary services to a population of over half a million people. Additional specialist services are provided to a wider catchment area extending as far as Dorset and Sussex.

The "Emergency Department" at Queen Alexandra Hospital is one of the busiest in the UK treating in excess of 100,000 patients each year.

The "Medical Assessment Unit" (MAU) and "Surgical Assessment Unit" (SAU) provide rapid diagnostic assessment for patients admitted as emergencies. These can then be directed to the clinical areas most appropriate for their
condition.

The Trust is also home to the Wessex Renal and Transplant Unit and it holds prestigious Cancer Beacon Status for the Head and Neck Cancer Services.

Hosting the largest Ministry of Defence Hospital Unit (MDHU) in the country, the Trust enjoys strong military connections and is proud of this association. This means that as a Trust, we have wider responsibilities than those of standard NHS organisations. Military staff now account for 3% of the total workforce and the Trust has responsibility to ensure the staff have exposure to the appropriate clinical experience required during their times of deployment throughout the world.

It is important to note that this description is a typical example of your placement and may be subject to change.