

Job Description
NIHR Academic Clinical Fellow in Renal Medicine
University of Bristol

1. Job title & entry level(s):

Academic Clinical Fellow

Renal Medicine: IMT1, IMT2, IMT3, ST4

The appointee will have completed general professional training. They will be working towards or have passed MRCP, or equivalent, and hold, or be eligible, for full registration with the GMC. In line with the purpose of ACF posts, in addition to clinical training, the aim of the post is to establish an academic interest and provide research experience to place the ACF in a strong position to secure funding for a clinical research training fellowship in which to complete a higher research degree. Hence, it is not anticipated that appointees will have undertaken a full time period of research but those who have are welcome to apply. They need not necessarily have defined a research interest, but will be selected on the basis of evidence of potential for academic excellence. Candidates who have obtained a research degree at an earlier stage in their career will also be considered.

2. Duration of post:

3 years (FTE)

Candidates working Less Than Full Time (LTFT), or who would like to, should notify the relevant Local Office/Deanery at point of offer. This will be considered against the national eligibility criteria.

3. Hospitals in which training will take place:

Renal Medicine: Southmead Hospital, North Bristol NHS Trust

This training post is based in Severn region. Should you wish to explore this in more detail, please get in touch with the Training Programme Director.

4. Research institutions in which training will take place:

University of Bristol - <https://www.bristol.ac.uk/medical-school/study/clinical/>

Bristol Renal: [Bristol Renal | Bristol Medical School: Translational Health Sciences | University of Bristol](#)

5. Timetabling of clinical and research time:

75% clinical 25% research in a flexible way during the working week or months in accordance with pre-agreed arrangements between the clinical and academic supervisors.

6. Description of research component of programme

Renal Medicine:

The Bristol Renal Research Group comprises the Population Health Sciences (PHS) team and the Translational Health Sciences (THS) team.

The Bristol Renal Translational Health Sciences (THS) research group comprises approximately 50 clinical and non-clinical staff undertaking discovery science research. The THS group comprises 7 principal investigators (Prof Simon Satchell, Prof Moin Saleem, Prof Richard Coward, Prof Gavin Welsh, Prof Emma Vincent, Associate Professor Becky Foster, and Dr Matt Butler), post-doctoral researchers, clinical research fellows, PhD students and technicians. This large and friendly group provides a fantastic research training environment with ample senior and peer support. There are a number of other research groups in Bristol conducting renal-related research and the appointee will be encouraged to explore and discuss the range of opportunities and determine their own research direction within the scope of what can be appropriately supported with the available facilities and expertise.

Research in Bristol Renal (THS) focuses on the study of proteinuric renal disease including diabetic nephropathy and nephrotic syndrome, through cell and molecular biology, in vivo experimental studies, population genetics and clinical trials. Further work investigates the links between proteinuria and cardiovascular disease through studies of endothelial and endothelial glycocalyx dysfunction in other organs and the systemic vasculature in general. The effects of diabetes on the kidney and other circulations forms a major part of the work. We have a strong track record of securing large grants (e.g. leading the NURTURE £3.1million MRC Stratified Medicine project and leading a work package in BEAt-DKD, a €15million EU consortium). We regularly publish in top renal journals (e.g. J Am Soc Nephrol and Kidney International) and leading general journals (e.g. J Clin Invest, PNAS, Science Translational Med). We have ongoing engagement with the Pharmaceutical companies in collaborative research and are leading group in Bristol University in research commercialisation (e.g. through the £45million spin-out company Purespring Therapeutics, the world's first renal gene therapy company).

Bristol's PHS department is internationally recognised for its health services and health inequalities research. This international-leading research is supported by world-class infrastructure including the MRC Integrative Epidemiology Unit, the NIHR BRC and the NIHR ARC West. The Bristol Renal PHS group comprises 4 principal investigators (Prof Fergus Caskey, Prof Pippa Bailey, Dr Lucy Plumb, and Dr Barny Hole), 3 Clinical Lecturer/Post-doctoral researcher, 4 PhD fellows, and 3 ACFs. The group collaborates closely with other PHS investigators including Clinical Epidemiologist Prof Yoav Ben-Shlomo, Clinical Epidemiologist, Medical Statisticians Professor Jonathan Sterne, Dr Kate Birnie and Associate Professor Stephanie MacNeill, Social Scientists Professor Lucy Selman and Associate Professor Amanda Owen-Smith, and economist Professor Joanna Coast. The group also works with colleagues at the Centre for Ethics in Medicine and the Centre for Health, Law and Society. Bristol Renal PHS collaborates with the UK Renal Registry which is based in Bristol.

The Bristol Renal PHS group has expertise in using mixed qualitative and quantitative methods to investigate the epidemiology of kidney disease, particularly equity of access to treatment. This includes using record linkage and analyses of routinely collected 'big' datasets including the UK Renal Registry, NHS Digital and CPRD datasets. The group also has expertise in the development and evaluation of complex interventions and pragmatic clinical trials supported by the Bristol Trials Centre. The group leads two NIHR

HTA-funded trials, Prepare for Kidney Care (£3.0m) and the High-volume HDF vs High-flux HD Registry Trial (£2.0m), one NIHR HSDR-funded trial, The ASK trial: improving AccesS to living-donor Kidney transplantation (£1.8m), and one NIHR RfPB-funded feasibility trial, OPTIMAL: Optimizing Transplant IMmunosuppression in older AduLts (£0.25m). The group also leads the Kidney Research UK funded FAKTOR study: Failing Kidney Transplant Outcomes Registry analysis, and the NIHR-funded UNPACK2 study: a mixed-methods longitudinal study of preferences for medical treatments in older people. An ACF would be well-supported to undertake primary qualitative or quantitative research, and could join an established trial to investigate the effectiveness and cost-effectiveness of treatments for kidney failure, and equitable access to these treatments.

Bristol has a strong track record in supporting renal ACFs to secure doctoral research funding: all but one ACF since 2013 have secured funding from MRC, NIHR, MRC, the Wellcome Trust or BHF. ACFs have gone on to NIHR Advanced Fellowships, Wellcome Trust and MRC Clinician Scientist awards and two have been awarded the national Raine Award.

The successful appointee will also be a member of the Severn School for Clinical Academic Training and they will get academic support and help with accessing research methods training (<https://www.bristol.ac.uk/medical-school/study/shortcourses/>).

7. Description of clinical training component of programme

Renal Medicine:

Clinical training will take place in the Brunel Building at Southmead Hospital. This state-of-the art facility was opened in May 2014 and provides a fantastic environment for patients and staff, forming part of the largest hospital Trust in the Southwest. For ACFs appointed to start at IMT1, 2 and 3, clinical training will be negotiated with the Internal Medicine Training (IMT) Programme Director. ACFs starting at IMT1, 2 or 3 will gain a broad range of experience as part of the IMT rotation which aims to take trainees who have completed the Foundation Programme through to completion of their training in acute medicine and the medical specialties as outlined in the IMT curriculum. Trainees must meet usual eligibility criteria for IMT 1/2/3. They should also pass MRCP PACES by the end of the IMT3 year. Where possible the rotation will be tailored to the needs of the trainee. The IMT3 year will include 6 months of renal medicine, 3 months of research and 3 months of GIM. During the 3-year ACF, the fellow will have 25% academic time. Trainees starting at IMT1, 2 or 3 will get run-through training into ST4 at Southmead Hospital.

ACFs appointed to start at ST4 will be based in the renal department at Southmead Hospital but will also have blocks of time working in AMU as well as their research time. The Renal Department provides a comprehensive nephrology service for both outpatients and inpatients, and a kidney failure programme for approximately 1200 patients, made up of about 500 patients requiring dialysis and 700 renal transplant recipients. The department performs about 120 adult transplants annually. The transplantation of patients takes place within the renal inpatient service and the patients are the joint responsibility of the renal physicians and the transplantation surgeons. The full range of renal speciality services are provided for Bristol, South Gloucestershire, North Somerset, Bath and North East Somerset, Somerset and Wiltshire primary care trusts. In addition, transplantation is provided for Dorset, Gloucester and North Devon. Specialist on call consultant cover is also provided to the other hospitals in Bristol, particularly United Bristol Healthcare Trust and also for patients in Weston Super Mare, and Bath.

During the time in renal for IMT3 and 4, as with other renal medicine specialist trainees, clinical duties will rotate through periods of ward duties, daytime emergency duties as the on-call bleep holder, outpatient clinics (including transplantation, dialysis, general and sub-specialist nephrology and satellite clinics) and procedures. Training and experience will be gained in all aspects of renal medicine commensurate with a large renal unit providing tertiary level care. There are currently five full-time clinical Specialist Registrar training posts in Bristol, one IMT3, three NIHR Clinical Lecturers and three ACFs. There are also registrar grade Trust clinical fellows. There is currently a complex hybrid on-call rota with 11 slots covering renal medicine only. There are occasional blocks of night shifts. During IMT3, 6 months will be on the specialty on call and 3 months on general medical on call rota for out of hours work.

If the appointee does not secure a research training fellowship, then at the end of the post, the trainee will return to the standard training route, completing their clinical training as part of the South West regional training programme in renal medicine. This rotation includes Gloucester, Exeter, Dorchester, Plymouth and Truro as well as Bristol.

- **Academic Supervisor / Academic Programme Director:**

Integrated Academic Training Lead(s):

- Professor Shelley Potter (shelley.potter@bristol.ac.uk)
- Associate Professor Helen Winter (helen.winter@uhbw.nhs.uk)

Academic Leads:

- **Renal Medicine:** Professor Pippa Bailey (pippa.bailey@bristol.ac.uk)
- **Renal Medicine:** Professor Simon Satchell (s.c.satchell@bristol.ac.uk)
- **Renal Medicine:** Professor Fergus Caskey (fergus.caskey@bristol.ac.uk)
- **Renal Medicine:** Dr Matt Butler (matthew.butler@bristol.ac.uk)

8. Clinical Training Programme Director:

- Renal Medicine:
 - Core: Dr Abiramy Jeyabalan and Dr Tina Mehta (Abiramy.jeyabalan@nbt.nhs.uk; tmehta@nhs.net)
 - Higher: Dr Saira Risdale (saira.risdale@nbt.nhs.uk)

9. Deanery contact for further information:

Recruitment Hotline: 01454 252 610

Recruitment Inbox: England.acfreruitment.sw@nhs.net

10. Useful websites for further information:

NIHR Integrated Academic Training Website: <http://www.nihr.ac.uk/IAT>

BMA Junior Doctor Pay Scales (link to latest pay Circular): <https://www.bma.org.uk/pay-and-contracts/pay/junior-doctors-pay-scales/pay-scales-for-junior-doctors-in-england>

University Clinical Academic Training website: <https://www.bristol.ac.uk/medical-school/study/clinical/>

This job description was prepared July 2026