



Anaesthesia South London

Advanced Training Units

August 2020

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Application process for August 2020 and February 2021 South London and KSS Advanced Training Posts

South London and KSS have combined their advanced training posts to offer all ST6 and ST7 trainees within these regions the chance to apply for any of the ones listed below. Posts are either of 6 months or 12 months duration. It is envisaged that trainees will spend a maximum of one year in advanced training posts. The posts will be advertised to all eligible trainees through the school administrators and trainees can apply for a maximum of 2 posts.

Trainees must submit:

1. The training application form
2. An up to date curriculum vitae
3. 2 supporting statements, 1 for each post you wish to apply for (maximum 250 words).

Please send all these documents to Anaesthetics.Training@stgeorges.nhs.uk.

The closing date for applications is the **30th September 2019**.

2019 South London and KSS Advanced Training Module Process/Timeline:

Application process for trainees will begin and stay open for 1 month.	1 st September – 30 th September 2019
Admin team to send TPDs a list of their trainees that have applied for an ATM. TPDs to review and add in any relevant information.	October 2019
All forms received will be reviewed and the admin team will create a list of trainees that have applied for each module. All information will be sent to module leads.	1 st October 2019 – 13 th October 2019
Module directors will review CVs and statements. Interviews will also take place during this time, if applicable.	14 th October-13 th December 2019
Scores and rankings to be returned to admin team and SW/SE London TPDs by module group leader as soon as possible.	14 th October- 13 th December 2019
Kate Prior and Aasifa Tredray to review all information and allocate trainees to posts	14 th December- 23 rd December 2019
Trainees informed of allocations and asked to confirm their acceptance	1 st January- 31 st January 2020
Gaps list for August posts created and sent to other eligible trainees. February gaps list will be sent out in September 2020	1 st February – 12 th February 2020 1 st September 2020- 12 th September 2020
August allocations sent to module leads	1 st March 2020
February allocations sent to module leads	1 st October 2020

Please be aware that once you have confirmed acceptance of a post, you will need to give us 4 months' notice from the start date, if you do not want then want to take up the post.

Interviews Timetable:

Dates	Modules
14th October 2019 PM	Trauma
07th November 2019 AM	Vascular/Major Surgery/Perioperative Medicine
07th November 2019 PM	Cardiothoracic
08th November 2019	Airway
11th November 2019	Neuroanaesthesia
12th November 2019	Regional
18th November 2019	Paediatrics
19th November 2019	Paediatrics
25th November 2019	Obstetrics
26th November 2019	Liver Transplant and Hepatobiliary Surgery

*Applications for Airway, head and neck, maxillofacial and dental surgery jobs at Queen Victoria, East Grinstead and West Sussex will be selected based on CVs and statements only.

Advanced Posts:

STH- St Thomas's, SGH – St George's, RBH- Royal Brompton, QVH- Queen Victoria Hospital (East Grinstead), GOSH- Great Ormond St, GSTT – Guy's and St Thomas's, BSUH- Brighton and Sussex, KCH-King's, MTW- Maidstone and Tunbridge Wells, MMH- Medway; KGH – Kingston Hospital, ASPH- Ashford and St Peter's.

* Consultant leading interview and recruitment process.

Airway		
Appointment Leads:	*Dr Imran Ahmed (GSTT) Dr Jay Dasan (KCH) Dr Sandeep Sudan (BSUH) Dr Anna Walton (SGH)	imran.ahmad@gstt.nhs.uk jaydasan@nhs.net sandeep.sudan@bsuh.nhs.uk anna.walton@nhs.net
Trust	Duration	Posts
Guy's & St Thomas' Hospitals	6 months	2 posts
King's College Hospital	6 months	1 post
Brighton and Sussex Hospital	6 months	1 post
St George's Hospital	6 months	2 posts

Airway, head and neck, maxillofacial and dental surgery		
Appointment Leads:	*Dr Alison Chalmers	alison.chalmers4@nhs.net
Trust	Duration	Posts
Queen Victoria, East Grinstead and West Sussex	6 months	4 posts

Cardiothoracics		
Appointment Leads: *Dr A Crerar-Gilbert (SGH) Agnieszka.Crerar-Gilbert@stgeorges.nhs.uk Dr Cheng Ong (GSTT) Cheng.Ong@gstt.nhs.uk		
Trust	Duration	Posts
Brompton	6 months	2 posts (1 SESA, 1 SGH)
St George's Hospital	6 months	1 post
St Thomas' Hospital	6 months	1 post (Cardiac)
Guy's Hospital	6 months	1 post (Thoracic)

Liver Transplant and Hepatobiliary Surgery		
Appointment Leads: *Dr Anneliese Rigby anneliese.rigby@nhs.net		
Trust	Duration	Posts
King's College Hospital	6 months	4 posts

Major Surgery / POM		
Appointment Leads: Tim Hughes t.hughes1@nhs.net		
Trust	Duration	Posts
King's College Hospital	6 months	1 post

Neuroanaesthesia		
Appointment Leads: *Dr Chris Taylor (QS) chris.taylor13@nhs.net *Dr Audrey Tan (SGH) Audrey.Tan@stgeorges.nhs.uk		
Trust	Duration	Posts
St George's Hospital / Queen's Square	12 months	2 posts (1 SESA, 1 SGH)

Obstetrics		
Appointment Leads: *Dr Adam Shonfeld (SGH) adamshonfeld@nhs.net Dr Nat Nguyen (GSTT) Nat.Nguyen-Lu@gstt.nhs.uk Dr Saju Sharafudeen (KCH) sajusharafudeen@nhs.net Dr Helen Burdett (MTW) helen.burdett@nhs.net		
Trust	Duration	Posts
Guy's & St Thomas' Hospitals	6 months	2 posts
King's College Hospital	6 months	1 post
Maidstone and Tunbridge Wells Hospitals	6 months	2 posts
St George's Hospital	6 months	3 posts

Paediatrics		
Appointment Leads:	*Dr Neena Seth (GSTT) Dr Meera Kurup (KCH) Dr Louise Walker (SGH) Dr Elena Fernandez (GOSH)	Neena.Seth@gstt.nhs.uk Meera.kurup@nhs.net Louise.Walker@stgeorges.nhs.uk elena.fernandez@gosh.nhs.uk
Trust	Duration	Posts
Evelina London Children's Hospital	6 months	4 posts
King's College Hospital	6 months	1 post
St George's Hospital	6 months	1 post
Great Ormond Street Hospital	12 months	4 posts (2 SGH; 2 SESA)

Regional		
Appointment Leads:	*Dr Amit Pawa (GSTT) Dr Daisy Tong (KCH) Dr Sri Vishnubala Dr Ralph Zumpe (SGH) Dr Richard Stoddart (BSUH) Dr Antonio Perello (BSUH) Dr Shahan Nizar (KGH)	amit.pawa@nhs.net daisy.tong@nhs.net sri.vishnubala@medway.nhs.uk Ralph.Zumpe@stgeorges.nhs.uk r.stoddart@nhs.net antonio.perellosancho@nhs.net s.nizar@nhs.net
Trust	Duration	Posts
Guy's & St Thomas' Hospitals	6 months	2 posts
King's College Hospital	6 months	1 post
Medway	6 months	1 post
St George's Hospital	6 months	1 post
Brighton and Sussex Hospital	6 months	1 post
Kingston Hospital	6 months	1 post

Trauma +/- Education		
Appointment Leads:	*Dr Daniel Roberts (SGH) Trauma Dr Roger Bloomer (KCH) Trauma Dr Stephanie Strachan (KCH) Med Ed Dr Peter Westhead (BSUH)	Daniel.Roberts@stgeorges.nhs.uk rogerbloomer@nhs.net stephanie.strachan@nhs.net peter.westhead@nhs.net
Trust	Duration	Posts
St George's Hospital	6 months	1 post (Tr)
King's College Hospital	6 months	1 post (Tr)
King's College Hospital	6-12 months	1 post (Med Ed)
Brighton and Sussex Hospital	6 months	1 post

Vascular / POM

Appointment Leads:	*Dr Heena Bidd (GSTT) Dr Pallavi Dasannacharya (SGH) Dr Sarah Hardy (BSUH) Dr Vanessa Fludder (BSUH) Dr Alice O'Neill (ASPH)	Heena.Bidd@gstt.nhs.uk p.dasannacharya@nhs.net sarah.hardy13@nhs.net vanessa.fludder@nhs.net Alice.Oneill@nhs.net
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Trust	Duration	Posts
Guy's & St Thomas' Hospitals	6 months	1 post
St George's Hospital	6 months	1 post (Vascular)
Brighton and Sussex Hospital	6 months	1 post
Ashford and St Peter's Hospital	6 months	1 post (POM)

Airway Management

Guy's and St Thomas' Hospital

Unit Supervisor: Dr Imran Ahmad
imran.ahmad@gstt.nhs.uk

Background

- Guy's Hospital Site, Guy's and St Thomas' NHS Foundation Trust
- Number of fellows - 2
- Timetables: 3 airway lists on Mon/Tues/Weds (Th 1, 2 & 3) • 2 airway lists on Thurs (Th 2 & 3) Occasionally you may be assigned to a dental list and day surgery ENT lists.

Most work will be in Ear Nose & Throat and Maxillofacial surgery – oral, pharyngeal and laryngeal surgery, neck surgery including thyroid and mediastinal work and facial surgery. Both specialities include complex cases often combined with plastic surgery.

Clinical Aims

By the end of your fellowship, you should aim to achieve and be competent in all of the following:

- Fiberoptic intubations - aim for around 20-30 AFOI over the 6 months
- Use of videolaryngoscopes (Airtraq, APA, CMAC, Kingvision, Glidescope)
- Intubation through SGAs
- Cricothyroid puncture, fine bore and wide bore cannulae
- Surgical airway techniques, including performing a surgical tracheostomy
- High Frequency jet ventilation, with the Monsoon ventilator and Manujet
- Management of supraglottic & subglottic lesions
- Cleaning, scope care and traceability
- Difficult airway guidelines
- Extubation strategy in patients with anticipated difficult airways
- Running an airway list and communication with surgical colleagues
- Complete a free flap case, transfer and handover to GCCU

Academic and Management Aims

- You are expected to produce written work to be submitted to scientific meetings and/or publication to peer-reviewed journals during your post
- You should book study leave to attend some of the following meetings:
 - Difficult Airway Society (DAS) Annual Scientific Meeting (November)
 - An advanced Airway Skills Course
 - SETSA meeting
 - AAGBI Scientific Meeting

- Head & Neck Anaesthetists (HANA) meetings
- ENT/Laryngology meetings (to present joint Anaesthetic/ENT work)
- International meetings such as ESA, ASA, NWAC, WACAim

Teaching Aims

You are expected to arrange/participate in the following:

- Joint ENT OP clinic on Fridays
- Attend the good clinical practice half day course run by the Joint Clinical trials office at KHP, <http://www.jcto.co.uk/NonCommercial/trainingEvents.html>
- Attend a well-recognised difficult airway course as faculty (Guy's/Kings/Oxford/Coventry/RCOA/DAS/NWAC/AAGBI)
- Participate in joint Anaesthesia/ENT simulation training.
- Participation in theatre airway teaching to all staff
- Medical student airway teaching with Dr Dua

Testimonials and Accomplishments

We routinely aim to submit abstracts and present at most of the following meetings:

- AAGBI, summer and winter scientific meeting
- RCOA Scientific Meeting
- DAS ASM
- ESA
- NWAC
- EPBOM ASM
- SESA meetings
- GAT
- HANA
- Various ENT/Head & Neck Cancer meetings
- Over the past few years we have won numerous prizes various at meetings for our presentations and would like to continue these achievements.

Summary

At the end of the advanced airway unit you will be expected to have completed all the following:

- Achieved the target number of FOI and be competent in performing an AFOI
- Achieved skills in other advanced airway techniques
- Attended ENT clinics and perform >20 nasendoscopies
- Attended Good Clinical Practice course
- Attended at least one advanced airway course as faculty
- Attended and present in at least one national/international meeting +/- publication (on average airway fellows achieve 4-5 presentations)
- Participate in airway projects
- Aim for at least one publication per six months

Advanced Airway

King's College Hospital

Unit Supervisor: Dr Jay Dasan
Jaydasan@nhs.net

Background:

King's College Hospital is one of the largest and busiest in London, with a well-established national and international reputation for clinical excellence, innovation and achievement. Two thirds of the clinical activities of the hospital are in support of the socially and economically diverse communities of the boroughs of Southwark and Lambeth. The hospital provides a broad range of secondary services, including specialist emergency medicine (e.g. Major trauma, cardiac, neuro and stroke). It also provides a number of leading edge tertiary services, such as liver transplantation, neurosciences, blood cancers treatments, foetal medicine, cardiology and cardiac surgery, on a regional and national basis.

Overview:

The post will be based at Kings College Hospital NHS Foundation Trust.

King's is a Major Trauma Centre, a centre of excellence for bariatric surgery and a tertiary referral centre for maxillofacial surgery. In addition, there is a regional neurosurgery centre carrying out complex elective and emergency procedures, King's is also a cardiothoracic centre with about 900 elective and emergency cases. The surgical workload is supported by surgical and medical critical care units; proposed to have 150 beds by 2021.

These units also admit medical emergencies from the South East region.

All of the above ensures a comprehensive exposure to a wide variety of challenging cases for airway management both in the acute and elective situation. The accident and emergency department sees 100,000 patients annually including 350 major trauma cases. Many of these have complex issues around airway management both in the resuscitation room and subsequently in the operating theatres.

Six month post in Advanced Airway Management:

This programme enables you to become a confident and skilful anaesthetist who can manage any day to day airway related problems in your future anaesthetic career.

Clinical experience:

- 1) Morbid obesity/ Training in **Bariatric anaesthesia** and airway management (1 day/week).
- 2) Airway management list for **maxillo-facial surgery** both elective and emergency with a particular emphasis on trauma and the airway.
- 3) Management of the **Major Trauma airway** and for cervical spine surgery, including particularly those with spinal instability.
- 4) Dento-alveolar list with acute and elective challenging airway
- 5) Provide opportunity to become an expert in using Glidescope, C-Mac, McGrath, Kingvision, APA, Airtraq and Pentax AWS.
- 6) Senior SpR duties for out of hours emergencies managing major trauma, cardiac, paediatric and major hemorrhage and airway management.
- 7) Master the fiberoptic skill both awake and asleep also hybrid intubation techniques.
- 8) **Protected research day(1 day/week),**
- 9) **Protected airway training lists**
- 10) **Protected airway training list (Day time) on on-call days**
- 11) Gain confidence in morbid obese airway

Provisional Timetable (can be adjusted to your convenience)

	AM	PM
Monday	Maxillofacial Surgery	Max fax Surgery / maxillofacial Trauma
Tuesday	Maxillofacial Surgery	Maxillofacial Surgery
Wednesday	Protected Research day	Protected Research day
Thursday	Airway flexi day	Airway flexi day
Friday	Bariatric Surgery	Bariatric Surgery

King's Airway ATM : Procedural Goal:

- Awake fiberoptic intubations 25
- Fiberoptic intubation under GA 50
- Videolaryngoscopy 75
- Rescue intubation (Via LMA) 10
- Hybrid intubation technique 10
- Extubation technique (Deep, awake, Remi, staged extubation)
- Airway speciality: Morbid obesity/ Bariatric airway, Trauma airway & ITU airway, Paediatric and Emergency airway

Leadership development:

- **Trainee Lead for King's International Airway Workshop**
- Trainee Lead for King's Awake Fiberoptic Intubation Course
- Lead for curriculum based departmental airway teaching
- ITU difficult airway course co-organiser
- Echo course co-organiser

Teaching commitment:

- Year 3 medical students
- Final year medical students' anaesthesia taster course
- Pre-fellowship Trainee anaesthetist monthly teaching
- Trainee ODP teaching

Management meeting:

- Deteriorating patient care committee
- Surgical safety committee meetings
- Trust airway forum meetings

Publications & presentations

Expected to present five posters during the term

International Airway conferences:

Travel allowance paid for one international airway meeting (require a minimum 2 posters to present)

Research:

One day/ week protected research day

Advanced Airway

Brighton and Sussex Hospital

Module lead: Dr S Sudan
sandeep.sudan@bsuh.nhs.uk

Background

This is a 6 month ATM based at all sites within BSUH NHS Trust. The objectives are taken from annex E of the 2010 curriculum, advanced training level, with particular reference to both airway management and head and neck units.

Ethos:

To be a champion of NAP4 to promote its recommendations.
Push for implementation of DAS guidelines within the department
Must be DAS member

Airway management:

To be capable of undertaking the perioperative airway and anaesthetic care for a wide variety of patients with complex airway problems independently; this implies an ability to:

Perform fibreoptic intubation in all clinical situations where it is an essential part of safe airway care.

Show the decision making and organizational skills required of an anaesthetist to manage busy operating sessions that involve patients having major airway surgery and ensuring that the care delivered is safe and timely, benefiting both the patient and the organisation.

To assist colleagues in decisions about the suitability of surgery in difficult situations.
Provide teaching to less experienced colleagues of all grades.

Head, neck, max fax, and dental:

To be capable of undertaking the perioperative anaesthetic care for a wide variety of complex ENT, maxillo-facial and dental surgical cases independently; this implies an ability to:

Provide perioperative anaesthetic care to a wide-range of surgical cases performed (including those with thoracic extension, complex tumour resection and associated reconstruction (+/- free-flap), frequently requiring the ability to manage extremely complex airway problems), demonstrating a fundamental understanding of the problems encountered.

Show the decision making and organizational skills required of an anaesthetist to manage busy operating sessions that involve patients having major ENT, maxillo-facial and dental surgery and ensuring that the care delivered is safe and timely, benefiting both patients and the organisation.

To assist colleagues in decisions about the suitability of surgery in difficult situations.
Provide teaching to less experienced colleagues of all grades.

Clinical:

Appropriate supervised lists in ENT, dental and max fax lists. These would include:

- All lists on the county site: Mondays, Tuesdays and Thursdays. These are the major lists which include free flap surgery.
- Microlaryngoscopy (ML) list at HWP.
- Solo lists in ENT, dental and max fax where appropriate; initially at HWP (and then at RSCH site) .
- Attend paediatric ML lists.
- Attend ENT clinics (for nasendoscopy).
- Attend Head and Neck MDT meeting.
- There may be the possibility to offer 1-2 week attachment to QVH..

- On call duties for this post: 1:8 rota on county site in a senior role (this should allow trainee to gain experience in emergency airway surgery).

Skills:

In particular but not limited to:

Fibreoptic intubation (particularly awake), FONA, Video-laryngoscopes, 2nd gen SADs and HFNO, Nasendoscopy, USS

Generic outcomes as described below

Courses:

The following courses are available:

RCoA airway workshop (as observer)

Teaching the teachers airway course

SAFE course (in house awake FOI course)

DAS AGM

Teaching:

Airway training to the following groups are available:

Foundation doctors

Novice anaesthetists August to Jan

ODPs

6 monthly in house teaching workshop

Consultant CPD

Audit/service improvement:

Trainee will be expected to participate in QI and time will be given for this (1 session per week)

Present at QSPE (our clinical gov meeting)

We have strong history of submitting posters to DAS AGM

Unique opportunity for Aug 2019:

BSUH has put in and had accepted an application to host the DAS Annual scientific meeting in March 2020. Therefore the airway fellow in post will have the opportunity to be part of the local organising committee.

Evidence at end:

Met core learning outcomes of the 2010 curriculum for the 2 UoTS

Reflection

Logbook

Consultant feedback from airway trainers

Certificate of attendance of courses

Posters/publication

Generic Outcomes

<https://www.rcoa.ac.uk/system/files/TRG-CCT-ANNEXE.pdf>

The generic descriptors that are equally relevant to all advanced areas of practice are provided in each domain **and importantly** are not repeated in each unit of the curriculum.

Opportunities to develop clinical mastery of airway management has been described and there are numerous opportunities to take the necessary steps to demonstrate the generic outcomes set out below.

Domain 1: Clinical practice

The lists available to develop expertise in airway management include complex lists at the RSCH hospital which all have patients which can challenge the trainee to develop the skills described above including consent. It lends itself to QIPs that can and should include multidisciplinary projects.

Domain 2: Team Working

Trainees are expected to demonstrate the necessary team working, management and leadership skills required post-CCT for independent practice

The organisation of the day to day rota at BSUH and flexibility within it lends itself to allowing trainees take on greater ownership of operating lists as they become more proficient in the clinical area. This will help develop team working skills set out in the document.

Domain 3: Leadership

The advanced trainee will be expected to take leadership in the clinical environment and also in QSPE meetings and teaching sessions. There are opportunities to learn leadership (and followership) skills from senior colleagues in all areas of the hospital.

Domain 4: Innovation

There are a number of Consultants with an interest in airway management who will be able to support and encourage innovative projects relating to airway management

Domain 5: Management

In particular the advanced trainee will be expected to manage their time in a way to make sure that they get the most of their clinical and non clinical opportunities.

Domain 6: Education

Teaching and educational opportunities have been outlined in the curriculum mapping exercise above. There will be an expectation ongoing CPD and reflective practice. The department of anaesthesia has many experienced, committed educational and clinical supervisors who can support understanding of roles and responsibilities of CS and ES, including:

- Understanding the assessment strategy employed by the RCoA
- Committing to the importance of assessing and evaluating learning
- Understanding the importance of providing timely, specific, non-judgemental and developmental feedback and is able to do so effectively
- Understanding the role of and appropriate conduct of the workplace-based assessments and is able to perform accurately and reliably
- Knowing how to raise concerns about a poorly performing trainee
- Understanding the responsibilities of clinical trainers as defined by relevant national organisations and regulators

It would be possible to access the clinical and educational supervisor's course that has been set up by BSUH/BSMS and is supported by the Dean of KSS.

Airway Management

St George's Hospital

Airway Module Director: Dr Anna Walton

anna.walton@nhs.net

Background

This post is designed to expose the trainee to a wide variety of advanced airway techniques. The post will usually be of 6 months duration (but may be longer for less than full time Airway trainees). The trainee will carry out regular clinical sessions on designated ENT and maxillofacial lists as well as on Trauma lists and Emergency lists to ensure confidence in emergency airway management. Exposure to thoracic lists to gain experience in double lumen tube insertion/anaesthesia for rigid bronchoscopy may also be possible.

A programme exists to allow trainees/fellows to attend Consultant-led ENT clinics to learn Flexible Nasendoscopy skills in the non-theatre setting. Trainees will also be encouraged to attend preoperative assessment clinics to gain experience in all aspects of care for a head and neck patient.

Provision of a week long placement/observership at another airway centre may be available to Advanced Trainees.

The Advanced trainees and Fellows are expected to have participated actively in audit, research and teaching, as detailed below.

Clinical Expectations

1. Ability to pre-assess complex Airway cases and autonomously formulate a safe anaesthetic plan including specialist airway management plans.
2. Run airway list ensuring communication with surgical colleagues.
3. Competence with a range of videolaryngoscopes.
4. Competence with intubation via SGA.
5. Competence with Bonfils intubating scope.
6. Competence in fibre optic intubation, including solo awake fibre optic intubation utilising varied topicalisation techniques (+sedation techniques)
7. Competence with use of THRIVE.
8. Exposure to techniques for tubeless field anaesthesia, and for HFJV techniques.
9. Exposure to technique of sub-mental intubation.
10. Exposure for specialist extubation techniques including exchange catheter use.
11. Exposure and understanding of requirements for Airway cases requiring free flap surgery.
12. Exposure to cricothyroid puncture and familiarity with surgical front of neck access techniques.
13. Exposure to anaesthesia for paediatric airway cases including emergency cases.
14. Competence in Flex-nasendoscopy in ENT clinic setting.

In addition to list allocation, an Airway Pager allows Advanced Airway Trainees to be contacted by any anaesthetist, either with an interesting airway case for teaching, or to request assistance with difficult or emergency airway management. This system, as well as the need for Airway trainees to be **proactive** in seeking out airway cases, allows for exposure to maximal/varied cases. List allocation and case exposure will be reviewed on a 3 monthly basis to ensure target case exposure is being achieved. On call commitment will be on a senior general on call rota providing exposure to emergency work of all varieties; SGH status as a trauma centre provides a particularly useful case mix.

Teaching expectations

1. Planning and delivery of ODP/nurse airway training sessions (minimum 1 session)
2. Presentation at departmental meeting –ideally M+M meeting (minimum 1)
3. Faculty on Regional or National Airway Course (courses run at SGH or as external course faculty)
4. Faculty for anaesthetist in-house airway skills courses (including Surgical Airway refresher, Simulation Airway training etc)
5. Generate a minimum of one case report with accompanying literature search to be submitted to 'shared' folder to facilitate collaborative learning (this will also encourage preparation of case reports for wider publication/presentation).

Audit/ Research

Advanced Airway Trainees are must initiate, conduct and **complete** an airway related audit or QI project during their placement, which should be presented at both local and National level (minimum 1, but usually more).

The majority of trainees will have >1 abstract/s accepted at scientific meetings, including, DAS, AAGBI, GAT, HANA etc. All projects should be discussed with Dr Light or Dr Mir (Airway Research Lead).

There will be opportunities to participate in any on-going research projects if interested although this is not compulsory and may involve continuation of a project already underway.

Module Support

1. Initial meeting within first 2 weeks to map out targets including projects
2. Interim at 3 month stage to assess progress
3. Final: On completion of the placement you will need to be signed off for all clinical and non-clinical components of the module. The criteria laid out in the RCoA Curriculum for Advanced Modules will need to have been satisfied (please see attached at end of this document). These will be ESSENTIAL for those in a training post aiming to achieve Advanced Airway Unit of Training satisfied.
4. Consultant feedback from the Group of Airway Consultants will be gained toward the end of the placement. It is also recommended to complete a formal 360 degree assessment during your Airway module.
5. All trainees will also be allocated an Educational Supervisor to ensure support for all aspects of their career progression and ARCP success.

If you have any queries regarding Airway Modules please get in touch on anna.walton@nhs.net.

RCoA Curriculum:

Airway management

Advanced training in airway management should be delivered in centres undertaking a wide variety of complex elective and emergency surgical cases presenting specific airway problems. It is expected that between three and six months will need to be spent acquiring all the competencies/learning outcomes in this advanced unit of training [many of which could be obtained in conjunction with the ENT, maxillo-facial and dental surgery advanced unit].

Learning outcomes:

- ☐ Gain mastery in the delivery of safe and effective peri-operative airway and anaesthetic care to patients with complex airway problems involving all types of surgery and in doing so demonstrating the necessary multi-disciplinary leadership, communication and team-working skills necessary to ensure the care delivered benefits both the patient and the organisation
- ☐ Demonstrates mastery in the safe use of fiberoptic intubation in all situations
- ☐ Gain mastery in all aspects of airway management including in-depth knowledge and experience of novel airway devices; be familiar with recent developments in perioperative anaesthetic care to this area of practice, evaluate these developments and advise colleagues of useful changes in practice

- Gains the necessary maturity to guide the choice of audit/quality improvement projects cycles in developing practice

Core clinical learning outcomes:

- ☐☐ To be capable of undertaking the perioperative airway and anaesthetic care for a wide variety of patients with complex airway problems independently; this implies an ability to:
 - ☐ Perform fiberoptic intubation in all clinical situations where it is an essential part of safe airway care
 - ☐ Show the decision making and organizational skills required of an anaesthetist to manage busy operating sessions that involve patients having major airway surgery and ensuring that the care delivered is safe and timely, benefiting both the patient and the organisation
 - ☐ To assist colleagues in decisions about the suitability of surgery in difficult situations
 - ☐ Provide teaching to less experienced colleagues of all grades

Knowledge

Competence

AM_AK_01

Description

Shows in-depth knowledge about all issues related to the management of difficult airways, including the use of novel airway techniques

Assessment Methods

A,C

Skills

AM_AS_01

Demonstrates mastery in performing fiberoptic intubation, awake and asleep, for elective and emergency cases including for those with major airway pathology

A,D

AM_AS_02

Demonstrates expertise in the management of difficult paediatric airways that may present in any non-specialist hospital

A,D

RCoA Curriculum:

Head, neck, maxillo-facial and dental surgery

Advanced training in anaesthesia for ENT, maxillo-facial and dental surgery should be delivered in centres undertaking a wide variety of complex elective and emergency surgical cases in these areas. It is expected that between three and six months will need to be spent acquiring all the competencies/learning outcomes in this advanced unit of training [many of which are common to many other advanced level units, particularly Airway Management and reconstructive surgery].

Learning outcomes:

- ☐☐ Gain mastery in the delivery of safe and effective perioperative anaesthetic care to patients undergoing complex/major ENT, maxillo-facial and dental surgery including those requiring sternotomy for thoracic extension and major free-flap reconstruction
- ☐☐ Gain mastery in the management of major ENT, maxillo-facial and dental surgical lists and in doing so demonstrating the necessary multi-disciplinary leadership, communication and team-working skills necessary to ensure the care delivered benefits both the patient and the organisation
- ☐☐ Gain maturity in understanding the importance of utilising the time allocated to clinical sessions effectively, optimising throughput whilst not compromising patient safety
- ☐☐ Gains the necessary maturity to guide the choice of audit cycles/quality improvement projects in developing practice
- ☐☐ Becomes familiar with recent developments in perioperative anaesthetic care to this area of practice, to evaluate these developments and to advise colleagues of useful changes in practice

Core clinical learning outcomes:

- ☐☐ To be capable of undertaking the perioperative anaesthetic care for a wide variety of complex ENT, maxillo-facial and dental surgical cases independently; this implies an ability to:

- Provide perioperative anaesthetic care to a wide-range of surgical cases performed [including those with thoracic extension, complex tumour resection and associated reconstruction [+/- free-flap], frequently

requiring the ability to manage extremely complex airway problems], demonstrating a fundamental understanding of the problems encountered

- Show the decision making and organizational skills required of an anaesthetist to manage busy operating sessions that involve patients having major ENT, maxillo-facial and dental surgery and ensuring that the care delivered is safe and timely, benefiting both patients and the organisation
- To assist colleagues in decisions about the suitability of surgery in difficult situations
- Provide teaching to less experienced colleagues of all grades

Knowledge

Competence

Description

Assessment Methods

EN_AK_01

Knowledge of paediatric syndromes associated with the need for anaesthesia for maxillo facial surgery [Ref Paeds]

A,C

EN_AK_02

Describes the range of procedures performed on infants and neonates [Ref Paeds]

A,C

Airway, head and neck, maxillofacial and dental surgery

Queen Victoria Hospital, East Grinstead and West Sussex

College Tutor and Unit supervisor: Dr Alison Chalmers

Alison.chalmers4@nhs.net

Background

The Queen Victoria Hospital is a specialist NHS hospital providing life changing reconstructive surgery, burns care and rehabilitation services to patients from south east England. QVH is one of the largest centres in the UK providing complex maxillofacial surgery including for head and neck cancer. Major head and neck lists are scheduled most days together with regular dental and orthognathic sessions. The overall aim of the training unit is to equip you with the skills and experience to independently deliver safe and effective perioperative care to patients undergoing major ENT and head and neck procedures, including free flap reconstruction, and those with complex airways. As part of this unit of training, and taken together with clinical experience gained from other hospitals it should be possible to sign off both the advanced airway and head and neck modules after your six months at QVH.

QVH provides plastic and burns surgery to patients from south east England, and the QVH corneoplastic unit and eye bank is a high-profile and technologically advanced tertiary referral centre for complex corneal problems and oculoplastics. In addition to completing the advanced training modules you will gain good experience in providing anaesthesia for a range of plastic and reconstructive procedures including for hand surgery, breast reconstruction, lower limb trauma, and skin cancer. The Burns Centre provides level 2 and 3 care to adult patients suffering up to 40% burns, and paediatric patients requiring outpatient care or minor surgery. The hand surgery unit is extremely busy so provides a great opportunity to develop regional anaesthesia skills.

You will also gain skill, knowledge and confidence in using total intravenous anaesthesia as this is the preferred anaesthetic for the majority of both adult and paediatric cases at QVH.

We have an excellent range of equipment including fibrescopes (Storz videoscopes and Ambu), C-MACs including paediatric blades, TCI pumps, and Optiflow allowing plenty of opportunity for learning and consolidating new skills.

We provide an in house tutorial teaching programme designed to complement the clinical specialties, as well as a cadaveric and live regional anaesthesia teaching sessions. SpA time is incorporated into the rota for all trainees.

Clinical experience

- Supervised ENT and maxillofacial lists including major resection and reconstruction, orthognathic and dental lists to equip you with the skills and experience to provide safe and effective perioperative care to those patients with complex airways or requiring major surgery
- Experience of running an airway or major head and neck list independently including planning appropriate post operative care
- Develop competence and confidence in performing awake fiberoptic intubation and experience of different topicalisation and sedation techniques
- Experience of advanced airway techniques including the use of the jet ventilator, needle front of neck access, airway exchange catheters, Optiflow and apnoeic oxygenation techniques
- Confidence in using videolaryngoscopy
- Experience in preassessment, risk assessment and optimisation of patients undergoing major surgery, including attendance at a MDT meeting
- There may be a possibility to offer additional clinical experience in Brighton to complement

experience available at QVH

- Experience of managing post operative head and neck patients in the Critical Care Unit including decisions around extubation strategies, and management of tracheostomies
- Opportunity for sessions in the Sleep Disorders Centre

Academic and management experience

- Completion of a relevant audit or quality improvement project with the aim of presentation at a national meeting
- Completion of the National Tracheostomy Safety Project e-learning course
- Active participation in departmental and head and neck governance meetings
- Participation in PQIP data collection
- Opportunities for participation in relevant service development
- Opportunity for a bespoke management module giving experience of senior management roles such as medical director

Teaching experience

- Attendance at relevant national airway meetings such as DAS, Head and Neck Anaesthetists (HANA) meeting
- Faculty members on local airway courses, for example, Kings Airway Course
- Faculty for in house simulation and airway training for junior colleagues and non-anaesthetists

End of unit sign off

To achieve sign off of the airway and head and neck unit we expect you to have achieved the competencies in the curriculum as evidenced by appropriate workplace based assessments, CPD, audit and quality improvement projects and logbook. You can expect to achieve the following during the six month placement:

- At least 15 fiberoptic intubations. In addition to performing the intubation you should know how to look after the scope and how to set the equipment up
 - Use of the Mistral jet ventilator, Manujet, needle front of neck access, Optiflow and airway exchange catheters
 - Use of the C-MAC and fiberoptic intubation through the supraglottic device
 - Thorough understanding of airway assessment
 - Competently run an airway list with distant supervision
 - Complete a major head and neck resection and free flap reconstruction case with local supervision from start until transfer to ITU
 - Complete a case based discussion based around a complex area such management of subglottic lesions, extubation strategies, acute airway obstruction
 - Competently manage the patient with a tracheostomy including common emergencies.
- Completion of the National Tracheostomy Safety Project e-learning course

Summary

QVH is a small specialist surgical hospital that offers a unique experience. The anaesthetic department is a friendly and very supportive department. As a team we help each other out with difficult cases on a regular basis, and enjoy teaching and learning from you.

We would welcome visits from any interested trainees prior to application.

Cardiothoracic Anaesthesia

St George's Hospital

Unit Supervisor: Dr Agnieszka Crerar-Gilbert
a.crerar-gilbert@nhs.net

The 6 months post is primarily aimed at trainees pursuing career in cardiothoracic anaesthesia. However it will benefit anaesthetists who will embark on any major surgery such as vascular, major abdominal and management of major trauma.

Advanced cardiac trainee will have an exposure to a wide variety of cardiac surgical, thoracic, large airways and cardiology procedures. The overall aim is for a trainee to acquire experience up to the level of clinical independence and ability to manage own daily cardiac/thoracic operating lists.

Background

- Location: St Georges Hospital **Resources available at St George's:**
- Four cardiothoracic operating theatres, performing about 1200 cardiac and above 2000 thoracic surgeries a year.
- Five Cardiac Catheter laboratories providing mapping and ablations of cardiac arrhythmias as well as TAVI transcatheter aortic valve insertions.
- Largest in Europe Large Airways intervention centre with weekly rigid bronchoscopy lists carrying treatment of large airways compromise including laser interventions and stent insertion.
- Variety of complex cardiac procedures include complex mitral valve repairs, tricuspid valve surgery, aortic root and ascending aorta replacement, septal myectomies and others.
- Cardiac surgery undertakes emergency procedures including repair of aortic dissection, repair of VSD and treatment of complications of bacterial endocarditis.
- Four modern TOE machines with 3D function are available for daily use in all cardiac surgical cases.
- TEG and platelet mapping equipment for use in cardiac theatres.
- Disposable bronchoscopes are available for all double lumen tubes insertion.
- All cardiac consultants are skilled in TOE.
- Majority of cardiac consultants have BSE or equivalent accreditation.
Number of consultants examine for BSE accreditation and are supervisors for TOE log books.

Clinical Aims

During advanced unit trainee will demonstrate:

- Independent practice for most elective cardiac surgical procedures such as CABG (on and off pump) and AVR.

- Understanding of management of some complex surgery such as MV surgery , complex aortic surgery including surgery on the aortic arch and MIDCAB .
 - Proficiency in lung isolation techniques using bronchoscopic guidance.
- Understanding of TAVI (transcatheter aortic valve implantation) procedures including selection criteria, preoperative assessment and intraoperative management.
 - Advanced use of perioperative TOE.
- Ability to perioperatively manage high risk patients with complex cardiac and respiratory disease.
 - Procedural technical skills generic to any major surgery.
 - Ability to treat intraoperative haemodynamic instability and compromise.
- Ability to manage intraoperative coagulation derangements guided by bedside functional analysis.

Academic and Management Aims

During the unit trainee will be supported and encouraged to:

- Complete a scientific or quality improvement project
- Present at the ACTA or EACTA (Association of Cardio-Thoracic Anaesthetists, European Association of Cardio-Thoracic Anaesthetists)
- Achieve authorship in scientific journals and/or textbooks

Teaching Aims

During the unit trainee will have opportunities to engage in following in house learning:

- ECHO meeting (weekly on Friday morning)
- Heart-works simulator - hands on formal scheduled session on Wednesday afternoon
- Heart-works simulator available for a trainee at times suitable to individual needs
- In house CALS (Cardiac Surgical Advanced Life Support) course
- Cardiac ICU/anaesthesia tutorials (weekly)
- CT registrars teaching session (weekly on Tuesday mornings)
- MDT meetings on Wednesday mornings.
- Journal Club (Monday lunchtime)
- M&M (Friday lunchtime)
 - Departmental meetings (weekly)

Summary

CT unit provides resources and environment conducive to education and training. All consultants are keen to teach and to explore your potential. You will be supported and encouraged to take on responsibilities tailored to your individual abilities and needs. You will be offered solo lists only when you are confident enough and ready for it.

Above all we hope that you will find the advanced unit challenging, stimulating and enjoyable. Previous trainees can attest to this.

Cardiothoracic Anaesthesia

Guy's and St Thomas' Hospitals

Thoracic Anaesthesia

Unit Supervisor: Dr Cheng Ong
cheng.ong@gstt.nhs.uk

Background

- Guy's and St Thomas NHS Foundation Trust
- Thoracic (pulmonary) surgery is performed at Guy's Hospital, one of the largest of 35 thoracic units in the UK, performing 1550 procedures per year.

Clinical Aims

- Develop skills and experience in:
 - One-lung ventilation and managing hypoxaemia,
 - Anaesthesia for rigid bronchoscopy, high-pressure source ventilation techniques,
 - Difficult airway management
 - Analgesia for thoracic surgery
- Thoracic procedures performed include:
 - Lung resection for cancer – lobectomies (350 per year), pneumonectomies, tracheobronchial resection
 - Rigid bronchoscopy – combined radiological tracheobronchial stenting; cryotherapy; diagnostic
 - Pleural disease surgery – pneumothorax treatment, mesothelioma, infective disease
 - Video-assisted thoracoscopies (600 per year) – for lobectomies, pleural disease treatment, bullectomy

Academic and Management Aims

- Fellow is expected to:
 - Actively participate in on-going thoracic anaesthesia projects
 - Initiate and submit written work to meetings and/or peer-reviewed journals within their post

Teaching Aims

- Teach in the multi-faculty Thoracic Simulation Course at the Simulation and Interactive Learning Centre (Sall)

Testimonials and Accomplishments

- 2012 An audit of airway management and adverse outcome in thoracic surgery
Shapter S, Bennett J, Ong C.
Presented as an oral presentation SETSA Guy's Hospital April 2012; poster at the Royal College of Anaesthetists Annual Congress, Institute of Engineering and Technology London 3rd-4th May 2012; poster at the Association of Cardiothoracic Anaesthetists Nov 2012; poster presentation Difficult Airway Society Nov 2012.
- 2012 An analysis of the cost of maintenance, repair and replacement of flexible optical scopes in a teaching hospital: scope for improvement?
Friis J, Bareisiene D, Reid S, Ong C and Ahmad I.
- 2010 GSTT Trust Guidelines on Paravertebral Block for Open Thoracotomy Analgesia
Submitted to Clinical Governance Steering Group
- 2009 Paravertebral catheters – a user experience (including National UK Survey of Analgesia for Lateral Thoracotomy)
Lecturer at Association of Anaesthetists of Great Britain and Ireland (AAGBI) Annual Update on Thoracic Anaesthesia 28th April
- 2009 Pain Management in Thoracotomy Surgery and Efficacy of Paravertebral Block
Brislane K, Ong C.
Presented at Guy's and St Thomas' Clinical Governance Meeting
- 2009 National Survey of Analgesia for Lateral Thoracotomy
Mathew G, Ong C, Pearce A.
Poster presentation, Association of Cardiothoracic Anaesthetists (ACTA), Harrogate 2008; Joint Thoracic and Anaesthesia CG Meeting March 2009
- 2008 Using the Bonfils Fibrescope with the Double-Lumen Tracheal Tube. Barron J., Prater B., Ong C.
First Prize Trainee Presentation by Dr. Brian Prater, South East Thames Society of Anaesthetists (SETSA), 18th April 2008

Liver Transplant & Hepatobiliary Surgery

King's College Hospital

Unit Supervisor: Anneliese Rigby
anneliese.rigby@nhs.net

King's has one of the busiest liver transplant units in the UK with some of the best results in Europe. We carry out around 250 adult and paediatric liver transplants per year, this includes a number of liver plus kidney and multi-visceral transplants.

Acute Liver Failure (ALF) – KCH is world renowned for expertise in the management of this rare and devastating condition. More patients with ALF are referred and treated here than in any other centre in the western world.

Approximately 50% of the annual caseload of 1000 patients admitted to LITU are admitted with complications of chronic liver disease, there is also a dedicated tertiary referral, endoscopy service carrying out complex ERCP and EUS.

Background

- King's College Hospital, Denmark Hill
 - 4 college approved, ATM posts of 6 months each.
 - 1 non-training liver/cardiac post – usually filled by post CCT or overseas candidate (separate application process)
- | | |
|--|--|
| <ul style="list-style-type: none"> • Transplant Consultants ○ Dr Paul Bras – clinical lead ○ Dr Charl Jooste ○ Dr Zoka Milan – research interest ○ Dr Chris Nicholson ○ Dr Rob Broomhead – ES ○ Dr Anneliese Rigby ○ Dr Anish Gupta – research interest ○ Dr James Gill ○ Dr Andrew Pool ○ Dr Andrew Bailey | <ul style="list-style-type: none"> HPB consultants Dr Joe MacMillan Dr Oliver Hargrove Dr Derek Amoako Dr Roger Bloomer Dr Aidan Devlin Dr Tim Hughes |
|--|--|
- 3 liver theatres (1 transplant and 2 hepatobiliary) with a dedicated SSDU (4 level 2 beds), and Liver ICU (15 level 3 beds)
 - Non-resident on call, consultant always attending with you for transplants and complications from previous transplant
 - There is no requirement to live close to King's as co-ordinators can let you know well in advance of transplant start time, this may be at any time of day or night so total reliance on public transport is probably not practical – a car, bike or other means of personal transport would be useful for on calls.

Clinical Aims

- Involvement in 20-25 liver transplants
- Involvement in pre-assessment for transplants, Whipples procedures and hepatectomies, including CPEX, Echo, Angio, DSE and PFT analysis

Will be allocated on rotational basis to cover transplant or HPB theatres

- Clinical skills – Central access, PiCCO, arterial lines, thoracic epidurals, thromboelastometry, cardiac output monitoring
- Management of massive blood loss and coagulopathy
- Management of complex physiology during major surgery

Academic and Management Aims

- Expected to participate in departmental research and audit projects both in transplant and HPB
- Attendance and participation in weekly transplant listing meeting, paediatric listing meeting, daily post transplant progress, HPB radiology meeting, M&M meetings
- Department regularly submit to ILTS, LiCAGE and ESOT and team often present lectures and these and other general meetings

Teaching Aims

- Faculty members for the delivery of the KLARA course
- Organised teaching sessions in transplant reviewing journal articles
- Encouraged to participate in and assist with HPB / liver simulation teaching

Major Surgery and Perioperative Medicine

King's College Hospital

Module Supervisor: Dr Tim Hughes

t.hughes1@nhs.net

Background:

- King's College Hospital is one of the largest and busiest in London, with a well-established national and international reputation for clinical excellence, innovation and achievement.
- One trainee for six month duration.
- This fellowship provides opportunity for anaesthetic trainees to reach outside of theatres and gain experience of pre-assessment, cardiopulmonary exercise testing and working with the PROKARE team (Proactive Review of Older people at King's for Advice and Recovery Evaluation).
- Operating lists will include major general, HPB, urology and endocrine surgery with the option of additional bariatrics and vascular surgery.
- One day a week will be dedicated to audit, research and quality improvement.
- Previous projects have focused on the development of ERAS pathways, CPET and the management of pre-operative anaemia.
- Perioperative medicine is an expanding field and associated skills are increasingly being sort for substantive consultant appointments.
- The post has an on-call commitment providing senior specialist anaesthetic cover (adult and paediatric). It has a 1:8 rota; however there is a provision for alternative cover until 5pm when on a long day.

Clinical Aims:

- Gain mastery in the delivery of safe and effective perioperative anaesthetic care to patients undergoing complex intra-abdominal surgery
- Gain mastery in the management of major abdominal surgical and in doing so demonstrating the necessary multi-disciplinary leadership, communication and team-working skills necessary to ensure the care delivered benefits both the patient and the organisation
- To gain expertise in the clinical management of patients in the preoperative, intraoperative and both immediate and longer term postoperative periods.
- To develop the expertise to take a lead in decision making about the suitability of high risk patients for surgery.

	AM	PM	Additional Options
Monday	<i>Research Day</i> PROKARE ward round	<i>Research Day</i>	<i>Cardiopulmonary Exercise Testing</i> Suite 6, Golden Jubilee Wing
Tuesday	<i>Main Theatres KCH</i> Laparoscopic Colonic resections (ERAS)	<i>Liver outpatients</i> HPB Pre-assessment	<i>Cardiopulmonary Exercise Testing</i>

Wednesday	Main Theatres Major Endocrine/General surgery HPB Theatres 11&12	Main Theatres Major Endocrine/General surgery HPB Theatres 11&12	Cardiopulmonary Exercise Testing
Thursday	HPB Theatres 11&12 Open/Lap Hepatectomies Whipple's procedure Main Theatres Major Urology	HPB Theatres 11&12 Open/Lap Hepatectomies Whipple's procedure Main Theatres Major Urology	Cardiopulmonary Exercise Testing
Friday	Main Theatres Major General/Bariatric surgery	Main Theatres Major General/Bariatric surgery	Research/ Audit

Provisional Timetable

Academic and Management:

- To develop the skills required to manage perioperative services, ensuring that the care delivered is safe and timely, benefiting both patients and the organisation.
- To develop local services and practice through the use of appropriate quality improvement projects.
- To ensure that perioperative services are fully integrated, consistent, and reliable and make efficient use of resources
- To work effectively in partnership with colleagues in other disciplines, including primary care.
- To assist with NIHR portfolio studies including PQIP.
- To attend and present at national and international conferences eg. EBPOM.

Teaching Aims:

- To provide teaching to colleagues of all grades and specialties.
- To actively participate in the monthly departmental audit programme.
- To undertake an MSc / Diploma / Certificate in Perioperative Medicine.

Testimonials:

"Fellows are exposed to various major high-risk surgical lists, preoperative assessment clinics, CPEX training sessions, PROKARE rounds (elderly care) as part of the rotation and provide valuable insight to perioperative medicine as a speciality. The programme provides opportunities to collaborate on research and quality improvement projects and work in a large and friendly department in a truly diverse teaching hospital."

"Opportunities to lead service improvement projects and get involved in teaching are abundant, massively supported and encouraged by all team members. I have immensely enjoyed working as the POM/Major-surgery fellow at KCH, it was a very gratifying experience that I can confidently recommend to all trainees."

Neuroanaesthesia

St George's Hospital & Queen's Square

Unit Supervisors:

Dr AUDREY TAN

Audrey.tan@stgeorges.nhs.uk

Dr CHRIS TAYLOR

chris.taylor13@nhs.net

Background - St George's Hospital

- St George's Hospital NHS Foundation Trust.
- This post is designed to expose the trainee to all aspects of advanced neuroanaesthesia and is of 1 year in length. This will be either 1 year at St George's or 6 months St George's and 6 months Queen's Square.
- The Atkinson Morley Neuroscience unit provides a regional neurosciences service for South West London to a population of approximately 3-4 million.
- St George's Hospital is a designated Major Trauma Centre for South West London region.
- The Neuroanaesthesia department has responsibility to three dedicated Neurosurgical theatres, a very active Interventional Neuroradiology Department, a regular MRI list and chronic pain services involving sedation and general anaesthesia.
- The Neuroanaesthesia department provides anaesthesia for major spinal surgery, major neurovascular procedures including clipping of intracranial aneurysm, endoscopic pituitary surgery, craniotomy for various tumours including awake and sitting craniotomy, surgery for cranio-cervical disorders, posterior fossa surgery, epilepsy surgery, emergency neurosurgical cases and paediatric neurosurgery.
- The unit also has comprehensive neuroradiology facilities including CT, MRI and angiography suites for both diagnostic and therapeutic spinal and intracranial interventional neuroradiology procedures. St George's also provides a 24hr mechanical thrombectomy service.
- The Neurosciences Unit is a tertiary referral centre for traumatic brain injury, subarachnoid haemorrhage and ischaemic stroke.

Background Queen's Square

- The National Hospital for Neurology and Neurosurgery.
- The department provides anaesthesia for the largest number of neurological cases in the UK which includes major vascular procedures, major spinal surgery, pituitary surgery, surgery for craniocervical disorders, stereotactic surgery, surgery for movement disorders, posterior fossa surgery and surgery for temporal lobe epilepsy.
- The unit cares for a large number of patients who have sustained head injuries and subarachnoid haemorrhage. There is also a busy Neuroradiology department with interventional radiology, MRI under general anaesthesia and a busy interventional operating suite. The department is also involved in the new Thrombectomy service with the Stroke Team.
- There are two intensive care units, one medical and one surgical.
- The Anaesthetic Department has six dedicated Neurosurgical Theatres, an Interventional Neuroradiology Department, an MRI, a new Interventional MRI Suite as well as both acute and chronic pain services.

Clinical Aims

Ability to pre-assess complex neurosurgical patients for elective and trauma cases

Competence with:

- Awake craniotomies
- Sitting craniotomies
- Trans-sphenoidal surgery
- Acoustic neuromas
- Aneurysmal clippings
- Emergency mechanical thrombectomies
- Coiling
- Complex spines and scoliosis surgery
- Emergency Decompressions
- MRI lists
- Competence with difficult airways in unstable spine patients
- Lumbar drain insertion
- Exposure to neuroanaesthesia for paediatrics
- Interventional MRIs
- Functional neurosurgery

Experience in NICU with management of:

- Severe traumatic brain injury
- Spinal cord injury
- Elective and emergency post-operative neurosurgical cases
- Neurological disease requiring advanced organ monitoring and support.

Eventual solo management of neurosurgical lists.

Academic and Management Aims

- Actively participate in on-going neuroanaesthesia projects
- Complete QI project
- Submit work to meetings and/or peer-reviewed journals
- Attend national / international neuroanaesthesia meetings
- Neuroradiology sessions with neuroradiologist

Teaching Aims

- Assist in the planning and delivery of local and regional neuroanaesthesia teaching days
- Plan a deliver regular teaching in conjunction with NICU for clinical fellows and junior registrars.
- Assist with in house skills courses
- Complete teaching course / train the trainer course

Obstetrics

Guy's and St Thomas' Hospitals

@ Tommy's HBC O@TH

Unit Supervisors:

Dr Nhathien Nguyen-Lu – nat.nguyen-lu@gstt.nhs.uk

Dr Kate Cheesman – Kate.cheesman@gstt.nhs.uk

Background

- *Hospital:* St Thomas' Hospital is a large NHS teaching hospital in Central London. Administratively part of the Guy's and St Thomas' NHS Foundation Trust, together with Guy's Hospital and King's College Hospital it provides the location of the King's College London School of Medicine. As part of King's Health Partners, an academic health sciences centre, we're pioneers in health research, and provide high quality teaching and education. This partnership helps us provide the latest treatments for you alongside the best possible care.
- *The unit:* The St. Thomas Hospital Birth Centre (HBC) delivers around 7800 babies each year. It is a tertiary referral centre and there is a high-risk caseload. Patients benefit from a top-class obstetric medical team with whom the anaesthetic department liaises closely. This is an exciting time to be a member of the O@TH team. We are a dynamic group with high aspirations for the quality of service we can provide our patients and the training of our aspiring obstetric anaesthetists.
- *Number of fellows:* Two trainees (Grade: ST6-7) with a well-developed interest in obstetric anaesthesia as evidenced by attendance at scientific meetings, educational courses and publications. Ideally we are looking for fellows for one year duration but will consider 6 months.
- *Timetables:* Successful candidates will work normal daytime (08-17:00), as well as on-call (08:00-20:30 & 20:00-08:30) shifts on the HBC. There are high risk obstetric clinics led by Professor Cathy Nelson Piercy and Dr Anita Banerjee covering joint cardiac, diabetic and pre-eclampsia, fellows are expected to attend these. There is an active fortnightly consultant-led educational meeting at which you will have the opportunity to present. As well as covering the core obstetric anaesthetic curriculum the programme will include journal clubs, invited speakers on hot topics as well as basic instruction in research methodology.
- We provide instruction in neuraxial ultrasound and there is on-going research and service improvement projects with which to get involved. The expectation is that you will present the results of such projects at either the OAA or the SOAP scientific meetings and have at least one publication as a result of your time with us.

Clinical Aims

- Competency in the shop-floor clinical management of the anaesthetic management of a busy tertiary referral maternity unit.
- Anaesthetic assessment and pre-operative MDT planning for complex deliveries
- Anaesthetic management of delivery for parturients with severe cardiac disease.
- Anaesthetic management of delivery for parturients with placenta accreta.
- Attendance at the obstetric medicine clinics under the educational supervision of Professor Catherine Nelson-Piercy and Anita Banerjee.
- Competence in the use of neuraxial ultrasound to facilitate regional anaesthesia in obesity and scoliosis.
- Familiarity with focused echocardiography in the critically ill parturient
- Competence with other regional techniques (trans abdominis plane blocks and quadratus lumborum blocks)

Academic and Management Aims

- Design, conduct, analysis and reporting of clinical trials and reviews of the literature.
- Application for registry, sponsorship and ethical approval of clinical trials.
- Experience of writing grant applications
- Publication of a letter, a case report and clinical trial/review.
- Presentation at national +/- international scientific meetings
- Attendance at birth centre management meetings including Risk meetings.
- Writing departmental guidelines
- Conducting audit and quality improvement projects

Teaching Aims

- Teaching on the fortnightly O@TH meetings and annual CT obstetric course.
- Supervised work-based instruction of junior anaesthetists.
- Multi-disciplinary teaching on our local PROMPT course and SAIL sim centre.
- Membership of the faculty on Dr Nguyen-Lu's AAGBI obstetric ultrasound course teaching neuraxial ultrasound and focused TTE.

Testimonials and Accomplishments

- We have two on-going RCT with many more on the immediate horizon.
- We have won an £52,000 OAA research grants at the April 2017 round for PRiLOCC
- We are one of the earliest recruiting centres for the DREAMY (Direct REporting of Awareness in MaternitY patients: A multi-centre observational study of accidental awareness under general anaesthesia in obstetric surgery patients) study co-ordinated by the Pan-London perioperative audit and research network.
- We have two on-going spinal ultrasound randomised controlled trials.
- We won third best paper at ESRA 2017 Lugano, abstracts at SOAP and OAA 2019
- We have a published case report in Anaesthesia Cases March 2017.

Obstetrics

King's College Hospital

Unit Supervisor: Saju Sharafudeen

sajusharafudeen@nhs.net

Background

- King's College Hospital NHS Foundation Trust
- Clinical and research fellow post. This post is intended for Specialist Registrars in Anaesthesia who are in the fifth year of their training and wish to gain further experience in this subspecialty.
- Lead Clinician: Ian Fleming. Educational Supervisors: Vanessa Skelton and Nicholas Parry
- You will work as an SpR in Anaesthesia attached to the Obstetric Unit and with opportunities to visit the Foetal Medicine (Harris Birthright) Unit.
- There are currently approximately 5400 deliveries on the labour ward per year, many of which have mothers or babies at high risk of complications. The Harris Birthright Unit (Director: Professor K Nicolaides) is a tertiary referral centre for foetal abnormalities.

Clinical Aims

- Providing anaesthesia and analgesia for labour and operative deliveries under the supervision of a Consultant Obstetric Anaesthetist
- Pre-operative assessment and post-operative follow up of all such patients
- Attendance at the Obstetric Anaesthesia Pre-assessment Clinic for women with medical problems
- Assessment of women at high risk with management plans for their deliveries
- Participation in the Specialist Registrar on-call rota on a shift basis
- Management of pregnant women with medical problems related to pregnancy
- Management of pregnant women with foetal abnormalities and foetal loss
- Maternal Resuscitation
- Involvement in the pre-assessment of high risk parturients prior to delivery
- Involvement in the outpatient management of women with medical conditions incidental to pregnancy
- Detailed understanding of anatomy, physiology, biochemistry and pharmacology relating to pregnancy

Academic and Management Aims

- Participation in the Departmental Audit (monthly)
- Attendance at the weekly perinatal meetings, monthly risk management meetings and monthly labour ward forum
- Participation in clinical research in collaboration with the obstetric department

- Participation in Audit and use of the computerised anaesthetic audit system
 - Insight into the management aspects of anaesthetists on the labour ward and close working with other disciplines
 - Participate in on-going research (as appropriate)
 - Write and submit a protocol for a research study (as appropriate)
 - Design and carry out an Audit project and present it at one of the monthly Departmental Audit meetings

Teaching Aims

- Supervision and induction of SHOs attached to the obstetric unit
- Organise and participate in teaching of topics relevant to pre- and post-fellowship anaesthetic trainees within the department
- One to one teaching of anaesthetic SHO's on modular obstetric anaesthesia training
- Education of midwives in analgesic techniques
- Education of pregnant women in antenatal classes
- Recommended courses:
 - OAA 3-Day Course in Obstetric Anaesthesia and Analgesia (held every November)
 - MOET Course (held at King's twice yearly)
 - King's Difficult Airway Course (held at King's twice yearly)

Obstetrics

Pembury/Tunbridge Wells

Unit Supervisor: Helen Burdett
helen.burdett@nhs.net

Background

- Maidstone and Tunbridge Wells NHS Trust – Tunbridge Wells Hospital, Penbury
- One full-time post suitable for ST7 onwards

Sample Weekly Rota (This will vary from week to week)

	Monday	Tuesday	Wednesday	Thursday	Friday
0800-1330	Elective LSCS	Elective LSCS	High Risk Obs Anaesthetic Clinic	Elective LSCS	Elective LSCS
1330-1800	Labour Ward	Labour Ward	Labour Ward/ Multidisciplinary Risk Meeting 1400-1500	Labour Ward	Labour Ward

- Tunbridge Wells Hospital maternity unit has well over 5500 deliveries per year. A significant number of pregnant women are presenting with increasingly complex medical disorders. Elective caesarean sections are carried out 5 days a week. There are 18 bed single rooms on the Labour Ward & 2 High Dependency Unit rooms. The LSCS rate is 26%. 95% of Elective LSCSs are performed under regional anaesthesia and 80% of emergency LSCSs. A 24-hour mobile epidural service is provided by a dedicated anaesthetist.
- You are expected to be a member of the Obstetric Anaesthetists' Association

Clinical Aims

- Additional experience in regional and general anaesthetic techniques for labour and delivery.
- Management of high-risk obstetric cases.
- Maternal resuscitation and High Dependency Care
- Neonatal resuscitation and CTG/fetal blood gas analysis
- Communicate effectively with women and their partners:

- Effectively explain anaesthesia choices to high-risk patients and address risks/benefits of the choices.
- Communicate effectively with the midwives and obstetricians particularly in high risk and emergency situations.
- Maintain effective written documentation as required.
- Antenatal assessment of mothers, including reviewing patients at the weekly High Risk Obstetric Clinic
- Attend mandatory morning ward rounds on labour ward
- Post-partum follow up
- Participate in a 1:8 on call commitment for Labour Ward
- Gain sufficient experience to independently manage complex obstetric cases

Academic and Management Aims

- Designing and writing a research or audit project. Work is currently being undertaken on enhanced recovery for elective LSCS and increasing ambulation in labour.
- Attendance and involvement in following managerial meetings:
 - Labour Ward Forum
 - Clinical Risk Management Meetings
 - Obstetric Theatre Meetings
 - HDU training meetings
- Recommended courses:
 - Ai OAA 3 Day Course in Obstetric Anaesthesia and Analgesia (Nov) or OAA Annual
 - Scientific Meeting (May)
 - Obstetric Medicine Course. Royal College of Physicians. (Oct/Nov)
 - MOET course
 - Simulation Instructor Training
 - Neonatal Resuscitation Course
- You should read:
 - The International Journal Of Obstetric Anaesthesia
- You will be expected to seek out articles on obstetrics or obstetric anaesthesia in e.g. the BJA, Anaesthesia, A&A, Anaesthesiology and the BJOG

Teaching Aims

- Extensive opportunities for teaching.
- Teach and train junior anaesthetists
- The post-holder will also take the lead for the MDT Obstetric Simulation, which is open to Anaesthetists, Obstetricians and midwives.
- Teach on PROMPT

Obstetrics

St George's Hospital

Unit Supervisor: Dr Adam Shonfield
adam.shonfield@stgeorges.nhs.uk

Background

- St Georges Hospital is a large, multi-speciality teaching hospital in South West London.
- You will join an extremely friendly and well supported obstetric anaesthetic department. The consultant anaesthetists have a wide range of interests which support their obstetric work including cardiac anaesthesia, bariatric anaesthesia, ethics and law, head and neck anaesthesia, QI and roles within the OAA.
- We typically have 3 advanced trainees and a clinical fellow with us for 6 months. The on-call consultants all have an interest in obstetric anaesthesia.
- The obstetric unit has approximately 5000 deliveries per year with an epidural rate of around 26%. There are over 1000 caesarean sections each year. These are managed with spinal, epidural, combined spinal-epidural blocks and general anaesthesia. All women with an anaesthetic intervention are reviewed to ensure the anaesthetic department provides a high-quality service. Elective caesarean section lists are run every morning with a consultant anaesthetist.
- All daytime sessions on the Labour ward are consultant led. A consultant-delivered high-risk obstetric clinic runs on a weekly basis and there is consultant obstetric anaesthesia cover 24 hours a day via a dedicated separate on call rota.
- You will be able to attend the obstetric risk meetings, SI review panels, joint anaesthetic-obstetric meetings and labour ward forums.

Clinical Aims

- The trainee will have ample opportunity to gain experience in the delivery of safe and effective perioperative anaesthetic care to patients undergoing complex obstetric procedures.
- Gain experience in the management of busy labour ward and elective and emergency obstetric theatre sessions, and in doing so demonstrating the necessary multi- disciplinary leadership, communication and team-working skills necessary to ensure the care delivered benefits both the patient and the organization.
- To be capable of undertaking the perioperative anaesthetic care for a wide variety of complex obstetric cases and list management independently; this implies an ability to:
 - Provide perioperative anaesthetic care to a wide-range of obstetric cases performed both in the labour ward and theatre, demonstrating a fundamental understanding of the problems encountered
 - Show the decision making and organizational skills required of an anaesthetist to manage busy labour ward and operating sessions, ensuring that the care delivered is safe and timely, benefiting both patients and the organisation
 - Assist colleagues in decisions about the suitability of surgery in difficult situations

Academic, Management and Teaching Aims

- During the post the trainee will be expected to attend monthly meeting within the Obstetric Unit on various aspects of risk management, education and high-risk obstetric clinic, including maternal medicine clinics.
- The trainee will be expected to participate in an audit/project during the unit and be involved in delivering teaching.
- Produce 2 case reports on complex obstetric cases. Once these are completed you will receive access to the department's collection of obstetric case report.
- Take part in Quality Improvement projects.
- Complete tutorial training in obstetric and non-obstetric topics.
- Provide teaching to less experienced colleagues of all members of the multi-disciplinary team

Testimonials and Accomplishments

- "I thoroughly enjoyed my 6 months as Obstetric Anaesthetic Fellow at St. George's. The post afforded me many opportunities; in particular playing a lead role in high risk and unusual clinical cases, pursuing academic and practical projects of interest and involvement with a wide variety of educational and teaching activities. The obstetric anaesthetists were incredibly supportive; they encouraged me to follow my goals and make the most of every possibility. They are an extremely friendly and sociable group which made my experience all the more enjoyable."

Dr Madeleine Butcher Consultant,
Croydon University Hospital

- "St George's Hospital is a well organised and progressive unit with a case mix ideal for higher and advanced training. There is good exposure to high risk obstetrics with dynamic and supportive supervision and teaching."

Dr Richard George Consultant,
Ashford and St Peter's Hospital

- "One of the highlights of the Obstetric Fellowship is attending the multidisciplinary ward rounds. This really helped me to understand Obstetric decision-making, and how to help obstetricians in emergency situations."

Dr Rebecca Lea-Smith Consultant,
Chelsea and Westminster Hospital

- "The quality of training in obstetric anaesthesia at St. George's is truly exceptional. As a senior trainee, I was encouraged to develop my own personal practice whilst receiving expert guidance in the management of complex and high-risk patients. The department is extremely friendly and progressive. I was able to conduct a large-scale research project with support from the whole department, resulting in a national prize and publication. Quality improvement is high on the agenda with plenty of opportunities to get involved with projects guided by nationally recognised QI experts. The clinical exposure is outstanding. Unwell mothers are jointly managed on the obstetric HDU by the multidisciplinary team of anaesthetists, midwives and obstetricians. This team is pleasure to be part of, and pride themselves on working closely together to deliver outstanding maternal care."

Dr Sam Bampoe
Consultant, UCLH

Paediatric Anaesthesia

Evelina London Children's Hospital

Unit Supervisor: Dr Neena Seth

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Background

- Evelina London Children's Hospital (ELCH) is one of the two specialist children's hospitals in London. Although the doors of the new purpose-built building opened in 2005, Evelina London's history dates back to 1869.
- ELCH is part of Guy's and St Thomas' NHS Foundation Trust and provides teaching hospital facilities for London South Bank University and King's College London School of Medicine.
- ELCH provides comprehensive health services from before birth, throughout childhood and into adult life with a vision to be a world leading centre of life-changing care for children, young people and their families.
- Based in a stunning purpose-built building at St Thomas' hospital, ELCH includes:
 - 167 inpatient beds, including 20 intensive care beds
 - 52-cot neonatal unit
 - 6 operating theatres and 1 catheter lab, plus 2 cardiac theatres in East Wing, St Thomas'
 - a full children's imaging service with 2 MRI scanners, x-ray and ultrasound
- ELCH provides care for over 55,000 young patients a year and is the first children's hospital in the UK to be rated as 'Outstanding' by the Care Quality Commission.
- Evelina PICU is the lead centre for paediatric intensive care in the south-east region and home of the South Thames Retrieval Service (STRS), a transport service for all critically ill children south of the river Thames. STRS receives over 1,800 referrals a year, moves around 900 children between hospitals and provides training and simulation courses to partner hospitals. PICU has approximately 1200 admissions per year of which 40% are cardiac.
- ELCH has one of the largest neonatal units in England, caring for 1,000 babies a year and providing 5,000 intensive care days. NICU is co-located with maternity services at St Thomas' and provides specialist care for babies with complex problems (including cardiac, surgical and neurological conditions).
- We are pioneering new techniques using imaging to diagnose congenital heart defects and catheter interventions to treat them. We're the 2nd largest centre for children born with a single ventricle and have the 3rd largest children's cardiac surgical programme in England. Our 'world firsts' include the MRI-guided children's heart valve procedure.
- Working with our urology and bladder services, we are the primary transplant and dialysis centre for a population of over 9 million people. Our patients have won the British Transplant Games 'Best Kidney Team' for 8 of the last 11 years.

Clinical Aims

- We have 6 advanced training posts of six months duration. Three of these posts include a two-month PICU rotation whilst the others are solely based in paediatric anaesthesia.
- The posts are ideally aimed at trainees who have already completed higher training in paediatric anaesthesia. For those who have not, it is possible for most trainees to achieve both higher and advanced training in the six months as long as the core clinical learning outcomes of the RCoA CCT curriculum are achieved, as well as supporting positive feedback from consultants. Some trainees may however be advised to undertake more time in paediatric anaesthesia to achieve the advanced level.

- The Paediatric Anaesthetic Group at ELCH has 30 consultants who between them provide approximately 10,000 anaesthetics every year. Just less than half the patients are under the age of five and 200 are neonates. There is a large cardiac surgery service including cardiac MRI and cath lab. Other services include cleft, nephro-urology (including renal transplantation), ENT (including specialist airway surgery), orthopaedic/spinal, ophthalmic, dental surgery and neonatal surgery. Anaesthetic services include a Pre-assessment Clinic and an Acute Pain Service.

The overall clinical aims are to:

- Gain confidence in managing a wide range of complex paediatric surgical cases, including managing sick premature neonates for surgery, as well as children and neonates with complex co-existing diseases for surgery.
- Be able to communicate effectively and compassionately with children and young people, parents/carers and with the paediatric medical teams.
- Be able to utilise time allocated to paediatric sessions effectively without compromising safety.
- Be able to lead the paediatric multidisciplinary team and work effectively as a team member.
- Become familiar with issues of child protection and consent.
- Be able to do appropriate lists independently (with distant supervision) by the end of the training.
- The working of the hospital and specific requirements of the post will be explained in detail during a comprehensive induction.

Academic and management aims:

- You are expected to take part in an audit/quality improvement project during the six months and will be e-mailed within the first few weeks of starting regarding available projects. On completion you will receive a certificate that will be required at your ARCP.
- You are expected to present the project at one of the anaesthetic and/or Evelina hospital forums.

Teaching

- *Paediatric Study Days* – All trainees are expected to attend the Paediatric Study days which are held thrice a year and are open to all trainees from the South East.
- *Educational Meetings* – These are held once a month from 5-6 pm.
- *Perioperative M&M Meetings* – These are held quarterly from 8-9 am.
- *GSTT educational website* – This is updated regularly with information about all anaesthetic educational activities in the trust (www.gsttanaesthesiaedu.com).

Testimonial

- “Very friendly, happy place to work. Have felt very supported and been able to build my skills and confidence. So glad I have done this ATM, while aware that 6 months isn't enough to transform into a paed anaesthetic expert I feel much more capable with small and sick children. Thank you to all!”
- “I felt I have achieved what I have aimed to achieve in terms of clinical experience and competencies during my 6 months placement. I have gained good paediatric experience with ample case mix, clinical supervision, confidence in anaesthetising young children with distant supervision and increased knowledge in paediatric anaesthesia.”
- “On-call: the consultants were very supportive during on calls, never had any problems getting in touch with any body”
- “PICU placement: although intense it was an excellent learning opportunity. My colleagues and the consultants were very supportive. I had a very pleasant experience retrieving sick children as well. Got some good opportunities for procedures like CVC, Arterial line, Chest drain insertions. Excellent bed side and sit down teaching. Consultants very helpful and very good teachers. Overall very good learning opportunity.”

Paediatric Anaesthesia

King's College Hospital

Unit Supervisor: Dr Meera Kurup
Meera.kurup@nhs.net

Background

King's College Hospital is one of London's largest and busiest teaching hospitals. The hospital has dedicated paediatric services and a substantial paediatric anaesthesia workload.

As a tertiary, national and international referral centre for antenatal diagnosis and treatment of congenital abnormalities, there is a significant caseload of sick term and pre-term neonates requiring surgery.

King's College Hospital is also world famous for its hepatobiliary unit and is the largest Liver transplant centre in Europe. We are UK's largest Paediatric liver transplant centre and King's does the largest number of Kasai procedure in infants. The transplant unit also undertakes small bowel transplantation in children.

Our regional Neurosurgical centre carries out complex elective and emergency procedures in neonates and children. We have started intrapartum repair of meningocele.

King's is a major South Thames Trauma Centre and we receive paediatric trauma as well. Our paediatric work load is also contributed by Maxillofacial, Orthopaedics, Paediatric Dentistry, Paediatric Respiratory and Gastroenterology department, Intervention Radiology and Imaging Department and Ophthalmology department.

The surgical workload is supported by a Level 1 neonatal intensive care unit and a paediatric ITU and HDU. These units also admit medical emergencies from the South East region.

The anaesthetic department has 12 Paediatric Anaesthesia Consultants who cover most of the Paediatric surgical workload with contributions from other anaesthetists who cover sub-speciality work.

Training objectives

To achieve competency in identifying and managing a sick child.

To acquire peri-operative management skills for elective and emergency surgery, from very pre-term neonates to older children with concomitant complex diseases. To encourage supervision of junior trainees.

Understand the concept of electrophysiological monitoring in operating on neuro pathologies and the use of total intravenous anaesthesia in such cases including neonates.

Understand the concept of one lung anaesthesia in children and management of Thoracoscopies.

Master the techniques of difficult airway management in children.

To develop management skills leading a multi-disciplinary team and the carers and parents.

To understand the concept and legality of consent as applied to children.

Be familiar with issues of child protection.

Be able to do appropriate lists independently by the end of the training.

To grasp the importance of multi-modal perioperative pain management in children.

Clinical Experience

Supervised lists in the operating theatre

During the 6 month period, the trainee will aim to have anaesthetised 200 elective and emergency cases. These are to include:

60 cases aged 1-5 years

35 cases less than 1 year old, including neonates.

Anaesthetising for 4-5 lists a week can provide this caseload. This will be in line with Royal College of Anaesthetists guidelines.

The trainee will also be involved with the emergency management of paediatric cases.

Intensive Care Medicine –

The trainee is required to spend some sessions attached to the Thomas Cook Intensive Care Unit.

The amount of time the trainee wishes to spend here can be variable and should be discussed in the initial and mid term meeting with the Education Supervisor.

Paediatric Pre-assessment

We encourage the trainee to attend the general preassessment clinics, Dental and Day Surgery clinics and MRI preassessment clinics.

Clinical meetings

There are weekly general surgery planning meeting, combined morbidity and mortality meeting, grand rounds and department research meeting. We encourage the trainees to take part in these.

Audit and Teaching

The trainee is expected to complete an audit project relevant to paediatric anaesthesia and to present the data at an audit meeting. The trainee is expected to attend and take part in the department twice monthly journal clubs and audit meetings.

The trainee is encouraged to attend courses, meetings of paediatric interest and study days within the Thames Paediatric Anaesthesia Group.

The trainee will have opportunities to involve in aspects of research and to teach other health care professionals and supervise junior trainees.

Testimonials

1. Now Paediatric Consultant at King's – for me it is the broad range of pathologies we see and are regularly exposed to; neuro, liver, thoracic paediatric cases as well as the trauma which can be quite complex. Done total of 195 patients during ATM including 14 neonates, 24 under 1, 84 under 5 and 73 under 15 during ATM period.
2. Now Consultant at King's with special interest in Paediatrics, and actively involved in teaching - Total of 518 paediatric cases including 13 neonates, 66 less than 1 year, 185 less than 5 years, 267 less than 15. 18915. 189 inhalation inductions, 19 arterial lines, 24 central venous lines, 23 caudal epidurals.

Paediatric Anaesthesia

Great Ormond Street Hospital for Children

College Tutors: Nadine Dobby and Elena Fernandez

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elena.fernandez@gosh.nhs.uk

Background

- Great Ormond Street Hospital for Children NHS Trust (GOSH) is a national centre of excellence in the provision of specialist children's health care, currently delivering the widest range of specialist care of any children's hospital in the UK. It is the only specialist Biomedical Research Centre for paediatrics, the largest centre in the UK for children with heart or brain problems, and the largest centre in Europe for children with cancer. It works in partnership with the UCL Institute of Child Health (ICH), part of University College London, and together they form the largest paediatric research and teaching centre in the UK. The hospital at Great Ormond Street is the only exclusively specialist children's hospital in the UK and it covers all specialities except Burns and Liver Transplantation. There are many opportunities for research and academic teaching. The hospital receives over 275,000 patient visits (inpatient admissions or outpatient appointments) a year, and carries out approximately 19,000 operations each year. The hospital has 389 patient beds, including 36 intensive care beds.
- Trainees in Paediatric Anaesthesia are integral members of the department of anaesthesia and work supervised and independently as appropriate to their skills. The department is consultant led and delivered but we would expect fellows to be able to manage uncomplicated patients independently within 3 months of starting. We encourage trainees to develop specific skills and target their training to their interests. The posts are aimed at an anaesthetist who has already completed higher paediatric anaesthetic training and are looking to gain further experience in paediatric anaesthesia.
- At present, we have 30 trainees at any one time. Twenty one are appointed for one year. Ten posts are rotational appointments from Schools of Anaesthesia within London and the South East and 11 are freestanding posts that are advertised annually.
- The Association of Paediatric Anaesthetists of Great Britain and Ireland website has lots of useful resources about training in paediatric anaesthesia (<http://www.apagbi.org.uk>).

Clinical Aims

- GOSH is a tertiary referral hospital, dealing with complex children with multiple comorbidities. Paediatric anaesthesia is a consultant led service and trainees should expect a high level of direct supervision of their work, especially in the first few months of their time at GOSH. With time and with appropriate backup by consultants, trainees will be allowed to assume the role of lead clinician for elective lists and emergency work. The clinical aims are mapped to the 2010 RCoA CCT curriculum.

Academic and Management Aims

- You are expected to take part in at least one audit/QI project during your time here and present at least one anaesthetic breakfast meeting. Dr Helen Hume-Smith is the departmental lead for Audit and Quality Improvement.
- Dr Mike Sury is the consultant lead for research. You will find that all the consultants in the department encourage trainees with project ideas. Funding may be available for projects.
- Annual Research Prize for Anaesthesia Trainees:
 - The aims of the prize are to recognise, encourage and reward excellence in non-clinical work performed at Great Ormond Street Hospital.
 - Eligible projects are: Original Research, Reviews, Audit, Surveys, Case Reports or Series, and Letters.
 - Attendance at study days, courses and appropriate regional, national and international meetings related to paediatric anaesthesia (including those of the Association of Paediatric Anaesthetists) is encouraged. It is highly recommended that trainees present appropriate research or audit activity at such meetings.

Teaching Aims

- Protected anaesthesia teaching includes takes:
 - Weekly one-hour breakfast meeting. The programme includes presentations by trainees, morbidity meetings, department audit, journal club and presentations by guest lecturers.
 - There is a two-hour programme of tutorials for anaesthesia trainees twice a month.
 - Protected teaching time and a programme of tutorials for those trainees rotating to intensive care.
- There is a departmental WhatsApp Journal Club that everyone is welcome to contribute to. Trainees are asked to present and appraise a paper.
- There is a small departmental library and a larger library in the Institute of Child Health.
- There are many other teaching sessions available to employees in the Trust coordinated by the Postgraduate Medical Education department. Information is widely available in the Trust intranet. Look out for Grand Rounds, Building Blocks sessions, ICU, Respiratory and Cardiac teaching sessions, trust based and London Deanery Education courses.
- You are encouraged to attend educational meetings and reasonable requests for funding are likely to be met.

Testimonials and Accomplishments

- “The best year of training I have ever had.”
- “Fantastic centre for learning and training with a really friendly, collaborative working atmosphere”.
- “You will see and do things here which you won’t experience in any other hospital.”

Paediatric Anaesthesia

St George's Hospital

Unit Supervisor: Louise Walker
Louise.Walker@stgeorges.nhs.uk

Background

St George's is a 1300 bed hospital serving a local population of 1.3m across SW London and a Tertiary Referral centre covering an area including Surrey, Sussex and Kent, serving a total population of around 3.5m. We are a Paediatric Major Trauma Centre.

We provide anaesthetic services for over 5000 paediatric cases per year.

St George's has a dedicated PICU & Paediatric Step-Down unit admitting around 600 critically ill children every year into 10 + 5 intensive care beds.

The St George's NICU has 43 intensive care beds and is a Lead Centre for the South London Neonatal network.

Clinical Opportunities

- The aim of the Advanced Paediatric Module at St George's is to build on previous paediatric and general experience to increase both competence and confidence in anaesthetising children.
- The post will be of 6 months duration designed to expose the trainee to all aspects of paediatric and neonatal anaesthesia.
- Trainees will be supported to build their confidence in the independent management of all age groups and surgical sub-specialities and will be encouraged towards the end-point of practicing paediatric anaesthesia independent of supervision.
- The post would be suitable for those wishing to take up a Lead Paediatric Anaesthetist post in a DGH.
- St George's has training opportunities in numerous surgical specialities including Paediatric Neuro-anaesthesia, plastics, neonatal, ENT, dental, max-fax, ophthalmic, orthopaedics, general, urology, trauma and day surgery specialities. St George's is a specialist centre for spinal deformity surgery and for paediatric oncology surgery, and for specialist foetal surgery such as EXIT procedures.
- There is opportunity for exposure to remote location anaesthesia for specialities such as radiology and gastro-enterology.
- Trainees will be expected to participate in the Anaesthetic on-call rota.

Academic & Management opportunities

- The Paediatric Department is active in audit and QI and there are usually opportunities to get involved on a local or wider scale. We have a strong history of poster presentations at the APAASM & WSM.
- We are active members of the London Neonatal Anaesthetic Network and the pan-London Thames Paediatric Anaesthetic Group and have input into APA Meetings in London. Trainees will be encouraged to attend Local & National meetings relevant to paediatric anaesthesia.
- All trainees are expected to maintain appropriate Life Support accreditations and there are opportunities to update qualifications in APLS/EPLS/PILS.
- St George's is pro-active in supporting educational activity and Senior trainees are allocated designated SPA time for approved academic activities.

Teaching opportunities

- STG has regular paediatric teaching sessions for both internal and Regional trainees which Advanced trainees will be encouraged to assist with and participate in.
- Trainees will be encouraged to participate in teaching and training junior colleagues.

Regional Anaesthesia

Guy's and St Thomas' Hospitals

Unit Supervisor: Amit Pawa
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Background

- Guy's and St Thomas' NHS Foundation Trust
- 2 Fellows per 6 month rotation
- As far as possible, fellows will be placed on "regional anaesthesia lists" and will be supernumerary initially
- Specific resources:
 - Anatomy lab and access to dissection lab for prosected specimens
 - Simulation centre ultrasound phantoms via Dr James Barron
 - DIY phantoms
 - Ipad Apps
- Specialist societies recommended: ESRA, RA-UK, LSORA

Clinical Aims

- Initial supernumerary on "regional lists," however, as the advanced training proceeds, you will also be expected to run some lists independently to utilise your list management skills
- General on-call commitment comes with the post
- At the end of the 6 months you should have broad experience in regional anaesthesia, being able to undertake procedures without supervision and be confident in teaching these skills
- Practical units
 - Upper limb Regional anaesthesia
 - Lower limb regional anaesthesia
 - Trunk/paravertebral blocks
 - Brachial plexus
 - Lumbosacral plexus
 - Chest and anterior wall
 - Spine
- It is expected that the Regional Anaesthesia Advanced trainees will understand and appreciate the common anatomical variations associated with neurovascular and musculoskeletal structures of the upper and lower extremities

Academic and Management Aims

- You should read books and journals independently and aim to be knowledgeable in:
 - Clinical and surface anatomy relevant to Regional Anaesthesia
 - Drugs and equipment used in regional anaesthesia
 - Physics related to use of ultrasound in regional anaesthesia

- Recent articles relating to new techniques/current trends in regional anaesthesia
- Current practice of ultrasound-guided regional anaesthesia
- Complete an audit linked to specialist area – many on-going audits and quality improvement projects ready to go with the consultants involved in Regional Anaesthesia
- Opportunities for oral and poster presentations at ESRA annual conference
- Personal study should be used to:
 - Draw up, disseminate and implement guidelines within the trust
 - Construct an e-folder of written and published material appropriate to the unit
 - Devise and maintain procedures for equipment for RA within the trust
- In the six months of advanced training, ideally, you should aim to have at least submitted an abstract for poster or oral presentation, and ideally to have submitted a letter for publication within the correspondence section of one of the major journals
- Suggest trainees write a 3000 word review article on a topic of your choice that would be suitable for submission for publication
- Opportunities for further post-graduate Qualifications – ESRA diploma in regional anaesthesia, Masters in Regional anaesthesia

Teaching Aims

- You should use your study leave entitlement for national and international meetings devoted to regional anaesthesia and ultrasound
- Opportunities to support various Regional Anaesthesia courses around the country as faculty
- Informal teaching other trainees/consultants
- Teach and help coordinate monthly “sono-club”
- Assist in creation/development of on-line tutorial resource

Regional Anaesthesia

King's College Hospital

Unit Supervisor: Daisy Tong

daisytong@nhs.net

Background

- King's College Hospital NHS Trust
- One of four Major Trauma Centres in London
- 1 ST6/7 trainee for 6 months' duration
- The aim of this module is to prepare the trainee for taking on the responsibility of becoming a consultant with special interest in regional anaesthesia and gaining the relevant clinical expertise
- Opportunity to gain experience in Orpington Orthopaedic Hub in elective orthopaedic lists with regional anaesthesia (in a supernumerary capacity), and performing RA in trauma settings at KCH
- General on call commitment comes with the post (with plenty of exposure to performing erector spinae plane/ serratus anterior plane blocks)

Clinical Aims

- Gain practical skills in upper limb, lower limb, trunk/chest wall blocks and eye blocks, understand and appreciate common anatomical variations within the patient population
- Initially working in supernumerary capacity on lists with regional anaesthesia but would be expected to run regional anaesthesia lists independently as you make progress and utilise your list management skills
- Actively seek block opportunities on other lists to maximise exposure and practice
- Appropriate number of case mix
- By the end of the 6 months you should have developed a broad range of regional anaesthesia skills, be able to undertake procedures and demonstrate ability to perform RA without supervision, and be confident in teaching these skills to both junior and senior clinicians

Academic and Management Aims

- 1 day per week dedicated to projects/research/ teaching and keeping up to date with current development in regional anaesthesia
- Complete quality improvement project related to regional anaesthesia
- Opportunity to develop evidence based RA guidelines for the trust
- Expected to complete project and submit at least 1 abstract for oral/ poster presentation at RA-UK/ ESRA meeting
- Encouraged to seek post-graduate qualifications- ESRA or Diploma/Master in Regional Anaesthesia

Teaching Aims

- Active role in setting up/running workshops for erector spinae plane block/ serratus anterior plane block for rib fracture management in the trust
- CT1-4 teaching on regional anaesthesia, on exam related topics and sonoanatomy
- Run Sonoclub with support from regional anaesthetics consultants
- Opportunity to support faculty for LYSORA

Regional Anaesthesia

Maritime Hospital

Unit Supervisor: Sri Vishnabula
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Background

- Medway Maritime Hospital, Gillingham
- Majority of work days are protected teaching on a list suitable for regional anaesthesia (e.g. shoulder or breast), on call work is 2nd on call for CEPOD or Obs.

Clinical Aims

- Develop practical skills in regional anaesthesia with specific focus on:
 - Major orthopaedics
 - Breast
 - General surgery
 - Trauma

Academic and Management Aims

- Lead Quality Improvement Project
- Carry out relevant audit of Regional Anaesthetic Practice
- Develop evidence based guidelines for Regional Anaesthesia
- Encouraged to present work nationally and internationally

Teaching Aims

- Support faculty for LSORA
- Help organise the Core Trainees RA study day for KSS,
- Help with tutorials and support of trainees learning RA.
- Simulation course on RA emergencies and lots of opportunity to act as faculty

Testimonials and Accomplishments

- “Really enjoyed and appreciated this job. I would say it is about developing practical RA for the real world and a DGH rather than just doing blocks a specific way because thats how it is done in a teaching hospital. Excellent opportunity and encouragement to present work nationally and internationally. (ESRA and RA UK accepted everything I sent them - the breast RA actually won a prize!). Importantly you get the chance to work independently and work out what works for you. Some other very interesting things go on in the department, notably CPET and pre- habilitation. Really good place, people and department! it is a flexible and open sort of a job”

Regional Anaesthesia

St George's Hospital

Unit Supervisor: Dr Ralph Zumpe
ralph.zumpe@stgeorges.nhs.uk

Background

- St George's Hospital
- 6-month rotation working alongside an established clinical fellowship programme
- Minimum of three sessions per week dedicated to lists where regional anaesthesia is performed
- Six days allocated to regional anaesthesia lists at Epsom Orthopaedic Centre (SWLEOC, supernumerary training)
- Regular training sessions on soft cadavers and anatomical specimen
- Regional Anaesthesia Consultant body skilled in a wide range of regional anaesthesia including catheter techniques
- In-patient pain rounds and chronic pain interventions can be included in the programme
- Major Trauma Centre
- Easy access to St George's University of London's Dissecting Room
- Opportunities to get involved in Medical Simulation & in Undergraduate Teaching

Clinical Aims

- In the beginning of your module, you will be directly supervised. As you gain experience, you will be expected to work with only distant supervision
- With increasing skill level, your block repertoire will extend. You should be able to reach an appropriate number of cases in a wide spectrum of regional anaesthesia
- You are encouraged to take initiative and look for other block opportunities if there are none on your list.
- After assessment, you will carry a dedicated bleep to facilitate flexibility and to respond to requests for regional anaesthesia
- You will be expected to provide Serratus Plane, Fascia Iliaca and Sciatic Catheter Service
- You should always consider the option of regional anaesthesia in appropriate clinical contexts
- You will gain list management skills in preparation for a consultant post towards the end of the unit
- The St George's Advanced Regional Unit allows the trainee to acquire sound technical skills and confidence in performing most common upper & lower limb blocks as well as trunk regional anaesthesia. Provided you show initiative and dedication, you will be well prepared for either a Consultant post in a major referral centre, or to act as a lead in a smaller unit.
- The post comes with on-call commitment, usually on the obstetric or general on-call rota

Academic and Management Aims

- Over the course of the module, you should achieve sound knowledge on relevant anatomy and sono-anatomy, recognition of anatomical variations, pharmacology and physiology, through your clinical practice and independent study.
 - You should stay up-to-date with current practice and trends of ultrasound-guided regional

anaesthesia, nerve stimulator and pressure monitoring

- You will complete an audit or quality improvement project as part of the advanced module, and you may be involved in some of the ongoing research projects within the department. We would encourage you to attending a major meeting to present your work.
- Our regional anaesthesia fund bursary supports trainee's presentations and attendance of national and international meetings
- Presentation of interesting cases, audit or QI-project at department morning meeting is possible
- Trainees are encouraged to become members of ESRA/ RA-UK/ LSORA

Teaching Aims

- Trainees will be part of our Regional Anaesthesia Faculty, facilitating our St George's Regional Anaesthesia Courses, South-Thames Regional Study Days, etc.
- Trainees are expected to become anatomy demonstrators for undergraduates
- Trainees are expected to facilitate our Sono-Club and in-house teaching, as well as to informally teach anaesthetic colleagues

Other

- We will support you in obtaining EDRA and other postgraduate qualifications

Testimonials and Accomplishments

- Past trainees have regularly presented their work at conferences such as ESRA, RA-UK and BSOA
- Past projects included successful introduction of infraclavicular brachial plexus, quadratus lumborum and serratus plane blocks, sciatic catheters post amputation, patient satisfaction and outcomes in regional anaesthesia
- There are also numerous on-going projects which trainees can get involved with.

Regional Anaesthesia Advanced Training

Brighton and Sussex Hospital

Module Leads: Dr Richard Stoddart
Dr Toni Perello

Objectives taken from CCT Anaesthesia, Edition 2, 2010.

Learning outcomes:

- Captures the maturation process and continues to develop understanding and skills gained at the intermediate level
- Demonstrate proficiency in managing the regional techniques learnt during that time under distant supervision
- Increase the range of block techniques practiced
- Increased understanding of, and skill in, the use of ultrasound in regional anaesthesia
- Take appropriate opportunities to use regional anaesthesia as part of the anaesthetic technique when clinically indicated
- Become skilled in performing some more complex blocks with distant supervision
- Has appropriately integrated regional anaesthetic practice into the range of clinical alternatives within their practice

Core clinical learning outcomes:

- Demonstrates ability to perform both lower and upper limb plexus/regional blocks with distant supervision
- Always considers the option of regional anaesthesia in appropriate clinical contexts
- Demonstrates the ability to develop a peri-operative management plan and perform safely and effectively a number of the following blocks under distant supervision using either/or peripheral nerve stimulation or ultrasound guidance [those marked with an asterisk are considered essential, the remainder are optional:

- Peripheral nerve blocks [e.g. femoral nerve]
- Deep and Superficial cervical plexus blocks
- Ankle blocks
- Supra and infra clavicular blocks
- Thoracic epidural anaesthesia
- Lumbar plexus blocks
- Sciatic/Popliteal blocks
- Simple ultra sound guided nerve blocks including, but not exclusively, Femoral nerve, Saphenous, Abductor Canal block, Popliteal and axillary brachial plexus* blocks
- Single peripheral nerves of upper and lower limb: musculocutaneous, median, ulnar, radial, Posterior tibial, superficial and deep peroneal and Sural.

The advanced trainee will have educational and clinical supervision during the post. Regular meeting will be conducted with an initial educational agreement put together that identifies an individual PDP for the trainee. Included in this will be clinical requirements with how best to achieve them, CPD pertinent to the ATM and teaching/educational opportunities as outlined below.

CURRICULUM MAPPING

BSUH comprises several sites that each offer their own opportunities for teaching and learning regional anaesthesia, ensuring trainees perform sufficient numbers of common limb blocks and trunk blocks. The various sub-specialties at the trust means BSUH also offers a great variety of regional anaesthesia practice in different patient groups namely: breast, orthopaedics, plastics, trauma, renal, vascular, urology and digestive diseases.

The Sussex Orthopaedic Treatment Centre (SOTC).

The SOTC provides elective orthopaedic upper and lower limb surgery. There are four theatres running daily which will offer the trainee the opportunity to perform regional blocks for shoulder, elbow, wrist and hand surgery. Lower limb procedures include hips, knees, feet and ankles. Neuraxial and peripheral blocks predominate.

Blocks Performed: *Interscalene, Supraclavicular, Infraclavicular, Axillary, Sciatic, Popliteal, Femoral, Adductor Canal, Ankle, Neuraxials*

Hurstwood Park.

The trainee will have the opportunity to perform Paravertebral, Serratus plane, and PECS blocks for patients undergoing breast surgery. In a select group of patients these blocks are performed for awake, GA free, breast surgery.

Blocks Performed: *Paravertebral, Serratus, PECS I&II*

Princess Royal Hospital.

In the daily fracture neck of femur list the trainee will perform fascia iliaca blocks and become adept at low dose spinal anaesthesia. In the complex orthopaedic list the trainee will be able to perform blocks for those patients deemed too complicated to be treated at the SOTC, either because of obesity or other co-morbidities.

In Urology theatres, nephrectomies will provide the opportunity for trainees to perform quadratus lumborum blocks.

Blocks Performed: *Fascia Iliaca, Neuraxials, Quadratus lumborum & TAP, Brachial plexus, Sciatic, Popliteal, Femoral, Saphenous, Ankle*

Day Case Surgery Unit, Haywards Heath.

This unit runs regular elective and trauma hand lists where trainees will be expected to manage blocks for awake surgery.

Blocks Performed: *Supraclav, Infraclav, Axillary, Distal Upper Limb.*

Royal Sussex County Hospital.

This is a busy site catering for elective, emergency and trauma patients. Trainees will be able to perform cervical plexus blocks for carotid endarterectomy surgery, neuraxial and other trunk blocks for abdominal surgery, blocks for upper and lower limb trauma surgery, upper limb blocks for renal vascular access surgery. The trust also runs a serratus plane block service for rib fractures & thoracic trauma; these offer the opportunity to perform peripheral nerve catheter placement, as do the vascular patients with ischaemic limb pain.

Blocks Performed: *Neuraxial, Quadratus Lumborum/TAP, Serratus Plane, Interscalene, Supraclav, Axillary, Sciatic, Femoral, Saphenous, Ankle, Deep and Superficial Cervical plexus and catheters (various).*

The Sussex Eye Hospital.

Trainees at this site will have the opportunity to perform blocks for eye surgery.

Blocks Performed: *Sub-tenon, peri-bulbar*

Opportunities for Teaching

BSUH anaesthetics department has a large consultant body, many of whom are involved in regular block lists and interested in teaching regional anaesthesia and the wider use of ultrasound in the acute clinical setting. There are several teaching opportunities at BSUH where the Advanced Trainee would be encouraged to get involved:

Application of Clinical Ultrasound: Dr Rob Kong has set up this course, aimed at Foundation Year doctors and BSMS medical students, to introduce the uses and practicalities of ultrasound. The course covers regional anaesthesia, vascular access, focused transthoracic echo and 'FAST' Scanning.

BRAIN (Brighton Regional Anaesthesia Interest Network) course: run by Dr Schulte, this is a two day regional anaesthesia course with lectures and a focus on hands-on scanning workshops on

live models. The course is run with BSMS and also incorporates a cadaveric anatomy demonstration.

SonoClub: monthly informal sessions in RSCH theatres. There is always a regional anaesthesia topic but often the sessions will introduce some other area of interest such as airway anatomy ultrasound or cardiac echo.

Audit and Research

With the large body of clinical work at BSUH there are many opportunities to undertake audit, quality improvement projects and research. Either in terms of regional anaesthesia blocks for surgery or in terms of analgesia and corroboration with the acute pain teams that work across Brighton and the Princess Royal sites. The trainee would be expected to present any work at department level and encouraged to submit a poster or abstract at national or international level.

Education

The trainee would be encouraged to maintain external CPD and attend courses in Regional Anaesthesia.

Generic Outcomes

<https://www.rcoa.ac.uk/system/files/TRG-CCT-ANNEXE.pdf>

The generic descriptors that are equally relevant to all advanced areas of practice are provided in each domain **and importantly** are not repeated in each unit of the curriculum.

Opportunities to develop clinical mastery of regional anaesthesia has been described clearly and there are numerous opportunities to take the necessary steps to demonstrate the generic outcomes set out below.

Domain 1: Clinical practice

The lists available to develop expertise in regional anaesthesia include complex lists such as renal access surgery, vascular surgery and complex orthopaedics which all have patients which can challenge the trainee to develop the skills described above including consent. It lends itself to QIPs that can and should include multidisciplinary projects.

Domain 2: Team Working

Trainees are expected to demonstrate the necessary team working, management and leadership skills required post-CCT for independent practice

The organisation of the day to day rota at BSUH and flexibility within it lends itself to allowing trainees take on greater ownership of operating lists as they become more proficient in the clinical area. This will help develop team working skills set out in the document.

Domain 3: Leadership

The advanced trainee will be expected to take leadership in the clinical environment and also in QSPE meetings and teaching sessions. There are opportunities to learn leadership (and followership) skills from senior colleagues in all areas of the hospital.

Domain 4: Innovation

There are a number of Consultants with an interest in regional anaesthesia who will be able to support and encourage innovative projects relating to regional anaesthesia in the post operative and acute pain setting.

Domain 5: Management

In particular the advanced trainee will be expected to manage their time in a way to make sure that they get the most of their clinical and non clinical opportunities.

Domain 6: Education

Teaching and educational opportunities have been outlined in the curriculum mapping exercise above. There will be an expectation ongoing CPD and reflective practice. The department of anaesthesia has many experienced, committed educational and clinical supervisors who can support understanding of roles and responsibilities of CS and ES, including:

- Understanding the assessment strategy employed by the RCoA
- Committing to the importance of assessing and evaluating learning
- Understanding the importance of providing timely, specific, non-judgemental and developmental feedback and is able to do so effectively
- Understanding the role of and appropriate conduct of the workplace-based assessments and is able to perform accurately and reliably
- Knowing how to raise concerns about a poorly performing trainee
- Understanding the responsibilities of clinical trainers as defined by relevant national organisations and regulators

It would be possible to access the clinical and educational supervisors course that has been set up by BSUH/BSMS and is supported by the Dean of KSS.

Regional Anaesthesia

Kingston Hospital

Unit Supervisor: Dr Shahan Nizar

s.nizar@nhs.net

Aims:

To develop a well rounded clinician with a specialist interest in regional anaesthesia.

The trainee will develop a broad range of regional anaesthetic skills and techniques and develop the ability to manage regional anaesthetic lists independently by the end of six months. They will also gain advanced skills such as regional anaesthetic catheter insertions and will be experienced with a wide variety of regional blocks.

There will be opportunities to participate in and implement quality improvement changes, which link in to the professional domain objectives of the RCoA curriculum. There will also be a significant involvement with education and training in regional anaesthesia within the trust and regionally.

Knowledge:

The trainee will be encouraged to gain membership with regional anaesthesia societies including ESRA, RA-UK and LSORA and will be expected to keep up to date with the latest developments, discussions and guidelines in regional anaesthesia.

We will suggest and provide resources including important articles and recommended websites, apps, textbooks and YouTube videos.

Skills and Clinical Exposure:

There will be at least 2 days a week of dedicated and specific regional anaesthetic lists. The majority of other allocated lists will have a regional anaesthetic component. Initially, the trainee will be supernumerary on these lists but as skills and expertise develop, the trainee will be able to manage regional anaesthesia lists independently with supervision. There is a dedicated block room in the day surgery where regular hand and shoulder lists take place.

Upper limb

Most patients on hand lists have their surgery awake under regional anaesthetic blocks. We have regular shoulder surgery lists where interscalene or suprascapular blocks are routinely performed.

Lower limb

We have regular lower limb lists where blocks are encouraged for knee, ankle and foot surgery. We encourage lower limb blocks in our trauma lists, which have a high preponderance of lower limb cases.

Truncal blocks and Catheter service

There are regular breast oncological lists where PECS and serratus blocks routinely take place. We provide a fracture rib analgesia service where serratus and erector spinae blocks are frequently delivered and catheters are inserted for these patients. We regularly perform abdominal fascial plane blocks for major abdominal surgery procedures and hernia procedures.

Trauma

Our all day trauma lists are busy with a high proportion of high-risk patients where regional anaesthetic blocks are encouraged.

Quality Improvement and research

There are significant opportunities to help develop our regional anaesthetic services, with ongoing projects and those that are yet to be developed. The projects will entail close collaboration with our acute pain services and our emergency department. Some of our ongoing projects include:

- Assessing breast analgesia outcomes following blocks
- Assessing and improving upon our fracture rib analgesia catheter service
- Continued development of our fascia iliaca block service in the emergency department and fascia iliaca catheter service.
- Development of our regional anaesthesia database

We encourage innovation and poster presentations to either national or international meetings from completed projects. We are happy to negotiate supporting professional activity time for audit and research work as long as the clinical objectives according to the curriculum are on course to be met.

Training and Education

There will be an opportunity to be an organizer and member of faculty of our inaugural ultrasound regional anaesthesia course for acute and chronic pain later in the calendar year.

The trainee will help organize and deliver our fortnightly departmental ultrasound sonoclub sessions under supervision from consultants with an interest in regional anaesthesia.

In order to develop our fracture rib analgesia and fascia iliaca block services there will be the opportunity to deliver training and education to our Emergency Department colleagues in the form of one-stop regional anaesthesia session.

We are open to further innovative ideas to enhance the training and education of our regional anaesthesia services in the hospital.

Trauma and Stabilisation

St George's Hospital

Unit Supervisor: Dr Daniel Roberts

Daniel.Roberts@stgeorges.nhs.uk

The Trauma Audit Research Network (TARN) shows that St George's Hospital receives between 1200 and 1400 major traumas per year and performs strongly in unexpected survivors in the more severely injured categories.

St George's is the primary receiving centre for Kent Surrey Sussex air ambulance, receiving 150-200 cases by air per year. These patients routinely have injury severity scores greater than 15 with a proportion requiring in flight transfusion and being classified as code red. Road traffic collision remains the most common mechanism of injury leading to complex patients with multiple sites of injury from blunt force trauma.

As a result St George's offers excellent exposure to major trauma both within the emergency department and theatre environment. ED trauma calls are predominantly led by ED consultants with an interest in trauma and several of the consultants are also KSS prehospital doctors. There is opportunity to undertake the trauma team leader course which is run in-house and then do sessions in the ED doing supervised trauma team leading which is a core learning outcome of the advanced trauma module.

Paul Calvert theatres are the main trauma and orthopaedic theatres. Experience that can be garnered here varies from the acute surgical management of code red trauma through to elective and urgent orthopaedics and orthopaedic trauma.

St George's is the tertiary referral centre for all complex trauma in the region and the elective work also by its nature is either complex surgery, a high risk patient or both.

All facets of orthopaedics are covered including upper and lower limb trauma, pelvic and spinal surgery. There is also extensive opportunity for developing regional anaesthetic skills in upper and lower limb blocks and central neuroaxial blockade.

Outside of Paul Calvert theatres St George's is able to offer opportunities in a variety of anaesthetic sub-specialties. According to individual need time can be arranged in other theatre areas for example thoracics and vascular which can complement major trauma experience.

From an educational perspective there will be opportunity to teach on local and regional trauma study days and participate in audit and quality improvement.

The module is supervised by Lt Col Guy Sanders a military anaesthetist with operational experience in Iraq and Afghanistan.

Clinical Aims

- There is opportunity to undertake the trauma team leader course which is run in-house and then do sessions in the ED doing supervised trauma team leading which is a core learning outcome of the advanced trauma unit.
- Experience that can be garnered here varies from the acute surgical management of code red trauma through to elective and urgent orthopaedics and orthopaedic trauma.
- All facets of orthopaedics are covered including upper and lower limb trauma, pelvic and spinal surgery.
- There is also extensive opportunity for developing regional anaesthetic skills in upper and lower limb blocks and central neuroaxial blockade.

- Outside of Paul Calvert theatres St George's is able to offer opportunities in a variety of anaesthetic sub-specialties. According to individual need time can be arranged in other theatre areas for example thoracics and vascular which can complement major trauma experience.

Academic and Management Aims

- There will be opportunity to participate in audit and quality improvement.

Teaching Aims

- There will be opportunity to teach on local and regional trauma study days

Trauma and Stabilisation

Brighton and Sussex Hospital

Unit Supervisor: Dr Peter Westhead

peter.westhead@nhs.net

6 month attachment for post fellowship trainees

Objectives taken from Annex E of the RCoA Curriculum 2010

Learning outcomes

Gain mastery in the delivery of safe and effective multi-disciplinary care to multiply-injured patients as

Trauma Team Leader

Gain an in-depth understanding of the role of pre-hospital care in the clinical management of the multiply-injured patient and how this should link seamlessly with in-hospital care

Gain mastery in the anaesthetic management of such cases, from reception in the Emergency Department through definitive treatment, and in doing so demonstrating the necessary multi-disciplinary leadership, communication and team-working skills necessary to ensure the care delivered benefits both patients and the organisation

Gains the necessary maturity to guide the choice of audit cycles/quality improvement projects in developing practice and links with national trauma audit programmes

Becomes familiar with recent developments in clinical care in this area of practice, to evaluate these developments and to advise colleagues of useful changes in practice

Core clinical learning outcomes

To be capable of leading the clinical care of the multiply injured patient from reception in the emergency department independently; this implies an ability to:

- Provide leadership in the discussions with the emergency services managing the multiply injured patient at the site of injury through to arrival in the Emergency Department
- Demonstrates good interpersonal skill, assertiveness [when needed] and leadership as Trauma Team Leader when leading the multi-disciplinary team that receives, assesses and delivers the necessary definitive care to the patient
- Provides safe and effective anaesthetic care for a wide-range of complex cases including challenging head, airway, neck and spine, chest, abdominal, spinal, pelvic and limb, soft tissue and vascular trauma in both adults and children, demonstrating a fundamental understanding of the problems encountered
- Show the decision making, organizational and communication skills required of a trauma team leader to manage a busy receiving area for patients with multiple injuries, ensuring that the care delivered is safe and timely, benefiting both the patient and the organisation
- Assist colleagues in decisions about the suitability of surgery/further definitive care in difficult situations
- Lead discussions on end of life decisions with compassion, using appropriate language that can be understood by relatives and carers
- Provide teaching to less experienced colleagues of all grades

But also include aspects of domain 1-6 of **annex e**

Ethos

To promote the Major Trauma service both within and outside the MTC

Clinical

Appropriate supervised trauma anaesthesia lists in trauma, and general, neuro and spinal surgery for trauma. To include regional anaesthesia for trauma cases

Solo lists in trauma anaesthesia, primarily in trauma, to include more complex cases later such as pelvic surgery

Appropriate supervised starred consultant shadowing

Appropriate supervised trauma team leader sessions within the emergency department
On call duties. Currently 1 in 8 either on 3rd or 4th on call rota but will generally be expected to attend trauma calls and paediatric trauma calls

Time will be given to attend KSS HEMS clinical governance sessions on a monthly basis

Suitable candidates may have the opportunity to spend more time with the air ambulance and South East Coast Ambulance Service as an observer only

Courses

ATLS / ETC / ATACC or equivalent

MIMMS or MIMMSH

London Trauma Conference

Trauma Team Member / Trauma Team Leader

Teaching

Locally arranged trauma courses and simulation exercises

ATLS (if already an instructor)

Anaesthetic colleagues and members of the wider trauma team

Audit / Quality improvement

Involvement in current trauma audit such as major haemorrhage management, trauma RSI database etc
Attendance and contribution to Trauma Clinical Governance meetings including mapping to changes in practise

Development of protocols for major trauma

Evidence at end:

Met core learning outcomes

Reflection

Logbook

Consultant feedback from trainers

Certificate of attendance of courses

Trauma and Stabilisation

King's College Hospital

Unit Supervisor: Dr Roger Bloomer

rogerbloomer@nhs.net

King's College Hospital is the Major Trauma Centre for South East London, Kent and Medway (SELKaM Trauma Network). There are approximately 2200-2400 trauma team activations per year (including approximately 240 paediatric and 250 HEMS trauma calls).

The trauma team is led 24/7 by a multidisciplinary group of Anaesthetists, Intensivists and Emergency Medicine Consultants.

The Anaesthetic ATM in Major Trauma offers:

- **Clinical Experience** in Anaesthetic and Critical Care management of Major Trauma patients from reception and resuscitation through to theatre and the Intensive Care. There are opportunities to develop skills and knowledge in leading the trauma team under supervision. There is a trauma-team leader course run at the trust, ATM trainees are encouraged to attend and teach on the course.
- There is an ongoing schedule of multidisciplinary meetings, weekly radiology meetings, mortality and morbidity and CPD meetings. ATM trainees are encouraged to attend to further their knowledge and understanding of the wider management of the major trauma service. Teaching and education sessions relating to trauma radiology, TARN and others can be arranged.
- **Procedural skills** – Competencies can be gained in Chest drain, Trauma line insertion, regional blocks for thoracic analgesia and you will be signposted to cadaveric courses with opportunity to receive training in surgical procedures such as emergency thoracotomy.
- **Teaching** – You will facilitate the local Trauma Skills Course aimed at giving trainees in EM/Anaesthesia/ITU a solid grounding in the management of major trauma. There are ad-hoc opportunities for multi-disciplinary teaching, including foundation doctors, nursing staff and critical care paramedics.
- **Theatre lists**
A wide range of elective surgery takes place at King's and the anaesthetic department are able to organise list allocation to facilitate particular skills and interests. Previous trainees have gained experience in trauma-related skills such as MaxFax (airway management and fibreoptic intubation), HPB (major bleeding) and Orthopaedic trauma (regional anaesthesia and analgesia).
- **Quality Improvement and Service Development**

The major trauma service at King's is well developed but welcomes trainees with service improvement ideas. Support will be given to develop these and to attend meetings/relevant committees as required to implement change. There are also opportunities to be involved with the trauma and critical care networks of which King's is part.

Examples of recent areas trainees have worked on are:

- Human factors around Emergency Department Intubation
- Development of Standard Operating Procedures
- The hospital 'Code Red' massive transfusion policy
- Rib fracture analgesia

- **'809' ITU Senior Registrar On-Calls**

The service provision component of the fellowship is to the Critical Care Department with the ATM trainee participating in the 809 Senior Critical Care Trainee rota. As a busy hospital with approximately 70 adult HDU/ITU beds, 809 provides first-line 'anaesthetic' support to the trauma team and adult critical care referrals from the Emergency Department, provides senior support to colleagues on the critical care units out of hours and works closely with the iMobile critical care outreach service across the hospital.

Vascular Anaesthesia/Peri-operative Medicine

Guy's and St Thomas' Hospitals

Unit Supervisor: Heena Bidd

Heena.Bidd@gstt.nhs.uk

We are now working closely with the peri-operative physicians to assess and plan for the care of this very high-risk group of patients. The candidate will gain insight into the pre-assessment process and learn more about peri-operative care of these patients outside of the operating theatre. This is a role into which anaesthetists of the future may be asked to expand and we see this as an excellent opportunity for trainees to broaden the skills they have to offer at consultant level. We offer the unique opportunity to follow the patient through the complete process and see the impact of assessment and planning on outcomes.

Our aim is to give you the skills and the cv to gain the job you want in the competitive market. We think that as well as generic skills in anaesthetising high risk patients we can give you access to the expanding field of peri-operative medicine which will increase your employability.

Background

- Guy's and St Thomas's Hospital
- In a 4 week period any 2 weeks is largely composed of on-call commitment in our current timetable (on call will be on the 0153 senior ST6/7 rota at STH). This 2 week timetable thus constitutes a 4 week period of training activity.
- POPS = peri-op medicine. Open surgery is 'Theatre 5'. 'Endo' is endovascular suite.

	Mon	Tues	Wed	Thurs	Fri
Week 1: am	Theatre 5	Endo	Endo (POPS mdm)	Theatre 5	Theatre 5
Week 1: pm	POPs clinic	Endo	Endo	Theatre 5	Theatre 5
Week 2: am	Endo	Theatre 5	Theatre 5	Endo	Endo
Week 2: pm	Endo	Theatre 5	Theatre 5	Endo (POPS WR)	Endo

- A minimum of 3 lists/week will be consultant supervised.

Clinical Aims

- Gain mastery in the delivery of safe and effective perioperative anaesthetic care to patients undergoing complex vascular procedures [including intra-thoracic], both elective and emergency and in-theatre and in imaging suites
- Gain mastery in the management of such major cases demonstrating the necessary multi-disciplinary leadership, communication and team-working skills necessary to ensure the care delivered benefits both the patient and the organisation

- Gain maturity in understanding the importance of utilising the time allocated to clinical sessions effectively, optimising throughput whilst not compromising patient safety
- To be capable of undertaking the perioperative anaesthetic care for a wide variety of complex vascular cases independently; this implies an ability to:
 - Provide perioperative anaesthetic care to a wide range of cases in and out of theatre [including those where supra renal or thoracic aortic cross clamping occurs], demonstrating a fundamental understanding of the problems encountered
 - Show the decision making and organizational skills required of an anaesthetist to manage busy clinical sessions that involve patients having major vascular procedures, ensuring that the care delivered is safe and timely, benefiting both the patient and the organisation
 - To assist colleagues in decisions about the suitability of surgery in difficult situations

In addition trainees may learn about:

- Cardiac output monitoring- Transoesophageal Doppler, LidCO and some TOE.
- Placement of spinal drains
- Management of major haemorrhage
- Application and interpretation of peri-operative investigations including stress echo, myocardial perfusion scanning and cpex
- Pre/peri/post op optimisation of the high risk surgical patient
- Counselling and consenting the high risk surgical patient

Academic and Management Aims

- Gains the necessary maturity to guide the choice of audit cycles in developing practice
- Becomes familiar with recent developments in perioperative anaesthetic care to this area of practice, to evaluate these developments and to advise colleagues of useful changes in practice
- We would encourage membership of the Vascular Anaesthesia society (VASGBI) who support training and audit and have regular meetings relevant to the specialty.
- Attendance at the Annual meeting of the Vascular Anaesthesia society (VASGBI) would be a recommended part of training and additionally external cpd looking at peri-op care and outcomes e.g. Evidence based peri-op medicine (EPBOM).
- Before starting post ideally we will agree one audit, one service evaluation project and one research project for the trainee to become involved with. These will be drawn from our database of ongoing projects unless the trainee has any specific interests they wish to pursue.
- Projects should as a minimum result in poster presentation at a national or international meeting.
- We are happy to support trainees wishing to write review articles on topics of interest.
- Opportunities for involvement in service improvement projects and guideline writing can be provided to improve your portfolio in readiness for consultant jobs.

Teaching Aims

- Provide teaching to less experienced colleagues of all grades
- Several postgraduate diplomas exist in peri-operative medicine (e.g. in UCL, Brighton and Guildford) and we would happily support you in these if you wished to pursue them.

Vascular

St George's Hospital

Unit Supervisor: Pallavi Dasannacharya

p.dasannacharya@nhs.net

Advanced training in vascular anaesthesia is often considered part of general duties, but because St George's is one of the biggest UK centres for vascular surgery, we can offer a sub-specialised module in this area. We do about 250 EVAR / TEVARs per year, increasing annually, 50-60 CEA's, around 15+ Hybrids, 60-70 revascularisations lower limbs and an ever increasing interventional radiology case load so there is enormous scope for consolidating clinical practice.

The primary goal of this module is to provide hands on clinical experience and gain confidence in all aspects of anaesthetic perioperative management of the high risk vascular patient.

Aims

1. Building clinical expertise
2. Developing professional competencies in leadership, team working, and management
3. Quality improvement
4. Education

Clinical

Most vascular cases are carried out in the state of the art hybrid theatre (SJW 8). A wide variety of cases are anaesthetized and cared for through the week including lower limb revascularization (endovascular and open), Aortic aneurysm (open, EVAR, TEVAR), axillary -femoral bypasses, Carotid endarterectomy, Limb amputations, thoracic sympathectomies, renovascular access (primarily in SJW 5).

In addition there are opportunities in gaining/improving skills in regional anaesthesia in the context of vascular anaesthesia (single shot blocks and catheters) , techniques in blood conservation and management of massive haemorrhage, DLT and one lung ventilation, placement and management of spinal drains , cardiac output monitoring.

Non clinical

To build on or to develop competencies in non clinical skills of team work, leadership and management. There is ample scope for attendance and involvement in Multidisciplinary Team meetings, governance meetings, vascular preassessment .

Vascular Surgical M&M as well as MDT take place on Tuesdays and attendance is strongly recommended. The preassessment of patients is currently nurse led with high risk cases being referred to the consultant high risk clinics and it is anticipated that trainees attend at least one high risk clinic

It is also expected that the trainee will get involved in a QI project with the aim to present either locally/nationally.

Education

- If interested there are opportunities in attending echo clinics that are run by the cardiologists on a Friday, including Simulator training on TTE and TOE by one of our cardiac anaesthetists.
- It is expected that the trainee will help organize and actively participate in the vascular study day for pan London registrars with the additional possibility of getting involved in teaching preoperative nurses.
- Attendance at the National vascular anaesthesia conference (sept) or a vascular study day is strongly recommended.

We will not be carrying out daily assessments, but it is important to realise that if you have any concerns about your training including the amount of clinical exposure, that you discuss them as soon as possible with the module director. In this way we can all collaborate to ensure that this training period is a successful and enjoyable one.

The RCOA guidelines for advanced training can be found in
http://www.rcoa.ac.uk/system/files/TRG-CCT-ANNEXE_0.pdf
[Vascular](#)

Advanced training in anaesthesia for vascular surgery should be delivered in centres undertaking a wide variety of complex elective and emergency surgical cases in this area. It is expected that between three and six months will need to be spent acquiring all the competencies/learning outcomes in this advanced unit of training, which should include time providing peri-operative anaesthetic care for patients undergoing minimally invasive management of their vascular pathology. It may or may not be a dedicated unit.

Learning outcomes:

- Gain mastery in the delivery of safe and effective perioperative anaesthetic care to patients undergoing complex vascular procedures [including intra-thoracic], both elective and emergency and in-theatre and in imaging suites
- Gain mastery in the management of such major cases demonstrating the necessary multi-disciplinary leadership, communication and team-working skills necessary to ensure the care delivered benefits both the patient and the organisation
- Gain maturity in understanding the importance of utilising the time allocated to clinical sessions effectively, optimising throughput whilst not compromising patient safety
- Gains the necessary maturity to guide the choice of audit cycles/quality improvement projects in developing practice
- Becomes familiar with recent developments in perioperative anaesthetic care to this area of practice, to evaluate these developments and to advise colleagues of useful changes in practice

Core clinical learning outcomes:

- To be capable of undertaking the perioperative anaesthetic care for a wide variety of complex vascular cases independently; this implies an ability to:

- Provide perioperative anaesthetic care to a wide range of cases in and out of theatre [including those where supra renal or thoracic aortic cross clamping occurs], demonstrating a fundamental understanding of the problems encountered
- Show the decision making and organizational skills required of an anaesthetist to manage busy clinical sessions that involve patients having major vascular procedures, ensuring that the care delivered is safe and timely, benefiting both the patient and the organisation
 - To assist colleagues in decisions about the suitability of surgery in difficult situations
- Provide teaching to less experienced colleagues of all grades

The VASGBI guidelines are summarised below

<http://www.vasgbi.com/downloads/training/Vascular%20Anaesthetic%20Training%20v3-1.pdf> -but this is an evolving document.

Basically they recommend at least 6 months training and preferably 12 months training in a specialised centre, with log-book figures showing approximately 30 carotid endarterectomies

30 EVAR including at least 5 thoracic or fenestrated EVAR

10 Open aneurysms

4 Thoracic aneurysms

The outline of the template is:

Module	Intermediate
Dates	Higher
	Advanced
	Fellowship
	OOPE/OOPT
Trainee	
Module Director	
Sub-specialty Lead	
Learning outcomes	
RCOA curriculum requirements	WPBA:
	Other:
Additional SGH module specific requirements	WPBA:
	Other:
Minimum sessions required	
Projects	
Courses	To attend:

	Faculty:
Other	
Appraisal dates	Initial: Mid-Term: Final:
Sign off date	
Signature module director	Signature Trainee

Vascular Anaesthesia and Peri-operative Medicine

Brighton and Sussex Hospital

Module Supervisors : Dr Sarah Hardy/Dr Vanessa Fludder

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vanessa.fludder@nhs.net

We are offering a 6 month advanced training module in Vascular Anaesthesia and Peri-operative Medicine designed for post-FRCA trainees who wish to gain advanced experience in vascular anaesthesia, peri-operative management and optimisation for high risk surgery.

The Royal Sussex County Hospital in Brighton is the regional centre (hub) for Vascular Surgery in Sussex. It takes referrals from the six general (spokes) hospitals in Sussex and Surrey. It is a pioneering centre for the development of endovascular aneurysm repair and offers complex fenestrated as well as hybrid thoraco-abdominal aneurysm repairs in conjunction with cardiac surgery. There are 10 consultant vascular surgeons and 33 in-patient beds on the RSCH site. All major vascular surgery is undertaken, including open TAAA repair, awake open AAA repair, and thoracic outlet procedures.

It is anticipated that after demonstrating the required competencies, the trainee will have the opportunity to work independently, planning and managing the most complex vascular cases, whilst demonstrating a thorough understanding of relevant underlying medical problems. The trainee should demonstrate the organisational and decision making skills of required of an experienced anaesthetist managing the various types of vascular list (renal access, major open vascular surgery, complex endovascular procedures and vascular emergency lists). The trainee will have gained the necessary maturity to advise the vascular MDT regarding a patient's suitability for major surgery and to guide the choice of appropriate procedure. It is hoped that the trainee will take the lead on at least one quality improvement or audit project and become involved with other ongoing research projects.

Specialist Vascular Anaesthesia Training

It is expected that as a senior trainee much of your learning will be self-directed and you will be expected to complete the higher and advanced RCoA curriculums for vascular anaesthesia. We aim to provide you with a variety of different learning and development opportunities and we anticipate that you will choose from them as many as you are interested in.

The post holder will be expected to attend the Sussex Vascular Network MDT every Monday morning and contribute to the MDT discussion, advising when appropriate. You will initially be supported in this role by direct supervision and once you are comfortable and familiar with the proceedings we anticipate that you will attend and feed back to the consultant vascular anaesthetists.

On a Monday afternoon you will usually see vascular patients in the Anaesthetic Review Clinic (ARC). This is an ideal time to meet patients at (or near) the beginning of their journey and be involved in the assessment, planning and optimisation stages of their treatment. You will be supported by the ARC team (Anaesthetic Review Clinic). There are plans for all suitable elective abdominal aortic aneurysm patients to undergo Cardiopulmonary Exercise Testing (CPET) as part of their work-up and the fellow will gain experience in performing and interpreting CPET under direct supervision of ARC anaesthetists.

Each Monday afternoon and Friday all day, there are renal vascular access lists. Most of the upper limb procedures are performed under regional (brachial plexus) blocks and so this is an ideal opportunity to keep up your skills (or learn further techniques). A number of our consultant vascular anaesthetists have a major interest in regional anaesthesia and can provide you with opportunities to get involved in teaching or service improvement projects if you are interested in this field of anaesthesia.

Several of the consultant vascular anaesthetists are experienced in and passionate about teaching echocardiography for peri-operative practice. We can support you to become more competent in this area, whatever your current experience. The Trust has a well-established basic Critical Care echocardiography course.

Most of our carotid work is done awake and you will be taught ultrasound guided and landmark based techniques. On an ad hoc basis we manage thoraco-abdominal aneurysms joint with the cardiac surgical

team. You will be notified of these cases so that you can make the most of this less common opportunity.

Our Team of Consultant Vascular Anaesthetists

Dr Mark Harper	Lead, Audit, Research
Dr Sarah Hardy	Module Lead, Training and education
Dr Chris Swaine	Ultrasound, Peri-operative Echocardiography, Innovation
Dr Vanessa Fludder	Peri-operative Echocardiography, Hybrid Vascular-Cardiac Cases, ARC
Dr Toni Perello	Regional Anaesthesia, Awake Open Aneurysm Repair, ARC
Dr Anita Schulte	Regional Anaesthesia, ARC
Dr Anita Sugavanam	Research, ARC
Dr Richard Stoddart	Peri-operative echocardiography, Regional Anaesthesia, ARC

Clinical Service Duties

On call (senior on call rota, 1 in 8, at RSCH)

Teaching Opportunities

There are plenty of opportunities to get involved with many teaching sessions

The fellow will have the opportunity to help organise the HEKSS Vascular Anaesthesia Study Day and the Sussex Vascular Network Educational Events Teaching the surgical clinical fellows about pre-operative assessment and peri-operative medicine

Quarterly renal SHO teaching on pre-operative assessment and preparation of patients for surgery

There will also be opportunities to get involved in simulation teaching if this is of interest to the fellow (for instance the REVAR simulation training).

The Department of Anaesthesia has an active teaching and clinical governance programme. You will be expected to take a lead in teaching junior colleagues as well as contributing to professional development of senior colleagues.

Audit

Our lead Consultant Vascular Anaesthetist is also the department lead for Audit and will support you in quality improvement and audit projects.

Research

Current trials:

We achieved our target for recruitment to the CAVIAR study and will be a study site if and when the next phase of this study goes ahead. (PI = Dr Sugavanam)

We are in the process of applying for approval for a multicentre trial comparing ACT guided Heparin with standard heparin in major vascular surgery (vasACT)

You will be encouraged to get involved in these trials and would be supported in developing others if that is your wish.

Management Experience

There are regular Sussex Vascular Network Service Development meetings, which you could get involved with if you would like to increase your experience of managing a complex service.

Other Continuing Professional Development

The fellow will be encouraged to attend the annual VASGBI conference in September.

Sample Timetable

	Monday	Tuesday	Wednesday	Thursday	Friday
am	MDT	Major Vascular	EVAR or Major Vascular	Major Vascular	Renal Vascular access or Major Vascular
pm	ARC or renal Vascular access	EVAR or Major Vascular	EVAR or Major Vascular	EVAR or Major Vascular	Renal Vascular access or Major Vascular

Perioperative Anaesthesia

Ashford and St Peter's Hospitals

College Tutor: Dr Alice O'Neill
Alice.Oneill@nhs.net

Background

ASPH is large DGH on the outskirts of London. It has 2 sites offering Anaesthetic Services –

St Peter's Hospital – A busy acute hospital with 7 operating theatres and 2 maternity theatres. We have a large emergency workload, and provide major colorectal, bariatric, orthopaedic, upper GI, as well as several other surgical specialties. Our maternity unit has 4500 deliveries per year,

Ashford Hospital – provides an inpatient elective orthopaedic service as well as the majority of our day case procedures. It has 7 operating theatres and a pain intervention room.

Additional Services – Currently we also provide Acute pain, Chronic pain, High Risk Clinics – Vascular/Bariatric/General, and support for MRI, IR, Angio and endoscopy.

Senior Trainees are invited to develop their individual interests, involve themselves with ongoing QI projects or launch new initiatives. We aim to support trainees in their final placements in becoming the well-rounded, skilled, and confident consultants in their future careers.

Generic Domains

Domain 1: Clinical Practice

Senior trainees will be exposed to a wide variety of clinical practice that can be targeted to their needs.

Domain 2: Team working

You will be encouraged to take on roles within a number of teams, and establish yourself as part of our team.

Domain 3: Leadership

As the senior-most trainee you can join in the work of the department, as well as providing leadership to the other trainees, and their educational programme. In clinical setting you will be expected to take a proactive leadership role in list management, and the day to day running of theatres,

Domain 4: Innovation

We have a number of areas of change within our Trust and Department, and we are constantly looking for novel and refreshing perspectives and ideas.

Domain 5: Management

We encourage senior trainees to revisit their management module, we have opportunities for engagement at a Divisional Level, and would encourage you to seek out the breadth of a Consultants responsibilities.

Domain 6: Education

We have an in-department teaching programme for our trainees, a simulation team with 2 anaesthetic clinical fellows, an active PGEC, and many more opportunities.

Perioperative Medicine

At ASPH we have Consultant delivered High Risk Clinics for General/Vascular/Bariatric and Obstetric patients. Our local population is increasingly elderly, with patients regularly undergoing major surgery in their 80s and 90s. Our service is responding to this by looking at delivering prehabilitation, perioperative pathways and integrated care with shared decision making.

We have recently introduced MyPreOp as part of our preoperative assessment service, as well as pathways for haemoglobin and diabetic optimisation. Our CPEX service is provided weekly, and the testing is delivered by physiologists from Surrey Sports Park, and CPEX is a routine part of the Colorectal Cancer pathway. We take part in PQIP and NELA.

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1 - am				Bariatric	General
pm	Vascular		CPEX		
Week 2 - am	Vascular			Bariatric	
pm	General		CPEX		

The ATM offers trainees the opportunity to:

- To gain expertise in the clinical management of patients in the preoperative, intraoperative and both immediate and longer term postoperative periods – by attending high risk clinics, taking part in MDTs, anaesthetising major colorectal, bariatric, and vascular cases with complex comorbidities. As well as providing anaesthesia to high risk patients undergoing relatively minor surgery such as urology, or in the day case setting.
- To develop the expertise to take a lead in decision making about the suitability of high risk patients for surgery – by gaining the experience and familiarity with the assessment of these patients, and communicating with patients and surgical teams through MDT planning and shared decision making.
- To develop the skills required to manage perioperative services, ensuring that the care delivered is safe and timely, benefiting both patients and the organisation – by understanding how patients are risk stratified, optimised for surgery and the most appropriate postoperative destination.
- To provide teaching to colleagues of all grades and specialties – by taking part in the departmental teaching programme, journal club, and additional opportunities through the PGEC.
- To develop local services and practice through the use of appropriate quality improvement projects – by engaging in our current QI programmes, and identifying and leading on new initiatives.
- To ensure that perioperative services are fully integrated, consistent, and reliable and make efficient use of resources – by engaging with our QI programmes, identifying areas for improvement and engaging in the ACSA process.
- To work effectively in partnership with colleagues in other disciplines, including primary care – by taking part in MDT, communicating with primary care about patients and working with colleagues to optimise patients for surgery.

Current possible areas of interest are (availability will be subject to timing of placement)–

- Bariatrics – Ongoing research project to determine the optimal treatment time for OSA prior to Bariatric Surgery
- Simulation – Opportunities to expand provision
- ACSA – We are working towards our accreditation
- Enhanced Recovery – We are revamping our Enhanced Recovery pathway for Colorectal Cancer
- Theatre Efficiency – ongoing improvement programme
- Elective Surgery provision at Ashford Hospital – movement of some elective services over to Ashford Hospital