

Kent, Surrey and Sussex
School of Anaesthetics

Stage 3
Special Interest Areas

August 2026 & February 2027

Contents

Application Process and Timetable	4
Application & Allocation Guidance – Full-time & LTFT Trainees	7
Summary of Special Interest Area Posts	11

Key:

Blue established posts

Red new for Feb 2026 (*New for August 2026)

Green * not 100% signed off as of July 2025

Pink, please discuss with TPD

Special Interest Areas:

Anaesthesia for Patients with Complex Airway

<i>Queen Victoria Hospital, East Grinstead</i> KSS/RPC04/091/STR(H)/001	15
<i>Queen Victoria Hospital, East Grinstead</i> KSS/RPC04/091/STR(H)/002	
<i>Queen Victoria Hospital, East Grinstead</i> KSS/RPC04/091/STR(H)/003	
<i>Queen Victoria Hospital, East Grinstead</i> KSS/RPC04/091/STR(H)/004	
<i>University Hospitals Sussex</i> KSS/N6J7V/091/STR(H)/001	18
<i>East Kent, WHH</i> KSS/RVV01/091/STR(H)/008	23

Anaesthesia for Patients with Complex Airway - Surrey

<i>Royal Surrey County Hospital – Trust Funded Post offered as OOPE or OOPT</i>	
<i>Please discuss with TPD and Dr Bhav Patel (bhavesh.patel@nhs.net)</i>	21

Anaesthesia for Bariatric Surgery

<i>Maidstone & Tunbridge Wells Hospitals</i> KSS/RWFTW/091/STR(H)/002	25
<i>UHS, St Richards</i> KSS/RYR16/091/STR(H)/013	27

Anaesthesia for Cardiac Surgery

<i>Royal Brompton Hospital</i> KSS/RJ182/091/STR(H)/001 ** 4/2/26	29
<i>(UHS Brighton DW with TPD – using Brighton post)</i>	

Anaesthesia for Hepato-Pancreato-Biliary Surgery

<i>King's College Hospital</i> KSS/RJZ01/091/STR(H)/001	33
---	----

Anaesthesia for Major General Surgery and Perioperative Medicine

<i>Ashford and St Peter's Hospitals</i> KSS/RTK01/091/STR(H)/005	37
<i>University Hospitals Sussex</i> KSS/E0A3H/091/STR(H)/023	
<i>University Hospitals Sussex Flexible</i> KSS/E0A3H/091/STR(H)/032	
<i>Medway Maritime</i> KSS/RPA02/091/STR(H)/014	
<i>Royal Surrey County Hospital</i> KSS/RA201/091/STR(H)/010	35
<i>Royal Surrey County Hospital</i> KSS/RA201/091/STR(H)/011	

Anaesthesia for Neurosurgery

<i>NHNN Queen Square*</i> KSS/RRVNQ/091/STR(H)/001 – 4/2/26	39
<i>St George's Hospital*</i>	41
<i>BSUH – using posts flexibly</i>	

Anaesthesia for Thoracic Surgery

<i>Guy's & St Thomas' Hospitals KSS/RJ100/091/HT/002 – 4/2/2026</i>	43
<i>Royal Brompton Hospital KSS/RJ182/091/STR(H)/001 **– Cardiac takes priority)</i>	29

Anaesthesia for Vascular Surgery and/or Perioperative Medicine

<i>University Hospitals Sussex – Vascular Unsure of NTN</i>	47
<i>Frimley Park Hospital KSS/RDU01/091/STR(H)/016</i>	55
<i>East Kent, K&C KSS/RVV01/091/STR(H)/009</i>	52

Obstetric Anaesthesia

<i>Maidstone & Tunbridge Wells Hospitals KSS/RWFTW/091/STR(H)/001</i>	57
<i>Maidstone and Tunbridge Wells (Flexible as can be used for Chronic pain instead)</i>	
<i>KSS/RWFTW/091/STR(H)/014</i>	
<i>Darent Valley Hospital, Kent KSS/RN707/091/STR(H)/007</i>	
<i>Frimley Park Hospital KSS/RDU01/091/STR(H)/014</i>	59
<i>BSUH Obstetrics unsure of NTN</i>	
<i>WHH Obstetrics using Trust funded post – DW TPD</i>	

Paediatric Anaesthesia

<i>Evelina London Children's Hospital KSS/RJ100/091/HT/001 – 4/2/2026</i>	61
<i>Royal Alexandra Children's Hospital Unsure of NTN</i>	63
<i>Great Ormond Street Hospital – 6 months KSS/RP401/091/STR(H)/001</i>	66
<i>Great Ormond Street Hospital – 12 months DW TPD</i>	66

Regional Anaesthesia

<i>Medway Maritime Hospital KSS/RPA02/091/STR(H)/004</i>	71
<i>Surrey & Sussex Healthcare Trust ESH KSS/RTP04/091/STR(H)/009</i>	72
<i>University Hospitals Sussex</i>	74
<i>East Sussex – Trust funded post</i>	
<i>(K&C flexible using Vascular – DW TPD)</i>	

Trauma & Stabilisation, POM

<i>University Hospitals Sussex KSS/E0A3H/091/STR(H)/022</i>	
---	--

Chronic Pain – Discuss with Pain TPD (Fauzia Hasnie Fauzia.hasnie@nhs.net) and your own TPD.

<i>Ashford and St Peters, Cherstsey (Regional POM) KSS/RTK01/091/STR(H)/012</i>	
<i>Medway Maritime KSS/RPA02/091/STR(H)/007</i>	
<i>UHS Chronic Pain - St Richards (In patient pain) KSS/RYR16/091/STR(H)/014</i>	
<i>Guy's and St Thomas KSS/RJ100/091/HT/003 – 4/2/2026</i>	

Posts that can be repurposed for Chronic Pain if not filled

<i>Maidstone and Tunbridge Wells (Flexible Obs) KSS/RWFTW/091/STR(H)/014</i>	
<i>NHNN Queen Square KSS/RRVNQ/091/STR(H)/00</i>	

Please Discuss with your TPD if you wish to do a SIA that is not available as we will consider other options such as OOPT. OOPT needs to be at a GMC approved site. OOPT abroad typically allows 25% of post counted towards training.

If some SIAs are oversubscribed, there is potential to repurpose some posts from one specialty to another. Please ask your TPD if you are unsure.

Discuss with TPD if you wish to do Chronic Pain as this is coordinated separately via the Pain TPD, Dr Fauzia Hasnie (fauzia.hasnie@nhs.net).

Application Process for Special Interest Area Posts

KSS have 36 special interest area (SIA) posts in 13 specialty areas across KSS and specific London sites. All trainees within KSS can apply to undertake any of these SIA posts during their Stage 3 (ST6/7) years as per the RCOA 2021 curriculum.

This SIA allocation process commencing in September 2025 for SIA posts starting in August 2026 and February 2027, will allocate KSS trainees to the posts outlined above.

Please read the following guidance carefully on the application and allocation process for posts commencing in August 2026 and February 2027.

Trainees can apply to undertake a maximum of 12 months (whole time equivalent) in SIA posts during their Stage 3 (ST6/7) years, as required by the curriculum.

Applications are open to all trainees who will have completed Stage 2 training and be ST6/7 (Stage 3) by the time of commencing the SIA post.

This is of particular relevance to LTFT trainees or those with interrupted training timelines, who should discuss their timelines with their TPDs to ensure that they apply for SIA posts commencing at the appropriate time.

Trainees can apply for a maximum of two SIAs: either two different specialties of 6 months duration each (whole time equivalent) or one specialty of 12 months duration (whole time equivalent).

- Single specialty 12 month SIAs are available in Anaesthesia for Cardiac Surgery, Anaesthesia for Neurosurgery, Obstetric Anaesthesia and Paediatric Anaesthesia.
- Trainees who wish to undertake 12 months of Cardiac or Obstetric Anaesthesia are strongly advised to apply for two 6 month SIAs in these specialties at two different sites, to give a diversity of experience.
- Paediatric Anaesthesia 12 month SIA posts are only available at GOSH but trainees can also apply for two 6 month SIAs in Paediatric Anaesthesia at two different sites if they wish to.
- 12 month SIAs in Anaesthesia for Neurosurgery are available as 6 months at St George's Hospital or 6 months at NHNN, Queen Square AND 6 months UHS.

Trainees must complete and submit an online application form to apply for the SIA posts.

- If applying for TWO 6 month SIAs, you will need to state which is your 1st and 2nd preference.
- If applying for only ONE SIA, you can still apply for two different SIAs (indicating which is your 1st and 2nd preference) in order to maximise your chances of success.
- For each SIA, you can then rank your preference for the sites at which the SIA is offered and omit those you do not want to be considered for.
- The link to the online application form will be available on the KSS School of Anaesthesia website in September 2025.

Applications will be assessed and scored on two components:

- A supporting personal statement for each SIA applied for, demonstrating why the trainee wishes to do that particular SIA and their commitment to that specialty [maximum of 1600 characters (~200 words) / maximum score of 20].
- Three supporting information statements for each SIA applied for, describing the trainees involvement in: (i) Teaching / Training, (ii) Audit / QI / Research, (iii) Management / Leadership [maximum of 1200 characters (~150 words) for each response / maximum score of 10 for each].

Please be aware of the following conditions that apply once you have been offered and confirmed acceptance of an SIA post:

- A minimum notice period of 6 months from the start date of the SIA is required if you subsequently want to make changes or no longer wish to undertake the post i.e. by the end of January for August start date / by the end of July for February start date.
- If a post is accepted as LTFT then it may not be possible to subsequently change the LTFT percentage or go full time. Any such requests will need to be discussed with your TPD to ascertain if it may be possible.
- SIA posts can only be deferred to a future start date for the following statutory leave reasons:
 - Maternity or shared parental leave
 - Long-term sick leave

The deferred start date will be dependent on future availability of the same SIA and cannot be guaranteed if the future SIA posts are already allocated. In this case, an alternative SIA may need to be considered.

Please discuss any deferral requests with your TPD as soon as possible.

Timetable for 2026 - 27 SIA Process

Updated 2025-26 SIA information and handbook to be uploaded on KSS School of Anaesthesia website	22 nd August
Online application process for trainees will begin and stay open for 1 month	1 st September – 30 th September
HET to collate and send application forms to TPDs	First 2 weeks of October
TPDs to review and verify applications	Second 2 weeks of October
Applications sent to module leads. Scores and rankings to be returned to HET and TPDs by SIA group leads as soon as possible.	1 st – 30 th November
TPD's to review all information and allocate trainees to posts	1 st – 15 th December
Trainees informed of allocations and asked to confirm their acceptance	Trainees informed – 1 st week of January Trainee deadline to confirm acceptance – 31 st January
Rotational grids sent to College Tutors who will then inform their SIA leads of trainee allocations.	April 20256(for August intake) October 2026 (for February intake)
Notice period for changes to allocated SIAs	August 2026 start – by end of January 2026 February 2027 start – by end of July 2026

SIA Posts Application and Allocation Guidance

Full-time & Less than full time (LTFT) Trainees

The 2021 Anaesthetics Curriculum requires all trainees to undertake 12 months (whole time equivalent) of Stage 3 training in one or more areas of special interest (SIA). The curriculum also stipulates minimum and maximum training times (whole time equivalent) for certain SIAs:

- Clinical SIAs in Anaesthesia for Cardiac Surgery, Anaesthesia for Neurosurgery, Obstetric Anaesthesia and Paediatric Anaesthesia must have a *minimum* of 6 months training time (whole time equivalent).
- A *maximum* of 6 months training time (whole time equivalent) can be undertaken in any *one* of the non clinical SIAs.
- Pain Medicine requires a *minimum* of 6 months training time (whole time equivalent) but the curriculum also states that it is expected that Pain Medicine training should take 1 year (whole time equivalent).
 - The SIA in Pain will be 6/12 in GSTT and 6/12 in a KSS hospital (MMH, ASPH, UHS).
- Trainees in a Dual Anaesthetics and ICM training programme will use the SIA year for completion of the required 12 months (whole time equivalent) of stage 3 ICM training.
 - Stage 3 ICM placements are NOT part of this application process and dual trainees should discuss these with their ICM TPDs.
 - Dual trainees are not eligible to apply for any SIAs via this process.

In order to meet the whole time equivalent requirements of the curriculum, the amount of time undertaken in each SIA will be determined by a trainee's full-time / less than full time (LTFT) percentage and the SIA specialty itself.

The SIAs have been categorised into three groups (1, 2, 3) according to the whole time equivalent training time that can / should be undertaken in them (see table below).

All trainees can undertake up to two SIAs and placement times will be allocated to ensure that the appropriate whole time equivalent training time is provided for the specific SIA. Thus, all trainees will achieve the required 12 months (whole time equivalent) SIA training within their two allocated SIAs and there will not be a need or option for LTFT trainees to undertake a third SIA in order to achieve this.

Trainees can apply for and will be allocated to SIAs as follows depending on their full time / LTFT percentage and the SIA group:

- Full time
 - 12 months of single SIA from group 1
 - Two x 6 month SIA from group 1 or 2
 - One x 6 month SIA from group 1 or 2 AND One x 6 month SIA from group 3
- LTFT 80%
 - 15 months of single SIA from group 1
 - One x 9 month SIA from group 1 or 2 AND One x 6 month SIA from group 2 or 3
 - [* Two x 7.5 month SIA from any group ... this option may be possible ONLY if both SIAs are in the same hospital and are undertaken consecutively]
- LTFT 70%
 - 18 months of single SIA from group 1
 - Two x 9 month SIA from group 1 or 2
 - One x 9 month SIA from group 1 or 2 AND One x 9 month SIA from group 3
- LTFT 60%
 - 21 months of single SIA from group 1
 - One x 12 month SIA from group 1 or 2 AND One x 9 month SIA from group 2 or 3
 - [* Two x 10.5 month SIA from any group ... this option may be possible ONLY if both SIAs are in the same hospital and are undertaken consecutively]
- LTFT 50%
 - 24 months of single SIA from group 1
 - Two x 12 month SIA from group 1 or 2
 - One x 12 month SIA from group 1 or 2 AND One x 12 month SIA from group 3

** This option may only be possible if two SIAs are undertaken consecutively AND both are in the same hospital. However, the complexity of this arrangement may mean that even in this scenario, it may still not be possible due to the potential negative impact on overall grid placements. TPDs will determine if such an arrangement will be possible at the time of allocation.*

All LTFT trainees should seek advice from their TPDs prior to applying for SIAs, in order to ensure full understanding of the above process and to fully consider all the available options based on their individual circumstances.

SIAs will be offered to trainees based on the full time / LTFT % information provided on their application form. Once an SIA placement is offered it may not be possible to then change the full time / LTFT % for the specific SIA that has been offered. Trainees should discuss any potential change in full time / LTFT % at the earliest opportunity with their TPD and need to be aware that any such change may then necessitate a change in SIA location or even specialty.

SIA Specialty Groups – Minimum / Maximum / Recommended Training Times

<p>Group 1 <i>Require a minimum of 6 months whole time equivalent training time</i></p> <ul style="list-style-type: none"> Anaesthesia for Cardiac Surgery Anaesthesia for Neurosurgery Obstetric Anaesthesia Paediatric Anaesthesia Pain Medicine <i>[NOT part of this SIA application process]</i> 	<p>Group 2 <i>3 – 6 months whole time equivalent training time recommended</i></p> <ul style="list-style-type: none"> Anaesthesia for Bariatric Surgery Anaesthesia for Complex Orthopaedic Surgery Anaesthesia for Hepato-Pancreato-Biliary Surgery Anaesthesia for Major General Surgery Anaesthesia for Ophthalmic Surgery Anaesthesia for Patients with Complex Airway Anaesthesia for Plastic Surgery and Burns Management Anaesthesia in Resource Poor Environments Anaesthesia for Thoracic Surgery Anaesthesia for Vascular Surgery Military Anaesthesia Perioperative Medicine Regional Anaesthesia Transfer Medicine Trauma and Stabilisation Acute Inpatient Pain <i>[6 months WTE recommended in curriculum]</i>
<p>Group 3 (Non clinical) <i>Non clinical SIAs – up to 6 months whole time equivalent training time in any one of these</i></p> <ul style="list-style-type: none"> Management and Professional and Regulatory Requirements Safety and Quality Improvement Education and Training Research and Managing Data 	

Full time / LTFT percentage & Whole time equivalent SIA training time

The table below shows the whole time equivalent of the SIA placement time according to full time / less than full time percentage:

FT / LTFT	SIA placement time (months)	Whole time equivalent (months)
Full time	6	6
	12	12
LTFT 80%	6	4.8
	* 7.5	* 6
	9	7.2
	15	12
LTFT 70%	9	6.3
	18	12.6
LTFT 60%	9	5.4
	* 10.5	* 6.3
	12	7.2
	21	12.6
LTFT 50%	12	6
	24	12

** This option may only be possible if two SIAs are undertaken consecutively AND both are in the same hospital. However, the complexity of this arrangement may mean that even in this scenario, it may still not be possible due to the potential negative impact on overall grid placements. TPDs will determine if such an arrangement will be possible at the time of allocation.*

Special Interest Area Posts:

ASPH	- Ashford & St Peter's Hospitals
RSurreyCH	- Royal Surrey, Guildford
ELCH	- Evelina London Children's Hospital
GOSH	- Great Ormond Street Hospital
GSTT	- Guy's & St Thomas' Hospitals
KCH	- King's College Hospital
KH	- Kingston Hospital
MTW	- Maidstone & Tunbridge Wells Hospitals
MMH	- Medway Maritime Hospital
NHNN	- National Hospital for Neurology & Neurosurgery (Queen Square)
QVH	- Queen Victoria Hospital (East Grinstead)
RACH	- Royal Alexandra Children's Hospital (Brighton)
RBH	- Royal Brompton Hospital
SGH	- St George's Hospital
SASH	- Surrey & Sussex Hospitals
UHS	- University Hospitals Sussex

Anaesthesia for Patients with Complex Airway		
SIA Leads:		
Dr Ed Pickles (QVH): ed.pickles@nhs.net		
Dr Sandeep Sudan (UHS): sandeep.sudan@nhs.net		
Dr Bhavesh Patel (RSurreyCH): Bhavesh.patel@nhs.net		
Dr Louise Gent (WHH): louise.gent1@nhs.net		
Trust	Duration	Posts
Queen Victoria Hospital, East Grinstead	6 months	4 posts
University Hospitals Sussex	6 months	1 post
William Harvey	6 months	1 post
Royal Surrey County Hospital	12 months	1 Trust Funded

Anaesthesia for Bariatric Surgery		
SIA Leads:		
Dr Andrew Bailey (MTW): andrewrobertbailey@nhs.net		
Dr Alexander Hall (SRH): alexander.hall@nhs.net		
Trust	Duration	Posts
Maidstone & Tunbridge Wells Hospitals	6 months	1 post
St Richards Chichester	6 months	1 post

Anaesthesia for Cardiac Surgery**SIA Leads:**Dr Leon Dryden (UHS): leon.dryden@nhs@nhs.netDr Jonny Weale (RBH): j.weale@rbht.nhs.uk

Trust	Duration	Posts
Royal Brompton Hospital	6 months	1 post
UHS	6 months	1 post

Anaesthesia for Hepato-Pancreato-Biliary Surgery**SIA Lead:**Dr Andrew Pool (KCH): andrewpool@nhs.net

Trust	Duration	Posts
King's College Hospital	6 months	1 post

Anaesthesia for Major General Surgery and Perioperative Medicine**SIA Leads:**Dr Seliat Sanusi (ASPH): s.sanusi@nhs.netDr Leigh Kelliher (RSCH): lkelliher@nhs.netDr Jia Stevens (UHS): jjaliu.stevens@nhs.netDr Sarah Hodge (UHS): s.hodge2@nhs.net

Trust	Duration	Posts
Ashford and St Peter's Hospital	6 months	1 post
Royal Surrey County Hospital	6 months	2 posts
UHS	6 months	2 posts
Medway Maritime	6 months	1 post

Anaesthesia for Neurosurgery**SIA Leads:**Dr Caroline Nicholas (UHS): caroline.nicholas@nhs.netDr Rob John (NHNN): r.john@nhs.netDr Val Luoma (NHNN): val.luoma@nhs.netDr Audrey Tan (SGH): Audrey.Tan@stgeorges.nhs.uk

Trust	Duration	Posts
UHS	6 months	1 post
NHNN Queen Square	6 months	1 post
St George's Hospital	6 months	1 post

Anaesthesia for Thoracic Surgery**SIA Leads:**Dr George Christodoulides (GSTT): George.Christodoulides@gstt.nhs.ukDr Jonny Weale (RBH): j.weale@rbht.nhs.uk

Trust	Duration	Posts
Royal Brompton Hospital (Using Cardiac post)	6 months	1 post
Guys and St Thomas'	6 months	1 post

Anaesthesia for Vascular Surgery and/or Perioperative Medicine**SIA Leads:**Dr David Timbrell (FPH): david.timbrell@nhs.netDr Vanessa Fludder – Vascular (UHS): vanessa.fludder@nhs.netDr Ritoo Kapoor (K&C): ritoo.kapoor@nhs.net

Trust	Duration	Posts
Frimley Park Hospital	6 months	1 post
University Hospitals Sussex - Vascular	6 months	1 post
East Kent, K&C	6 months	1 post

Obstetric Anaesthesia**SIA Leads:**Dr Sarah Armstrong (FPH): saraharmstrong1@nhs.netDr James Jackson (MTW): james.jackson@nhs.netDr James Goodman (MTW): james.goodman2@nhs.netDr Dawn Harpham (DVH): dharpam@nhs.netDr Kimberley Hoyland (WHH): Kimberley.hoyland@nhs.netDr Abigail Medniuk (UHS): Abigail.medniuk@nhs.net

Trust	Duration	Posts
Frimley Park Hospital	6 months	1 - 2 posts
Darrent Valley Hospital	6 months	1 post
Maidstone & Tunbridge Wells Hospitals	6 months	1 - 2 posts
University Hospital Sussex	6 months	1 post
William Harvey Hospital	6 months	1 post

Paediatric Anaesthesia**SIA Leads:**

Dr Tahzeeb Bhagat (ELCH): Tahzeeb.Bhagat@gstt.nhs.uk

Dr Bill Kavanagh (RACH): bill.kavanagh@nhs.net

Dr Emma Lillie (RACH): emma.lillie@nhs.net

Dr Ellen Rawlinson (GOSH): ellen.rawlinson@gosh.nhs.uk

Dr J Navaratnarajah (GOSH): jamuna.navaratnarajah@gosh.nhs.uk

Trust	Duration	Posts
Evelina London Children's Hospital	6 months	1 post
Royal Alexandra Children's Hospital	6 months	1 post
Great Ormond Street Hospital	6 months	1 post
Great Ormond Street Hospital	12 months	

Regional Anaesthesia**SIA Leads:**Dr Adam Yarnold (MMH): adam.yarnold@nhs.netDr Venkat Duraiswamy (SASH): Venkat.duraiswamy@nhs.net

Dr Nat Duke (UHS): Nathaniel.duke@nhs.net

Dr Aphmaja Thottunbal (K&C): athottunbal@nhs.net

Dr Claire Stikans and Dr Alan Stedman (East Sussex)

Trust	Duration	Posts
Medway Maritime Hospital	6 months	1 post
Surrey & Sussex Healthcare Trust	6 months	1 post
University Hospitals Sussex	6 months	1 post
Kent and Canterbury	6 months	1 post
East Sussex	6 months	1 post

Trauma & Stabilisation**SIA Leads:**

Dr Abhijo Chakladar (UHS): abhijoy.chakladar@nhs.net

Dr Daniel Roberts (SGH): Daniel.Roberts3@nhs.net

Trust	Duration	Posts
UHS	6 months	1 post
St George's Hospital	6 months	1 post

Chronic Pain – DW Pain TPD 1 year KSS/GSTT split		
SIA Leads:		
Dr Fauzia Hasnie (Pain TPD): Fauzia.hasnie@nhs.net		
Trust	Duration	Posts
UHS 6/12	6 months	1 post
Maidstone and Tunbridge Wells 6/12	6 months	1 post
Ashford and St Peters 6/12	6 months	1 post
Guys and St Thomas' 6/12	6 months	1 post

Anaesthesia for Patients with Complex Airway

Queen Victoria Hospital, East Grinstead

Unit Supervisor: Dr Ed Pickles

Email: ed.pickles@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 maxillo-facial 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 this special interest area of training 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.

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 stage 3 special interest area in complex airway management, 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. Many plastics and eye procedures are conducted using a variety of sedation techniques. Much of this additional experience is valuable for gaining key capabilities to support HALO completion of both the generic professional domains and specialty specific domains of the stage 3 anaesthetic curriculum.

We have an excellent range of equipment including fibrescopes (Storz videoscopes and Ambu), C-MACs including paediatric blades, TCI pumps, ultrasound machines 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. Anaesthetic training at QVH achieved green flags in the areas of overall satisfaction, workload, teamwork, induction, handover supportive environment, local teaching, rota design and facilities in the 2023 GMC Survey.

Clinical experience:

- Supervised ENT and maxillo-facial 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 pre-assessment, risk assessment and optimisation of patients undergoing major surgery, including attendance at the MDT meeting.
- 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.
- There may be an additional opportunity to offer clinical experience in Brighton to complement experience available at QVH.
- Simulation training to support clinical experience using low fidelity manikins and the ORSIM.

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 clinical 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.

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 HALO for the special interest area of training in anaesthesia for patients with a complex airway we expect you to have achieved the key capabilities described in the 2021 anaesthetic curriculum as evidenced by supervised learning event documentation, CPD, audit and quality improvement projects, logbook and completion of an MSF & MTR. 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 case-based discussions based around a complex area such as management of subglottic lesions, acute airway obstruction or paediatric airway emergencies.
- Gain experience of extubation strategies for the at risk airway.
- Competently manage the patient with a tracheostomy including common emergencies.
- Completion of the National Tracheostomy Safety Project e-learning course.
- Develop leadership skills and experience in airway management decision-making.

Summary:

QVH is a small specialist surgical hospital that offers a unique experience. The anaesthetic department is a friendly and a 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.

Anaesthesia for Patients with Complex Airway

Royal Sussex County Hospital & Princess Royal Hospitals University Hospitals Sussex NHS Foundation Trust

SIA Supervisor: Dr Sandeep Sudan

Email: sandeep.sudan@nhs.net

This is a 6-month SIA post based at the eastern hospitals within UHS NHS Foundation Trust. The Royal Sussex County Hospital is the major trauma centre for the Sussex trauma network, regional vascular centre, as well as undertaking major cancer surgery. Cardiac surgery and Paediatric (at the Royal Alexandra Children's Hospital) are also provided. Princes Royal Hospital provides day case ENT and maxillo-facial surgery, in addition to the usual surgical specialities. Both sites have obstetric units. The training objectives are taken from the 2021 curriculum learning syllabus: stage 3 special interest areas (Anaesthesia for Patients with Complex Airway).

2021 Curriculum Learning outcomes:

- Provides safe perioperative airway and anaesthetic care for a wide variety of patients with complex airway problems independently
- Is capable of leading the delivery of care in this area of anaesthetic practice, to the benefit of both patients and the organisation

Key capabilities:

- **A** Is a senior decision maker within the multi-disciplinary team in planning the appropriate airway management in patients with advanced airway pathology
- **B** Can proficiently manage the difficult paediatric airways that may present in any non-specialist hospital
- **C** Performs awake and asleep intubation in all patients with advanced airway pathology
- **D** Can plan and manage at-risk extubation
- **E** Utilises techniques for apnoeic oxygenation and ventilation
- **F** Proficient in front of neck access to the airway
- **G** Is proficient in independently managing anaesthesia for patients needing a wide range of major head and neck surgeries

Suggested supervision level:

- **4** - Should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Work load at UHS (East)

Trainees will be allocated to appropriate (supervised and later solo) lists in ENT, dental and max-fax surgery. These would include:

- All head and neck lists in main theatres, RSCH site, on Mondays, Tuesdays and Thursdays. These are the major lists, which include free flap surgery (trainees are expected to see such a case to completion)
- Microlaryngoscopy (tubeless anaesthesia) vocal cord surgery at HWP
- Solo lists in ENT, dental and max-fax where appropriate; initially at HWP/PRH (and then at RSCH site)
- Paediatric lists at RACH (will also be allocation to paediatric difficult airway day course)

NB: On the odd occasion you are covering non airway lists, this is good time to promote best airway practice to others (as well as using this opportunity to develop airway skills e.g. USS of neck).

Must attend ENT clinics (for nasendoscopy skills).

Must attend Head and Neck MDT meeting.

By mutual consent (especially if trainee hasn't been before) we can offer a 2-week attachment to Queen Victoria Hospital, East Grinstead for further airway experience.

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

Trainees will be provided with ES (in addition to CS)

Skills:

In particular but not limited to:

- Awake tracheal intubation (FO and VL), eFONA (simulation, USS), Video-laryngoscopes (trainee is actively discouraged from using DL during the attachment, unless teaching novices!), 2nd generation SADs (including intubating through this), HFNO/THRIVE, nasendoscopy and USS.
- **ORSIM** – We are fortunate enough to have this FO simulator. Trainees are expected to spend time completing all scenarios to help develop endoscopy skills.

Courses:

Trainees are encouraged to attend any airway courses (DAS, HANA, RCoA) and webinars during the attachment. We provide regular faculty to the RCoA airway workshops, which means we should be able to get trainee to attend as an observer.

'Airway Matters' MOOC if not undertaken should be completed.

Teaching:

SIA trainees will be expected to be active in airway teaching.

Airway training to the following groups is available:

- Foundation doctors
- Novice anaesthetists (as their airway mentor)
- ODPs
- 6 monthly in house teaching workshop
- Consultant CPD

QI:

Trainees will be expected to participate in QI and time will be given for this (EDT).

Present at QSPE (our clinical governance meeting).

Present at journal club.

We have a strong history of submitting posters to the DAS AGM and presenting at such a meeting is encouraged.

Evidence at end of SIA:

- Evidence linked to all SIA key capabilities on the 2021 curriculum
- To be able to sign off some non-clinical domains / GPC HALOs in addition
- Personal activities e.g. good clinical practice course, development of guidelines
- Reflection
- Logbook
- Consultant feedback from airway trainers (including surgeons)
- Certificate of attendance of courses
- Posters/publication

Any enquiries about this post please email sandeep.sudan@nhs.net

Specialist Interest Area: Patients with Complex Airways

Royal Surrey NHS Foundation Trust Royal Surrey County Hospital

SIA Supervisors: Dr Bhavesh Patel Bhavesh.patel@nhs.net & Dr Daniel Yeow,
chiakuan.yeow@nhs.net

College tutor: Dr Edward Mathers, edward.mathers@nhs.net

**THIS IS A TRUST FUNDED POST SO NEEDS TO BE APPLIED
DIRECTLY. The Deanery will support OOPE or OOPT**

Background

The Royal Surrey is a busy district general hospital with orthopaedics, trauma, ENT, max fax, gynae and general surgery but in addition it is the regional oncological surgical hospital for much of Surrey and Sussex. Many of the highly specialized oncological surgical specialties are now established here and include oesophagogastric, hepatobiliary, laparoscopic gastrointestinal, major urological, gynaecological, head and neck and maxillofacial oncology. We are also now one of the busiest robotic centres in the country. The development of these surgical specialties has been associated with exciting opportunities for anaesthetists to gain extra exposure in all these areas.

Clinical learning opportunities timetable

This post will focus on the following areas:

- 1) Anaesthesia for head & neck oncology. Currently there are four all day head & neck cancer lists per week. This includes approximately 40 free flap cases per year by the maxillofacial team (with an Enhanced Recovery Pathway) as well as neck dissections, laser procedures and laryngectomies performed by the ENT head & neck consultants. High frequency jet ventilation is frequently used. There are weekly robotic ENT lists.
- 2) Anaesthesia for maxillofacial surgery. In addition to the above there are three all day maxillofacial lists for non-cancer surgery per week. The department currently performs the highest number of bimaxillary osteotomies in England. Paediatric dental services are provided, as well as on-call cover for maxillo-facial and ENT emergencies.
- 3) Anaesthesia for ENT surgery. The hospital is also a tertiary referral centre for complex nasal and sinus conditions, as well as specialist otology and general paediatric services.

Learning outcomes

As per the Royal College of Anaesthetists requirements of a Stage 3 SIA, after 6 months (WTE) the trainee should be able to:

- 1) "Provide safe perioperative airway and anaesthetic care for a wide variety of patients with complex airway problems independently".

- 2) “Lead the delivery of care in this area of anaesthetic practice, to the benefit of both patients and the organisation”.

Key capabilities

As per the Royal College of Anaesthetists requirements of a Stage 3 SIA, after 6 months (WTE) the trainee should be able to:

- A) “Be a senior decision maker in the multi-disciplinary team in planning the appropriate airway management in patients with advanced airway pathology”.
- B) “Proficiently manage the difficult paediatric airways that may present in any non-specialist hospital”.
- C) “Perform awake and asleep intubation in all patients with advanced airway pathology”.
- D) “Plan and manage at-risk extubation”.
- E) “Utilise techniques for apnoeic oxygenation and ventilation”.
- F) “Be proficient in front of neck access to the airway”.
- G) “Be proficient in independently managing anaesthesia for patients needing a wide range of major head and neck surgeries”.

By the end of the placement, the trainee should work be working at supervision level 4 (able to manage independently with no supervisor involvement, although should inform consultant supervisor as appropriate to local protocols).

Non-clinical outcomes

- 1) Undertake a teaching role within the hospital including use of the Simulator. The department organises courses at the University of Surrey including the Unexpected Difficult Airway Course, student ODP, Novice Anaesthetic Trainee, CT2, Obstetric and ODP simulation. We have also organised the AAGBI seminar on ENT and Anaesthesia Updates, as well as regular faculty at the RCOA Airway Day and DAS workshop conferences.
- 2) The department has close links with the Postgraduate Medical School at the University of Surrey including access to the Research Design Service. Presentation of case reports/audits at the annual Difficult Airway Society meeting is typical.
- 3) Attend course/conference on airway anaesthesia or related topics, aiming to present any work undertaken out the post.
- 4) Engage with development or revision of guidelines, which could be local/regional/national.

Anaesthesia for Patients with Complex Airways

EKHUFT – William Harvey Hospital

East Kent Hospitals University Foundation Trust (EKHUFT) is a tertiary referral centre for Head & Neck Surgery for the South-East region, our head and neck anaesthetists are valued members of the large MDT that surrounds these patients.

Within this SIA module our aim is to enable the higher anaesthetic trainee to become a confident and skilful anaesthetist able to manage complex airway related problems in their future anaesthetic career and to provide a pathway to becoming a difficult airway anaesthetist; but perhaps more importantly, to know the wider decision making that surrounds our patients and as such to equip our trainees with valuable insight as they soon become consultant colleagues. We expect involvement in the pre operative decision, not only joining our dedicated head and neck pre assessment clinic, but also our head and neck MDT meeting, by the end of the rotation our trainee will very much become a valued part of our large MDT.

Unit Supervisor: Dr Louise Gent/ Dr Christina Schneider-Smith

Number of Advanced Trainees per 6 -month post: 1

The timetables will be reflective of the services our tertiary referral centre offers at our WHH and K&C sites, including a mixture of ENT and Maxillofacial surgeries both oncological and benign in origin.

Paediatric and complex needs adult surgeries are also on offer.

At our K&C site we offer regular robotic Head & Neck cancer surgeries and Head & Neck MDTs for which the successful applicant will be expected to be part of.

The post will match key capabilities A-G of the 2021 curriculum syllabus stage 3 special interest areas.

Maxillofacial exposure: Weekly maxillofacial free flap lists, with patients with complex medical needs. Additional weekly maxillofacial lists include facial and dental trauma surgeries, osteotomies, community dental lists with paediatrics. Frequent dental abscesses requiring awake fiberoptic intubation or facial trauma patients on our busy CEPOD lists.

ENT / Head & Neck exposure: In addition to paediatric ENT surgeries and often complex thyroid/ parathyroid and parotid surgeries; we frequently undertake complex airway surgeries requiring laser and balloon or airway tumour surgeries, necessitating jet ventilation or THRIVE techniques for “tube less” anaesthesia. Frequent oropharyngectomies and laryngectomies are performed, including robotic head and neck surgeries. Joining a head and neck consultant surgeon in clinic to practice nasendoscopy will be mandatory for the successful applicant.

We expect our trainee to see the patient through to the intensive care to see how these complex patients are post operatively, and lead with our intensivists colleagues on the decision making for high risk extubations; learning it is not solely the airway pathology that dictates the conduct of extubation.

Total Intravenous Anaesthesia: These airway techniques are of course supported by TIVA techniques. We expect mastery of both Marsh, Eleveld, paedfusor and Minto TCI models at the end of this placement.

Research/ Audit/ QIP: There will be opportunities for research/ audit/ QIP, often in conjunction with our surgical colleagues involving prehabilitation, including patient journey planning with creating patient information packages via websites and Apps for major maxfac surgery, pain management in major free tissue surgery, enhanced recovery and paediatric tracheostomy care to name a few.

Teaching and training: The post holder will be actively championing all things airway throughout the whole hospital! teaching and training is not just for anaesthetic colleagues but the whole hospital.

As a regional simulation centre, we offer a multitude of teaching opportunities on courses particular to this SIA such as our MDT simulation sessions like the CPD accredited Shared Airway Simulation course with

OMFS and ENT teams, the “Dentist on the ward course” for the dental trainees joining the hospital as OMFS core trainees, and the Altered Airways Emergency course which is expanding to include our medical colleagues as well as our nursing colleagues, it is expected that you complete the National Tracheostomy Safety Project e-learning course prior to teaching on this altered airway course. The area of paediatric altered airways is expanding and teaching around paediatric tracheostomy management is ongoing. We mandate eFONA training in the department and as such need a champion of this, our eFONA tea trolley and resources is a permanent fixture in the department. We have annual consultant only airway workshops for our senior colleagues to be taught on complex airway management. Opportunity will be given to attend courses / meetings relevant to the SIA.

Example of a week of opportunity:

- Monday:** **Head and Neck Multidisciplinary Meeting**
- Tuesday:** **Free flap list week. Theatre 7.**
 Airway ENT List Theatre 2.
 Airway ENT List Theatre 11.
- Wednesday:** **ITU ward round and extubation planning.**
 ENT List theatre 7.
 Maxillofacial list theatre 11.
 Robotic ENT KCH site.
- Thursday:** **High risk Paediatric ENT list Theatre 5.**
 General Maxillofacial list Theatre 2.
 Maxillofacial list Theatre 11.
 Complex ENT (either airway or large cases) Theatre 7.
 Head and neck Preassessment clinic.
- Friday: ENT theatre 2.**
 Mixed ENT theatre 5.
 Maxillofacial theatre 7.
 Community dental theatre 12.

The week will be compliant to allow optimal exposure to routine and complex airway lists as you see above on offer, Including that of robotic surgeries and paediatric ENT.

Allow Nasendoscopy experience with our Head and neck surgical colleagues in head and neck clinic, expected to attend 3 clinics in 6 months.

Allow time for course attendance, teaching and administration around research/ publications. This EDT/admin time will likely fall on a Monday, and can be flexible, but 6 MDT attendances in a 6 month block is expected.

The following competencies and aims should be achieved by the postholder by the end of the placement:

Mastery in TIVA techniques

Mastery in Videolaryngoscopy techniques

Independent tube less anaesthesia to include THRIVE, high frequency jet (monsoon) and manujet management of supra and subglottic lesions. With communication with surgical colleagues.

Independent management of Free Tissue Transfer anaesthesia cases including the safe transfer and hand over to intensive care.

Independent awake intubation techniques, both awake fiberoptic, awake videolaryngoscopy and hybrid techniques. With experience of a range of topicalization and sedation techniques.

Cricothyroid puncture

Proficiency in extubation strategies in patients with anticipated difficult airways both in theatre and the intensive care.

Insight into becoming a consultant colleague and how we “fit” within and MDT.

Be a DAS member.

Anaesthesia for Bariatric Surgery

Maidstone & Tunbridge Wells Hospitals

SIA Supervisor: Dr Andrew Bailey

Bariatric Lead: Dr James Wood

Email: andrewrobertbailey@nhs.net

Background:

Our service delivers Tier 4 bariatric services for the residents of Kent and Medway within Kent. PHE report that the obesity rate in Kent is 63.2% and 69.4% in Medway, compared to the national rate of 63.5% and currently over 270 residents a year undergo bariatric surgery. We have developed a multi-disciplinary team and integrated pathway within Kent for the surgical management of obesity, linked to the Tier 3 service, compliant with NICE and NHS England Guidance for Clinical Commissioning Groups (CCGs): Clinical Guidance: Surgery for Severe and Complex Obesity (2016).

We have regular operating lists for bariatric surgery and integrated one stop shop bariatric pre-assessment clinics. We have once weekly MDT meetings with our surgeons, endocrinologist and allied healthcare professionals (specialist nurses, dieticians and psychologists), who are enthusiastic, approachable, and supportive. We have a core group of anaesthetists with a special interest in anaesthesia for bariatric surgery, supported by the rest of the anaesthetic consultants who flexibly cover bariatric lists. The department has several excellent and experienced educators, and a well-developed teaching programme. Our research team are very active, with multiple NIHR projects being undertaken at any given time, they also provide an excellent resource for support and guidance when developing audit, quality improvement and research projects. We have a well-supported simulation centre and strong links with the Kent and Medway Medical school.

As well as the provision of anaesthesia for bariatric surgery, we frequently anaesthetise within the department for bariatric patients undergoing non bariatric procedures, these include but are not limited to Gynae -oncology surgery, orthopaedic surgery, major colorectal, and ENT. We also have the busiest obstetric service in Kent. Allowing for opportunities for audit and projects around bariatric patients undergoing non bariatric procedures.

Objectives:

1. To achieve SIA modules learning outcomes, key capabilities with an end supervision level being capable of managing independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).
2. Enable successful applicants to take up a consultant post with a sub-specialty interest in Anaesthesia for Bariatric Surgery.

Opportunities:

Clinical include:

- Anaesthesia for bariatric surgery
- Pre-assessment clinics
- Bariatric MDT meetings
- Anaesthesia for bariatric patients undergoing non bariatric surgery.

Non-clinical

- Develop and implement our Enhanced Recovery after Bariatric Surgery (ERABS) program.
- Education days (internal and external)
- In-situ simulation for identification of latent threats and educating staff.
- Patient safety: support root cause analysis of incidents relating to bariatric anaesthesia.
- Research: Supported to get up to date GCP training and participate in department and division research opportunities.
- Attend MDT service meeting.
- Freedom to carry out a project focusing on your own interests to innovative care for our patients living with obesity who are undergoing anaesthesia.

Examples of future projects:

- Business case for Trans nasal Humidified Rapid-Insufflation Ventilatory Exchange (Thrive).
- Leadership of QI projects related to patients with high BMI undergoing surgical procedures.
- Development of online patient information with our allied healthcare professional.

Anaesthesia for Bariatric Surgery

University Hospitals Sussex – St Richard's Hospital, Chichester

SIA Supervisor: Dr Alexander Hall
Bariatric Module Lead: Mateusz Klukowski
Email: alexander.hall@nhs.net

Background:

Our service, a tertiary bariatric referral centre – the busiest in the South East delivers Tier 4 bariatric services for the residents of Sussex as well as receiving patients from Kent and Surrey. We operate on around 300-400 bariatric patients a year. These are usually sleeve gastrectomies or Roux-en-Y bypasses, but we do still operate on some patients with gastric bands.

We have regular operating lists for bariatric surgery – often up to four days per week and integrated MDT bariatric pre-assessment clinics. The department has weekly “one-stop shop” MDT meetings with our bariatric surgeons (three resident, two visiting), endocrinologists and allied healthcare professionals (specialist bariatric nurses, dieticians and psychologists) to help determine the most appropriate outcome for our patients. The team is enthusiastic, approachable, and supportive.

We have a core group of anaesthetists with a special interest in anaesthesia for bariatric surgery, supported by the rest of the anaesthetic consultants who anaesthetise for this cohort on the emergency list if needed. We have had a bariatric fellow for many years, and our fellow has had many opportunities to be involved in various quality improvement work and research – with several of our trainees gaining prizes at prestigious meetings. The department is educationally focused with a core group within the teaching faculty, as well as this we host an annual KSS Regional Training Day in Bariatrics which the fellow will have to opportunity to help with – this is well supported by the whole MDT including patient perspectives. We also encourage supportive anaesthetic techniques to help with patients living with obesity such as neuraxial ultrasound scanning. We also anticipate being able to provide some exposure to sleep studies and their interpretation. There is a well-supported simulation provision within the anaesthetic department too – with potential for in-situ, MDT based sim scenarios.

In addition, as a tertiary centre, we also provide anaesthesia for bariatric patients having non-bariatric procedures.

Objectives:

1. Achieve all the Bariatric SIA modules learning outcomes, key capabilities and be capable of managing these cases independently (SL 3 or 4 depending on the case).
2. Enable successful applicants to take up a consultant post with a sub-specialty interest in Anaesthesia for Bariatric Surgery.

Opportunities:

Clinical include:

- Anaesthesia for bariatric surgery
- Pre-assessment clinics
- Access to sleep studies
- “One-stop” Bariatric MDT meetings
- Anaesthesia for bariatric patients undergoing non-bariatric surgery
- Auxiliary techniques to help anaesthetise patients living with obesity such as neuraxial ultrasound.

Non-clinical

- Involvement with the MDT meetings
- Education days, as well as ability to teach the wider MDT
- Involvement in planning/running regional Bariatric Higher Training Day
- Simulation – full access to the simulation suite and MDT/in-situ sim
- Research: Excellent opportunities to research topic and departmental support for presenting the work

Anaesthesia for Cardiac/Thoracic Surgery

Royal Brompton Hospital

SIA Supervisor: Dr Jonny Weale

Email: j.weale@rbht.nhs.uk

Background:

The Royal Brompton and Harefield hospitals make up the largest specialist heart and lung centre in the UK and among the largest in Europe. Royal Brompton Hospital was founded in 1840 and joined the NHS in 1948. The National Institute for Health Research (NIHR) set up a research unit within the hospital in 2010 and the hospital has always undertaken pioneering and world-class research into heart and lung disease.

Clinical teams at Royal Brompton Hospital care for patients with a wide range of complex cardiac conditions, including congenital (present at birth), inherited and acquired. Our hospitals are world leaders in the diagnosis, management and treatment of lung disease. Our children's services provide care from before a child is born, throughout childhood and into adolescence, before managing a smooth transition to our adult teams.

Today we are the only centre in the country with a total artificial heart programme and our cystic fibrosis experts are pioneering opportunities in remote digital care. Our teams have always pushed boundaries, working in partnership to harness new technology and deliver the very highest standards of patient care.

WEBSITE:

<https://www.rbht.nhs.uk>

What would your clinical exposure consist of?

This attachment will provide broad exposure to cardiac and thoracic anaesthesia, and can be focused on either. There is also the opportunity to develop specialised skills in some areas of paediatric and vascular anaesthesia.

The Royal Brompton hospital has six cardiothoracic operating theatres, one of which is a specialist hybrid theatre for combined cardiac/vascular procedures, performing about 1500 cardiac and 2000 thoracic cases per year, encompassing adult, paediatric and neonatal surgery and the largest adult congenital heart disease programme in the UK.

Five cardiac catheter laboratories use cutting-edge technology to carry out a very broad range of procedures including electrophysiological studies and procedures, trans-catheter replacement of aortic and mitral valve, VSD, ASD and PFO closures and other procedures on both adults and children with CHD and pulmonary hypertension.

- **Mitral Programme:**
 - A group of specialist surgeons and cardiologists provide care for patients with mitral valve disease, which includes minimally invasive repairs, tendynes, clips, neocords and replacements and tricuspid valve surgery.
- **Aortic programme:**
 - Royal Brompton has a specialist and dedicated aortic and vascular surgery team which care for patients undergoing surgery to the aortic root, arch and descending aorta, including minimally invasive aortic surgery and emergency aortic surgery.
- **Congenital Heart Disease and Paediatric Cardiac Surgery:**
 - The Royal Brompton Hospital practices a vertical model of care for congenital heart disease, caring for all patients from pre-birth to adult congenital heart disease (ACHD) within one service. Training at RBH will give you broad exposure to all aspects of anaesthesia and perioperative care for ACHD and paediatric congenital surgery.
 - Two of our congenital cardiac surgeons have a special interest in ACHD surgery, including multi-valve operations, complex redo procedures and less-invasive techniques such as PEARS, using mechanical support, such as VA- and VV-ECMO, where necessary to support operations.
 - In addition to open surgical cases, we also have dedicated ACHD interventionists performing a full range of trans-catheter procedures, from diagnosis to percutaneous valve implantation and repair. RBH is home to one of Europe's only catheter magnetic navigation systems allowing procedures to be safely performed in people with complex cardiac anatomy.
 - As well as anaesthesia, there are daily clinics in ACHD and pulmonary hypertension, regular MDT meetings, and a range of academic opportunities such as weekly cardiac morphology seminars.
 - The paediatric anaesthesia department offers a specialist service covering all ages of children, from extreme pre-term onwards. As well as the full range of cardiac surgical and diagnostic and interventional cardiology procedures, you will also be exposed to anaesthesia for respiratory disease e.g. bronchoscopy and lung washout, diagnostic cardiac procedures e.g. MRI and CT, and non-cardiac procedures in children with complex heart disease, such as ENT, general surgery, dentistry and thoracic surgery.
- **Thoracic surgery:**
 - We have a team of 4 thoracic surgeons operating on adults and children. We carry out Video Assisted and open thoracotomies for lung resection, lobectomies and pneumonectomy as well as lung volume reduction surgery, and complex procedures which include major thoracic resections, often combined with a visiting plastic surgeon. We have a significant number of large airway interventions including laser treatment and stent insertion.

Every theatre and catheter lab is equipped with a TOE machine and there is an active TOE training programme throughout the hospital. We have a TOE simulator and we do regular teaching sessions with this.

Post procedure, the patient will go to the 8-bed overnight recovery unit, or one of three critical care areas (two adult, one paediatric/neonatal). You will have exposure to PA catheters, cardiac output monitoring, intra-aortic balloon pumps, impella and many patients receiving both venous and arterial ECMO.

Your on-call commitment will be to anaesthesia only, as intensive care units are separately staffed. Training and exposure in these areas can be arranged should you so wish.

Clinical aims:

During this attachment the trainee will have exposure to all of the key capabilities for cardiac and thoracic anaesthesia, as well as the opportunity for considerable exposure to complex vascular and paediatric surgery.

- Provide anaesthesia for a cardiac surgical list of uncomplicated CABG, AVR or combined procedures independently
- Manage the anaesthetic care of a complex valve case and a major aortic case with local supervision
- Assess and provide perioperative care for off pump cardiac surgical procedures independently
- Manage cardiac surgical cases with poor biventricular function and plans on-going care
- Provide anaesthesia for interventional cardiology procedures e.g complex coronary intervention, transcatheter aortic valve insertion
- Evaluate point of care tests and utilise appropriate bleeding algorithms to manage peri and post bypass operative bleeding
- Manage emergency anaesthesia for post cardiac surgical complications
- Undertake learning and delivery of transoesophageal echocardiography
- Provide intensive care to the post-operative cardiac surgical patient
- Explain the principles of cardiac transplantation
- Manage patients requiring mechanical circulatory support during the perioperative period, including VA and VV ECMO, intra-aortic balloon pump, impella and protek.
- Assess and manage the perioperative care of VATS lung or pleural biopsy independently
- Manage the perioperative care of patients for a wide range of major thoracic surgical procedures
- Provide a range of appropriate perioperative multimodal pain management for thoracic procedures
- Assessment and manage patients with recurrent pneumothoraces, or for pleurectomy or bullectomy
- Manage airway interventions for benign and malignant disease including tracheal stents and tumour debulking
- Manage the patient with pleuro-pulmonary sepsis independently

Academic, Teaching and Management Aims:

Brompton has an active research and audit programme (supported by research staff) which you are encouraged to be involved in.

- You should aim to complete a scientific or quality improvement project aiming to present at a scientific meeting.
- Achieve authorship in scientific journals and/or textbooks.
- Attend weekly TOE meeting.
- Attend a weekly morning of academic activities for anaesthesia trainees including journal club, lectures and external tutorials from surgeons, cardiologists etc.
- TOE simulator.
- In house CALS (Cardiac Surgical Advanced Life Support) course and other simulator courses run by the hospital (SPRINT simulated interprofessional team training).
- Various MDT meetings: ICU, mitral valve, TAVI, aortic, thoracic, paediatric, ECMO.
- Governance programme including M&M monthly for 1 day each month.
- Grand rounds, varying specialities, monthly.
- RBH regularly holds a week long management and leadership training course which you would be encouraged to attend.

Summary:

Brompton will provide the resources and environment for a broad education and training. You will be supported and encouraged to take on responsibilities tailored to your individual abilities and needs. We think that you will find the specialised training for cardiothoracic anaesthesia challenging, fascinating and enjoyable.

Education Team and Important Contacts:

College Tutor & SIA Supervisor

Dr Jonny Weale

j.weale@rbht.nhs.uk

Educational Supervisors

Dr Mary Lane

Dr Caterina Vlachou

Dr Nicoletta Zimbler

Trainee Representative

(Subject to change)

AnaestheticsGeneral@rbht.nhs.uk

Service Manager – Anaesthesia & Critical Care

Miss Ciara Philpott

c.philpott2@rbht.nhs.uk

Anaesthesia for Hepato-Pancreato-Biliary Surgery and Liver Transplantation

King's College Hospital

SIA Supervisor: Dr Andrew Pool

Email: andrewpool@nhs.net

King's College Hospital (KCH) has one of the busiest liver transplant units in the UK, with some of the best outcomes in Europe. We carry out around 250 adult and paediatric liver transplants per year, this includes a number of liver/kidney, multi-visceral and living related transplants. Approximately 50% of the annual caseload of 1000 patients admitted to LITU are admitted with complications of chronic liver disease.

As a tertiary referral centre for complex hepatobiliary surgery, there is a large and varied caseload including liver resections, pancreatic surgery including islet cell transplants and neuroendocrine tumour resections. There are also dedicated paediatric HPB lists. There is also a dedicated endoscopy service carrying out complex ERCP and EUS.

Background:

- King's College Hospital, Denmark Hill.
- 4 RCoA approved, SIA posts of 6 months.
- 1 non-training liver/cardiac post – usually filled by post CCT or overseas candidate (separate application process).

Transplant (+/- HPB) Consultants

- | | |
|-------------------------------------|--|
| • Dr Paul Bras | Dr Chris Nicholson |
| • Dr Charl Jooste - clinical lead | Dr Anneliese Rigby – Clinical Director |
| • Dr Anish Gupta- research interest | Dr Andrew Pool – SIA lead |
| • Dr Rob Broomhead – ES | Dr Lucy Dancy |
| • Dr Dan Henderson | |

HPB consultants

- | | |
|--------------------|--------------------|
| • Dr Tim Hughes | Dr Derek Amoako |
| • Dr Roger Bloomer | Dr Oliver Hargrove |
| • Dr Aidan Devlin | Dr Beth Ikponmwosa |
| • Dr Alex Kumar | |

- 3 liver theatres (1 transplant and 2 hepatobiliary) with a dedicated SSDU (4 level 2 beds), and Liver ICU (15 level 3 beds).
- Standard theatre days allocated to either HPB or liver transplant theatre.
- Non-resident on call covering adult and paediatric liver transplant and related complications. You will

always be working directly alongside a Consultant. Transplants often happen at unsociable hours.

- There is no requirement to live close to King's as coordinators 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.
- For those living further away, we would strongly recommend consulting those who have done the post previously from a distance to ensure understanding of the practicalities.

Clinical Aims (in line with new curriculum):

- Involvement in 20-25 liver transplants.
- To become proficient in the independent delivery of safe perioperative care for a wide variety of complex hepato-pancreato- biliary (HPB) procedures.
- Experience in paediatric complex major surgery.
- Involvement and understanding of the pre-assessment process for liver transplants.
- Attendance at high risk HPB pre-assessment clinic.
- Understanding the identification and management of systemic issues secondary to liver disease such as portal hypertension, hepatopulmonary syndrome and portopulmonary hypertension.
- 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/QI projects, both in transplant and HPB.
- Attendance and participation in weekly transplant listing meeting, paediatric listing meeting, M&M meetings.
- Opportunity for academic submissions to relevant liver meetings such as ILTS, LiCAGE and ESOT.

Specialist Interest Area: Major General Surgery

Royal Surrey NHS Foundation Trust Royal Surrey County Hospital

SIA Supervisor: Dr Leigh Kelliher, lkelliher@nhs.net
College tutor: Dr Edward Mathers, edward.mathers@nhs.net

Background

The Royal Surrey is a busy district general hospital with orthopaedics, trauma, ENT, maxillofacial, gynaecology, and general surgery but in addition it is the regional oncological surgical hospital for much of Surrey and Sussex. Many of the highly specialized oncological surgical specialties are now established here and include oesophagogastric, hepatobiliary, laparoscopic gastrointestinal, major urological, gynaecological, head and neck and maxillofacial oncology. We are also now one of the busiest robotic centres in the country. The development of these surgical specialties has been associated with exciting opportunities for anaesthetists to gain extra exposure in all these areas.

Clinical learning opportunities timetable

Alongside the clinical experience available in theatres, this post would provide training and experience in all other aspects of major general surgery, including:

- 1) Preoperative optimization, risk stratification and shared decision making through participation in our High-Risk Anaesthetic Clinics, IV iron service, CPET clinics and surgical specialty MDT meetings.
- 2) Quality improvement in intraoperative care. We have established enhanced recovery pathways for most of our surgical specialties and you would be involved in both delivering and developing these.
- 3) Analgesic modalities for major surgery. Training available in a wide variety of techniques for both awake and asleep surgery including thoracotomy, major abdominal surgery, breast and orthopaedics.
- 4) Postoperative care. Our 28 bed ICU has a high number of perioperative admissions and are expert in delivering protocolized care in line with enhanced recovery principles. Trainees will have the opportunity to gain experience in delivering excellent postoperative care and optimizing patient outcomes. Additionally point of care ultrasound is used extensively and there is ample opportunity to gain experience with this.
- 5) Audit and Research. The department is involved with a number of perioperative research projects and there are many opportunities to gain experience in clinical research either through participating in ongoing trials or through support in running your own projects.

Learning outcomes

As per the Royal College of Anaesthetists requirements of a Stage 3 SIA, after 6 months (WTE) the trainee should be able to:

- 1) “Provide safe perioperative anaesthetic care for a wide variety of complex general surgical, urological and gynaecological patients”.
- 2) “Lead the delivery of care in this area of anaesthetic practice, to the benefit of both patients and the organisation”.

Key capabilities

As per the Royal College of Anaesthetists requirements of a Stage 3 SIA, after 6 months (WTE) the trainee should be able to:

- A) “Provide and evaluate safe perioperative care for patients with significant co-morbidities for complex intra-abdominal surgery across all surgical disciplines”.
- B) “Know and evaluate developments in the anaesthetic care for complex procedures for cancer surgery across the general surgical, gynaecological and urological disciplines”.
- C) “Assist colleagues in the perioperative planning and management of major cases”.
- D) “Provide expert perioperative care for patients with complex endocrine surgery”.

By the end of the placement, the trainee should work be working at supervision level 4 (able to manage independently with no supervisor involvement, although should inform consultant supervisor as appropriate to local protocols).

Non-clinical outcomes

- 1) Attendance at courses or conferences that have a focus on perioperative medicine and/or care of the high-risk surgical patient
- 2) Aim to present an audit/QI/research project at national conference level or higher
- 3) Engage with development or revision of guidelines, which could be local/regional/national
- 4) Help with organising and running of the regional training day on anaesthesia and oncology
- 5) Engagement with teaching (simulation/classroom/FRCA/bedside) as well as teaching the wider theatre team (ODP/nurses/non-anaesthetic trainees/F1s/paramedics/medical students).

Anaesthesia for Major General Surgery & Perioperative Medicine

Ashford and St Peter's Hospitals

SIA Supervisor: Dr Seliat Sanusi

Email: s.sanusi@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 8 operating theatres and 2 maternity theatres. We have a large emergency workload, and provide major colorectal, bariatric, orthopaedic, upper GI, urological, gynaecological as well as several other surgical specialties. Our maternity unit has 4500 deliveries per year.
 - Ashford Hospital – provides an inpatient elective orthopaedic, bariatric and colorectal service as well as the majority of our day case procedures. It has 8 operating theatres, 2 modular theatres and a pain intervention room.
- Additional Services – acute and chronic pain services; specialist consultant high risk clinics for General, Bariatric and Obstetric patients; anaesthetic support for MRI, IR, Angio and endoscopy.
- Our local population is increasingly elderly and our services have responded with the development of a novel patient preparation pathway focusing on fitness for referral and a prehabilitation programme in our local community in collaboration with the therapies department and community partners. There is weekly cardio-pulmonary exercise testing (CPET) for our colorectal cancer and other high-risk patients, integrated care with shared decision-making (SDM), enhanced recovery and other perioperative pathways.
- We recently received our new surgical Da Vinci robot which will help to deliver less invasive procedures for a wide variety of abdominal and pelvic operations, providing patients with the best outcomes from surgery and have established perioperative pathways for anaemia, diabetes and sleep disordered breathing optimisation.
- Operating lists will include upper GI, bariatrics, colorectal, urology, gynaecology and endocrine surgery and trainees will be given dedicated time to develop their individual interests, and participate in research and quality improvement. We aim to support trainees in their final placements in becoming well-rounded, skilled, and confident consultants in their future careers.

Clinical Aims:

Our 6-month post offers trainees the opportunity to:

- Gain expertise in the delivery of safe perioperative care for patients with significant co-morbidities for complex intra-abdominal surgery across all surgical disciplines.

- Assist colleagues in the perioperative planning and management of major cases. This will be delivered through opportunities in our prehabilitation service, pre-assessment and specialist high-risk clinics and shared decision-making consultations.
- Provide expert perioperative care for patients with complex endocrine surgery through the development of our high-risk adrenalectomy clinics and perioperative adrenalectomy pathway especially for phaeochromocytoma cases.
- Lead in decision making about the suitability of high risk patients for surgery by developing expertise in risk assessment and risk communication in shared decision-making consultations and MDT planning.
- Manage our perioperative services ensuring that the care delivered is safe and timely, benefiting both patients and the organisation through understanding of risk stratification, optimisation for surgery and most appropriate post-operative destination at both hospital sites.
- Develop and evaluate local services and practice using appropriate QI projects with opportunities to identify and lead on new initiatives.
- Ensure that perioperative services are fully integrated, consistent, and reliable and sustainable through collaborative multi-disciplinary working including engagement with our prehabilitation programme and QI projects.
- Develop, maintain and evaluate partnerships with colleagues in other disciplines, in particular primary care, such as through our local community prehabilitation programme and multi-disciplinary partnerships.

Academic and Management Aims:

Current areas of interest with further opportunities to explore for audit and QI projects:

- ACSA – currently working towards our accreditation with multiple opportunities for QI projects
- Robotic Surgery – review new Da Vinci robot on clinical outcomes
- Enhanced Recovery – review of ERAS pathways for colorectal cancer, local PQIP and NELA data
- Cardio-pulmonary exercise testing (CPET)
- Perioperative pathways – optimisation of anaemia, diabetes, frailty
- Bariatrics – optimal management of OSA prior to bariatric surgery
- Endocrine – new service developed for adrenalectomies including phaeochromocytoma cases
- Surrey Heartlands Elective Surgery Hub at Ashford Hospital with the establishment of our post-operative Enhanced Care Unit (Level 1.5)
- Supported in attending and participating at the annual EBPOM conference in July

Teaching Aims:

- Provide teaching to colleagues of all grades and specialties such as the FRCA programme, journal club, weekly departmental anaesthetic teaching, the Trust's half day clinical governance meetings and further opportunities through the PGEC.
- Help to organise the KSS Perioperative Medicine Regional Training Day.
- Opportunities to expand the provision of simulation services cross the anaesthetic department and wider Trust through a very supportive PGEC including in-situ and 'tea trolley' simulation teaching.

Anaesthesia for Neurosurgery

National Hospital for Neurology & Neurosurgery Queen Square

SIA Supervisors: Dr Rob John & Dr Val Luoma

Email: r.john@nhs.net / val.luoma@nhs.net

Background:

- The department provides anaesthesia for the largest number of neurological cases in the UK. Our case mix includes major neurovascular 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 department supports neurooncology surgery, functional neurosurgery as well complex spinal surgery. Elective patients are supported by a daily consultant led pre-assessment clinic. Intraoperative neuromonitoring is used regularly.
- The neurocritical care unit is a tertiary referral centre spread across two floors caring for a large number of patients with brain injuries including stroke (haemorrhagic and thrombotic), subarachnoid haemorrhage and autoimmune neurological pathologies. Experience can be gained in the use of multi-modal neuromonitoring and transcranial doppler.
- There is also a busy Neuroradiology department with interventional neuroradiology (INR), MRI under general anaesthesia and a busy interventional MRI operating suite. The neuroanaesthesia department also supports a 24-hour mechanical thrombectomy service with the Stroke and INR teams.
- There are six dedicated Neurosurgical Theatres, an Interventional Neuroradiology Department, an MRI, a new Interventional MRI Suite as well as both acute and chronic pain services. The department also provides peri-procedural care for patients undergoing gamma knife procedures.
- This SIA can be undertaken as a standalone 6 month placement (whole time equivalent) or combined with 6 months at St George's Hospital to provide a 12 month (whole time equivalent) SIA training placement in Anaesthesia for Neurosurgery.

Clinical Aims:

- Ability to pre-assess complex neurosurgical patients for elective and emergency surgery.
- Key capabilities (2021 Curriculum):
A & B: Deliver safe perioperative care to adults requiring elective and emergency intracranial surgery
 - Awake craniotomies
 - Sitting craniotomies
 - Trans-sphenoidal surgery

- Acoustic neuromas
- Aneurysmal clippings and neurovascular surgery
- Lumbar drain insertion and surgery for hydrocephalus
- Emergency decompressive craniectomy
- Experience in high risk pre-operative assessment clinic
- Attendance at neurosurgical MDT meetings

C: Deliver safe perioperative care to adults requiring complex spinal surgery

- Complex lumbar/thoracic/cervical spine surgery
- Thoracic spine surgery with one lung ventilation
- Competence with difficult airways in unstable spine patients
- Emergency decompression of spinal cord

F: Deliver safe anaesthetic care for neuro-radiological interventions

- Endovascular coiling
- Dural fistula embolization
- Embolisation of arteriovenous malformation
- Tumour embolisation
- Interventional MRI
- Functional neurosurgery
- Emergency mechanical thrombectomies

- Experience in NICU with management of:
 - Spinal cord injury
 - Elective and emergency post-operative neurosurgical cases
 - Neurological disease requiring advanced organ monitoring and support.
 - Attendance at neurocritical care MDTs
- Eventual solo management of neurosurgical lists.

All Stage 3 “Anaesthesia for Neurosurgery” Key capabilities (A/B/C/D/E/F) will be met in accordance with the 2021 Royal College of Anaesthetists Curriculum. The 1-year Special Interest Area training program is also accredited through the International Council on Perioperative Neuroscience Training.

Academic and Management Aims:

- Actively participate in on-going neuroanaesthesia projects
- Complete QI project
- Submit project work to scientific conferences and/or peer-reviewed journals
- Attend national / international neuroanaesthesia meetings
- Neuroradiology sessions with neuroradiologist
- Trainees who complete the 1-year SIA will also have the option of completing the International Council on Perioperative Neuroscience Training (ICPNT) accredited neuroanaesthesia program requirements which St George's and NHNN collaborate on. See <https://icpnt.org> for further details.

Teaching Aims:

- Assist in the planning and delivery of local and regional neuroanaesthesia teaching days
- Opportunity to assist with neurosimulation on the NHNN “OneBrain” training course.
- Plan and deliver regular teaching in conjunction with NICU for junior doctors.
- Assist with in house skills courses
- Complete teaching course / train the trainer course

Anaesthesia for Neurosurgery

St George's Hospital

SIA Supervisor: Dr Audrey Tan

Email: Audrey.tan@stgeorges.nhs.uk

Background:

- 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 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 four 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.
- This SIA can be undertaken as a standalone 6 month placement (whole time equivalent) or combined with 6 months at the National Hospital for Neurology & Neurosurgery, Queen Square to provide a 12 month (whole time equivalent) SIA training placement in Anaesthesia for Neurosurgery.

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.

Learning outcomes will meet the requirements of the current Neuroanaesthesia Training Curriculums set by the Royal College of Anaesthetists along with experience in non-clinical domains (Stage 3 SIA).

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
- Trainees who complete the 1-year SIA will also have the option of completing the International Council on Perioperative Neuroscience Training (ICPNT) accredited neuroanaesthesia program requirements which St George's and NHNN collaborate on. See <https://icpnt.org> for further details.

Teaching Aims:

- Assist in the planning and delivery of local and regional neuroanaesthesia teaching days
- Plan and 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

Anaesthesia for Thoracic Surgery

Guy's and St Thomas' Hospitals

SIA Supervisor: Dr George Christodoulides

Email: george.christodoulides@gstt.nhs.uk

Background:

The thoracic surgery unit at Guy's Hospital is the largest of 35 thoracic centres in the UK. This is a challenging anaesthesia specialty with many transferable skills, and we love it. The Consultants in the Thoracic Anaesthesia Group at Guy's (TAGG) look forward to welcoming you!

This **Thoracic Anaesthesia Stage 3 Special Interest Area** is suitable for anaesthesia trainees aspiring to pursue a career in any of the following:

- Thoracic anaesthesia *
- Major surgery e.g. GI surgery, Neurosurgery, Vascular, Regional Anaesthesia and Pain
- Perioperative Medicine and Enhanced Recovery

Clinical Experience:

This six-month placement at Guy's hospital would present experience in:

- Ventilation techniques for pulmonary surgery:
 - One-lung ventilation (OLV) and managing hypoxaemia
 - Rigid bronchoscopy, high-pressure source ventilation
- Management of complex major surgery
 - Complex elective and emergency surgery:
 - Lung cancer resection: video, robotic-assisted thoracoscopy and open thoracotomy surgery
 - Pleural disease: malignant effusion and invasion, infective disease pleurectomy and bullectomy for pneumothorax, haemothorax, lung biopsy in asleep and awake procedures
 - Multi-specialty resections: Head and Neck, Neurosurgery e.g. giant thyroid, thymus and neurogenic tumours, tracheal resection
 - Interventional radiology - SVC stenting, vascular embolisation
- Difficult airway management (DA and OLV, tracheal stenting and tumour debulking, high pressure source ventilation)
- Pain management and regional anaesthesia:
 - Ultrasound-guided paravertebral blockade, erector spinae blockade
 - Management and prevention of phrenic nerve mediated shoulder pain
 - Prevention of chronic pain

- Preoperative assessment and enhanced recovery
 - Complex comorbidities: COPD, cardiac, difficult airway, co-existent cancer
 - Perioperative planning with surgeons, radiology, ICU, medicine
 - Preoperative assessment surgical clinic - Ms Stephanie Fraser, Thoracic Surgeon.
- Multidisciplinary education
 - One-Lung Simulation Courses (2-3 times a year) – Dr George Christodoulides
 - TAGG (Thoracic Anaesthesia Group at Guy's) meetings (every 2-3 months) – Dr Stuart Marshall
 - Guy's on-call rota workshops for Thoracic Emergencies – Dr George Christodoulides
 - TAP Thoracic for ODPs and nurses – Dr George Christodoulides

Learning Outcomes:

- Provide safe perioperative anaesthetic care for thoracic surgical patients
- Manage thoracic anaesthesia cases independently, with appropriate Consultant consultation

SIA Learning Requirements:

By the end of the SIA placement the trainee must demonstrate:

- Experience and logbook:
 - Minimum of 100 cases in 6 months (SIA trainees typically achieve 100-150 cases)
 - Demonstrate a wide range of cases: lung resection, mediastinal, chest wall and pleural surgery; thoracic emergencies
- Supervised learning events (SLEs) in
 - Preoperative assessment and case management (A-CEX and CBD)
 - Anaesthetic techniques for surgery: OLV, paravertebral placement (DOPS)
 - Effective list management and leadership (ALMAT)
 - Personal Activities (see below)
- Active participation in personal activities:
 - Responsible leadership role in research and QI projects (A-QIPAT)
 - Attend national and international meetings related to Thoracic Anaesthesia e.g. ACTACC, AAGBI
 - Presentation at TAGG meeting or national / international meeting
 - Contribute to teaching activities

We advise that the trainee perform the following SLEs – A-CEX, CBD, DOPS, ALMAT and A-QIPAT – at 2.5 months and then repeat them at 5 months in the placement, to document progress.

* Training Curriculum standards

For anaesthetists intending to undertake Thoracic Anaesthesia as a career, the SIA placement is structured to provide the learning outcomes to comply with:

- **RCOA 2021 Curriculum Stage 3 Special Interest Area: Anaesthesia for Thoracic Surgery**
<https://rcoa.ac.uk/documents/2021-curriculum-learning-syllabus-stage-3-special-interest-areas/anaesthesia-thoracic>
- **RCOA 2022 Anaesthesia Clinical Services Accreditation (ACSA) Cardiothoracic Standard 5.4.2.1 GPAS reference 18.4.5**
<https://www.rcoa.ac.uk/sites/default/files/documents/2022-07/ACSA-CARDIO-STDSFULL-2022.pdf>

The ACSA standard states that to undertake anaesthesia for cardiac or thoracic surgery, anaesthetists should have received training to a higher level in cardiac and/or thoracic anaesthesia for a *minimum of one year in recognized training centres*.

Our six-month SIA is dedicated to Thoracics (without the Cardiac component) and has a varied and high case load; the Thoracic Anaesthesia Consultant group consider that it complies with the above standards for Thoracics.

In practice, many of our Thoracic trainees remain for a full year in the Trust and combine the SIA in Thoracic Anaesthesia with a further 6 months in Airway, Cardiac or other SIA; several trainees have also trained for an additional 6 months at the Royal Brompton Hospital.

Current & Previous Thoracic Projects:

- 2022 **Preoperative paravertebral block in cancer surgery of the lung: ParaSOL a prospective randomized controlled clinical trial**
IRAS 244767
 - Chief investigator – Cheng Ong
 - Awarded European Society of Regional Anaesthesia (ESRA) Research Grant 2019
 - HRA presentation 28th August 2019; HRA and HCRW ethics **19/LO/1334**
- 2022 **Awake thoracic surgery**
 Wilson A, Ong C
Second Prize Oral presentation at Association of Cardiothoracic Anaesthetists (ACTACC) 9-10th June Meeting
- 2022 **Multidisciplinary team approach in the management of an obstetric patient with thyroid cancer**
 S El-Ghazali, A Mirza A and C Ong
 Submitted to BJA 26th May 2022

- 2021 **Thoracic anaesthesia: the effect of aerosol precautions during two COVID surges**
S-L. Harrison, G Christodoulides, H Yusuf, K Edgerton and C. Ong
Poster AAGBI 21st April
- 2021 **Thoracic surgery shoulder pain: significance in postoperative pain management**
S. Harrison, K. Edgerton, H. Yusuf, M. Baldwin and C. Ong
Anaesthesia 2021, 76 (Suppl. 6), 10–88.
<https://doi.org/10.1111/anae.15578>
- 2020 **Tracheal and left bronchial-oesophageal fistula repair and salvage 3-phase oesophagectomy supported by extra-corporeal membrane oxygenation: a case report**
Ben E. Byrne, Karen Harrison-Phipps, Cheng Ong, George Hallward, Rajiv Shah, Guy Glover, Victoria Rizzo, James Gossage
Ann Esophagus 2020;3:40
<http://dx.doi.org/10.21037/aoe-20-43>
- 2020 One-lung ventilation during the COVID-19 pandemic.
Ponnaiah, V. and Bailey, C.R. Anaesthesia 2020; 75: 1546-1547 <https://doi.org/10.1111/anae.15159>
- 2020 **Tracheal resection: the team brief in multi-stage airway surgery** Cervi E, Ong C.
Anaesthesia Reports 2020 (8) March 2020: 22-25. <https://doi.org/10.1002/anr3.12037>
- 2018 **A Neurogenic tumour of the Posterior Mediastinum: Double the complications**
Abdalla H, Bille A, Ong C. Anaesthesia Cases /2018-0042/ISSN 2396-8397
<http://dx.doi.org/10.21466/ac.ANTOTPM.2018>
- 2016 **Placement of Vivasight Double-Lumen Tube**
Hoogenboom E M, Christodoulides G, Ong C
<https://doi.org/10.1111/anae.13501>
Anaesthesia Correspondance 2016; 71 (6): 725-726
- 2016 **A pilot observational study on the analgesic effect of preoperative paravertebral anaesthesia in lung cancer resection surgery**
Martinoni Hoogenboom E, Reed I, Christodoulides G, Ong C
Association of Cardiothoracic Anaesthetists Spring Meeting, Belfast, June 2016
Third Prize Oral Presentation, Guy's and St Thomas' Hospitals Anaesthesia Nosworthy prize - Award for Academic excellence
- 2015 **The VivaSight™-DL double-lumen tube with integrated camera: a case series (REC reference:13/NW/0204 IRAS project ID:127436)**
Dean C, Dragnea D, Anwar S, Ong C
<https://doi.org/10.1097/EJA.0000000000000361>
Eur J Anesthesiol 2015;32: 1-4.
- 2015 **Emergency stenting of a severe tracheal stricture: considerations in total airway obstruction and team decision-making**
Christodoulides G, Thomas H, Ong C
Poster Presentation, World Airway Management Meeting (WAMM), Dublin

Anaesthesia for Vascular Surgery

Royal Sussex County Hospital University Hospitals Sussex NHS Foundation Trust

SIA Supervisor: Dr Vanessa Fludder

Email: vanessa.fludder@nhs.net

Background:

- Patients requiring vascular surgery are some of the highest risk surgical candidates in the hospital. This SIA post will prepare you to feel more confident managing the peri-operative care of ASA 3 and 4 patients with multiple co-morbidities including ischaemic heart disease, heart failure, diabetes, COPD and CKD. You will be involved in planning and executing the anaesthetic for patients who have experienced recent stroke or TIA, investigating and optimising patients for major aortic surgery and facilitating safe, urgent surgery for patients with limb-threatening ischaemia.
- The Royal Sussex County Hospital in Brighton is the regional centre (hub) for Vascular Surgery in Sussex. It takes referrals from the six general hospitals (spokes) in Sussex and parts of 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 vascular ward. All major vascular surgery is undertaken, including open TAAA repair, awake open aortic repair, and thoracic outlet procedures. Complex endovascular procedures including TEVAR and hybrid lower limb revascularization are performed.
- A large proportion of vascular surgery at UHS is performed under regional anaesthesia, so you will have plenty of opportunities to hone your ultrasound guided anaesthesia skills.

Expected Training Outcomes:

By the end of this 6-month SIA training programme you can expect to be able to:

- Assess patients being considered for major aortic surgery in the pre-operative review clinic and give advice about suitability to undergo surgery.
- Use a variety of risk stratification tools to guide post-operative care planning, including referral for high dependency or critical care.
- Give advice about and initiate optimisation strategies where appropriate (for example improving diabetic

control and smoking cessation)

- Provide peri-operative and anaesthetic care for core vascular surgical procedures including AAA repair, carotid endarterectomy, revascularisation for peripheral arterial disease and renal vascular access.
- Appreciate the opportunities and challenges provided by regional vascular services.

Key Capabilities for Stage 3 SIA – RCoA Curriculum:

	<i>Capabilities</i>	<i>Opportunities to achieve capabilities at RSCH</i>
A	Capable of providing advanced cardiovascular risk assessment relating to vascular surgery	Experience and confidence can be gained in regular vascular anaesthetic review clinics and CPEX clinics
B	Manages the perioperative care of elective and emergency open AAA repair	Ample opportunities are available for experience in managing both elective and emergency AAA repair
C	Manages the perioperative care of complex endovascular repair of aortic aneurysms including thoracic aneurysms where experience is available	RSCH is a pioneering centre for complex fenestrated EVAR including TEVAR and bench fenestrated emergency repairs. You may also gain experience in CSF drain management for spinal cord protection
D	Manages the perioperative care for patients requiring carotid endarterectomy under general and regional anaesthesia	RSCH meets the 14 day target for carotid endarterectomy and these procedures are performed regularly, mostly under US guided regional anaesthesia
E	Provides perioperative care for patients requiring vascular access procedures for renal dialysis	Renal access lists are scheduled for every Monday and Friday and most procedures are performed under regional anaesthesia
F	Appreciates the complexities in organising regional vascular services	Experience and understanding of the advantages and challenges of the Hub-spoke model will be gained through regular attendance at MDT (Monday morning) and discussion with the consultant vascular surgeon of the week.

Training Opportunities:

It is expected that as a senior trainee much of your learning will be self-directed and you will be expected to achieve the Stage 3 SIA RCoA curriculum outcomes for Anaesthesia for Vascular Surgery. 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 wish and will find them helpful to enable you to achieve your learning goals.

- **Weekly schedule:**

Below is a sample weekly schedule to give you an idea of the training opportunities. There are 2

vascular theatres operating most of the week and only one day when we do not routinely undertake major vascular surgery (Monday).

	Monday (MDT am, 1 theatre pm)	Tuesday (1 theatre am, 2 theatres pm)	Wednesday (2 theatres all day)	Thursday (1 theatre am, 2 theatres pm)	Friday (2 theatres all day)
am	Vascular MDT meeting In-patient reviews	Major Vascular surgery list Open surgery	Complex endovascular list Or CPET Or major vascular list	Major vascular list Or CPET	Renal access list Or major vascular list
pm	Vascular anaesthetic review clinic (V- ARC) Or renal access surgery	Major Vascular surgery list Open surgery and EVAR list	Complex endovascular list Or major vascular list Or QIP/research time	EVAR or major vascular list Or vascular anaesthetic review clinic (V- ARC)	Renal access list Or major vascular list

- **MDT:**

The Sussex Vascular Network MDT takes place every Monday morning from 9am to 12noon. The post holder will have the opportunity to attend the 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 may be able to attend without direct supervision.

- **Vascular Anaesthetic Review Clinic (V-ARC):**

There is an Anaesthetic Review Clinic (ARC) most days of the week; vascular patients tend to be seen on Monday or Thursday afternoons. 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. Some (but not all) of the patients considered for elective abdominal aortic aneurysm repair will undergo Cardiopulmonary Exercise Testing (CPET) as part of their work-up and the post-holder will gain experience in performing and interpreting CPET under direct supervision of ARC anaesthetists.

- **Renal Vascular Access:**

Renal vascular access lists are scheduled each Monday afternoon and Friday all day. 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). Many 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 area of anaesthesia.

- **Carotid Endarterectomy:**

Most of our carotid work is done awake and you will be taught ultrasound guided and landmark based techniques.

- **Aortic Surgery:**

Our centre provides open surgery for elective procedures in patients who are suitable and endovascular repair for most anatomically suitable ruptured AAAs in line with national guidance. We occasionally do awake aortic surgery and hybrid procedures.

- **Peri-operative Focused Echocardiography:**

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 transthoracic echo, whatever your current experience. Some of our vascular anaesthetists also use trans-oesophageal echo for high-risk aortic surgery. The Trust has a well-established basic Critical Care echocardiography course and many FICE mentors.

Audit, Quality Improvement and Research:

It is expected that the post-holder will take the lead on at least one quality improvement or audit project and become involved with other ongoing research projects.

- **Current research projects include:**

- ClopiPM – evaluating point of care platelet function analysers
- Pop-i

We are currently in the process of gaining approval for a study comparing Rectus Sheath Catheters with epidural catheters for post-operative analgesia after aortic surgery.

- **Current audit activity includes:**

- NVR data collection
- PQIP
- Critical limb ischaemia analgesia
- Pre-operative anaemia management

- **Journal Club:**

Takes place every Friday at noon. Trainees are allocated a date to present a paper of their choice; the post-holder will be expected to present a recent paper of relevance to vascular anaesthesia.

- **Regional Vascular Anaesthesia Study Day:**

The post holder may be given the opportunity to organise or assist with the organisation of the programme for the biennial KSS regional vascular anaesthesia study day

- **Teaching Opportunities:**

There are many opportunities both within the department of anaesthesia and the Brighton and Sussex Medical School to provide teaching to junior colleagues, vascular surgical trainees and medical students. The newly opened wing of the hospital has a simulation suite and there are ample opportunities to teach and facilitate.

Summative Assessment Requirements:

In order to meet the summative assessment requirements, you will be expected to provide a summary and reflection on your experience. Evidence may include:

- Logbook
- Supervised Learning Events
- List of vascular related CPD
- Summary of QIP, research, audit outcomes
- Satisfactory MTR and MSF
- Personal Reflection

Clinical Service Duties:

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

Module Support:

- The post-holder will be allocated an educational supervisor from the group of vascular anaesthetists.
- The post-holder will be encouraged and supported to attend the Vascular Anaesthesia Society Meeting in September.
- Regular progress update meetings will occur at regular intervals and these will inform rostering to enable you to achieve your learning outcomes.

Our Team of Consultant Vascular Anaesthetists:

- | | |
|--------------------------|---|
| • Dr Mark Harper | Lead, Audit, Research |
| • Dr Sarah Hardy | Training and education, TPD for KSS higher tr |
| • 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 Alison Schulte | Regional Anaesthesia, peri-operative allergy and anaphylaxis |
| • Dr Anita Sugavanam | Research, ARC |
| • Dr Richard Stoddart | Peri-operative echocardiography, Regional Anaesthesia, ARC |
| • Lt. Col. Neal Reynolds | Regional Anaesthesia and Point of Care Ultrasound, Trauma. |
| • Dr Mimi Das | EVAR |
| • Dr Georgina Wilson | Trainee Support |
| • Dr Kate Kanga | Renal access surgery, Pre-op assessment/ARC lead |

Vascular Surgery - Specialist Interest Area

Kent & Canterbury Hospital

East Kent Hospitals University NHS Foundation Trust

Base: Kent & Canterbury hospital
College Tutor: Dr Ritoo Kapoor – Ritoo.kapoor@nhs.net
SIA Leads: Dr Dragan Nenadic – dragan.nenadic@nhs.net
Dr Rajkumar Johi – rajkumar.johi@nhs.net

Background:

Kent and Canterbury hospital (K&C) is one of 3 Acute Hospitals in East Kent Hospitals University NHS Foundation Trust. Kent and Canterbury Hospital is one of the oldest hospitals (1937) situated walkable distance from the historic Canterbury cathedral.

It is now the Kent Regional Vascular centre having received approval from all the relevant NHS organisations in Kent & Medway in December 2022 with a planned phased move by April 2023.

It also houses the state-of-the-art Elective Orthopaedic centre (EOC) with 4 dedicated laminar flow theatres. We have 5 main theatres, 1 Endovascular theatre (EVT), 1 interventional radiology (IR) suite, 3 day surgery (DSU) theatres, an ophthalmic theatre and 4 dedicated orthopaedic theatres.

We continue to expand our Vascular services and the planned reorganisation has seen more elective services moving to the K&C site. We provide data to the National Vascular Registry and our figures are within the National parameters for standard of clinical care and patient outcomes.

Over the years we have developed extensive teaching and learning opportunities in Vascular Anaesthesia and have been successfully developing these skills for our trainees as well as any other interested colleagues from our as well as other sites.

Clinical Aims:

A range of Vascular procedures are currently performed at our Hospital and these include but are not limited to

- Abdominal Aortic aneurysm (AAA) repair (Open and Endovascular repair), for infrarenal, juxtarenal and complex Fenestrated repairs
- Carotid endarterectomy (CEA),
- Aortic occlusive disease (Open and Endovascular Approach)
- Lower limb Angioplasty/Stent, lower limb bypass surgery, Lower limb amputations
- Renal access surgery
- Vascular access
- Thoracic outlet syndrome (in the pipeline to commence end of 2024)

The trainee will be supported by a body of enthusiastic consultants, Anaesthetic, Vascular as well as Interventional Radiologists, who are keen to teach. In addition, we have a dedicated POPS (Perioperative care of Older People) team that provide a holistic view to care and therefore enhance learning for trainees.

Elective activity during the day will allow the trainee to be allocated solely to Vascular elective lists either in Main theatres or in the bespoke Endovascular theatre and Interventional Radiology Suite.

The trainee can expect

- To learn from the best dedicated Consultants in this field
- Dedicated weekly Preassessment of Complex Vascular patients for elective surgery
- Involvement in preassessment and preoptimisation of the Urgent Vascular patients who present to us directly either from the community or as transfers from other acute hospitals. These cases tend to be complex requiring a significant input from Anaesthetics, ITU as well as the POPS team.
- Part of the Perioperative Team throughout the patient journey with us including on Intensive Care
- Direct involvement and Perioperative Management for the Open AAAs, Endovascular AAA repairs, Carotid Endarterectomies and Lower limb Angioplasties/stents as well as amputations
- As experience is enhanced opportunity to manage these cases with distant supervision
- focussed transthoracic echocardiography in ITU and TOE in peri-operative settings
- Enhance skills in Regional Anaesthesia techniques and Pain management
 - US guided catheter based regional anaesthesia for acute pain management
 - Anaesthesia for Vascular procedures under Regional Anaesthesia alone
 - AV fistula surgery with opportunity for upper limb blocks
- Post-operative ICU management of complex cases eg ruptured AAA
- Involvement in ongoing and in-house Research projects
 - Currently part of the National research project in Vascular access in renal patients using regional anaesthesia (ACCess trial).
 - Involvement with the Vascular surgeons and Interventional Radiologists in their National and in house Research projects
- Involvement in regular Audit and Quality improvement projects with ample opportunity to present and publish their work Regionally as well as internationally

Consultants in our department are proactive about Vascular Anaesthesia training and will inform trainees if the opportunity to perform/learn a particular procedure arises on a list the trainee is not allocated to. This is usually via phone or messaging, with technology playing a large part in ensuring trainees get the opportunities they deserve.

By the end of the placement, we would expect the trainee to be proficient and efficient at

- Managing their own Vascular list, as well as keeping a logbook and attaining the requisite RCoA competencies.

The On-call commitment is currently to Anaesthesia and Intensive Care on a 1:8 rota but is being revisited with a business case being considered to allow for another tier of Anaesthetists to be present on weekends to share the workload for the Urgent Vascular cases as this workload continues to rise and is likely to be embedded sooner rather than later.

The out of hours commitment involves a high degree of Vascular Anaesthesia work which lends itself very well to anaesthetising and managing complex patients in this speciality as well enhancing Regional Anaesthesia skills.

Academic and Management Aims:

- The training provides a variety of project opportunities including audit, quality improvement, and research which can be presented at national and international meetings.
- Presentation of posters at national and international meetings is encouraged.
- Protected Education Development time is included in the trainees' rota to facilitate work on projects.
- There are opportunities to be involved in Leadership roles and with development of services

Teaching Aims:

As the trainee develops their own skills in Vascular anaesthesia a variety of opportunities are available to pass this knowledge onto colleagues.

- The trainee has the opportunity to organise, teach and facilitate in our regular teaching sessions to a variety of multidisciplinary colleagues.
- Regular Journal club sessions allow for sharing of current evidence
- Numerous undergraduate teaching opportunities are available, including those for Medical students and Foundation trainees to help enhance the future Vascular Anaesthesia workforce
- Links exist with organisers of external Vascular anaesthesia courses, which the trainees may wish to teach on to broaden their teaching experience.

SIA Support:

- **Initial meeting** during the first week to map out targets including projects
- **Interim review** at the 3-month stage to assess progress
- **Final:** On completion of the placement, the trainee 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 to achieve the Unit of Training completion.

Inbuilt College Tutor feedback will be obtained on a regular basis. It is also recommended to complete an MSF during this module.

Frimley Health NHS Foundation Trust Frimley Park Hospital Specialist Interest Area: Vascular Anaesthesia

SIA Supervisor: Dr David Timbrell, david.timbrell@nhs.net

College Tutor: Dr Sioned Phillips, sioned.phillips@nhs.net

Background

Frimley Park Hospital is part of Frimley Health NHS Foundation Trust and is a regional vascular centre. In addition to being a busy district general hospital with 18 operating theatres, Frimley Park offers elective and emergency vascular services to a population of 1.2 million. Eight consultant vascular surgeons run dedicated full day vascular lists 5 days a week as well as two half day emergency lists. Additionally, there is a weekly endovascular aneurysm list (including FEVAR and low thoracic endovascular work) and a weekly venous procedure list in the interventional radiology suite. Frimley Park Hospital has an inpatient renal unit and the vascular team provide vascular access procedures for these patients.

In addition to provision of anaesthesia, fifteen vascular anaesthetists provide input to the weekly vascular MDT, assess and optimise pre-operative patients through the High Risk Anaesthetic Clinic, provide optimisation advice for urgent inpatients, and undertake CPEX clinics.

Clinical learning opportunities timetable

Most of the trainee's time will be allocated to the clinical learning opportunities listed here, as permitted by their rota pattern. Shift swaps to enable attendance at specific opportunities will be facilitated wherever possible.

- Elective and emergency mixed vascular operating lists Monday to Friday all day.
- Emergency vascular operating list Tuesday and Thursday afternoons.
- Endovascular aneurysm list all day Wednesday.
- Interventional radiology venous list Monday afternoon.
- CPEX clinic all day Monday.
- High Risk Anaesthetic Clinic Tuesday afternoon, Wednesday afternoon.
- Vascular MDT Monday morning.

Learning outcomes

In line with the RCoA requirements of a Stage 3 SIA, after 6 months the trainee should be able to:

- Provide safe perioperative anaesthetic care for a wide variety of complex vascular cases independently.
- Be capable of leading the delivery of care in vascular anaesthesia, to the benefit of both the patients and the organisation.

Key capabilities

In line with the RCoA requirements of a Stage 3 SIA, after 6 months the trainee should be able to:

- A Provide advanced cardiovascular risk assessment relating to vascular surgery.

- B Manage the perioperative care of elective and emergency open AAA repair.
- C Manage the perioperative care of complex endovascular repair of aortic aneurysms.
- D Manage the perioperative care for patients requiring carotid endarterectomy under general and regional anaesthesia.
- E Provide perioperative care for patients requiring vascular access procedures for renal dialysis.
- F Appreciate the complexities in organising regional vascular services.

In addition to the key capabilities described, there will be the opportunity to learn regional anaesthesia techniques associated with vascular anaesthesia such as rectus sheath catheters, spinal catheters, popliteal nerve blocks and catheters, and upper limb blocks to facilitate vascular access work; performance and interpretation of cardiopulmonary exercise testing; clinic-based shared decision making; and the management of major haemorrhage.

Non-clinical outcomes

- Membership of the Vascular Anaesthesia Society (VASGBI) and attendance of their annual conference is encouraged.
- Attendance at courses with a focus on perioperative medicine and shared decision making.
- Performance of a service evaluation or quality improvement project with the aim of at least a poster presentation at a national meeting.
- Education delivery to the anaesthetic department as well as the wider multidisciplinary team.
- Organisation of a regional training day in vascular anaesthesia.
- Involvement in guideline writing.

Obstetric Anaesthesia

Maidstone & Tunbridge Wells Hospitals

SIA Supervisors: Dr James Jackson & Dr James Goodman

Email: james.jackson@nhs.net / james.goodman2@nhs.net

Background:

- Location: Maidstone and Tunbridge Wells NHS Trust – Tunbridge Wells Hospital, Pembury.
- Two posts suitable for ST6/7 onwards.
- Tunbridge Wells Hospital maternity unit has ≈ 6000 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 15 single rooms on the Labour Ward & 2 High Dependency Unit rooms. The LSCS rate is 35%. 95% of Elective LSCSs are performed under regional anaesthesia and 80% of emergency LSCSs. A 24-hour PCEA epidural service is provided by a dedicated anaesthetist. Remifentanyl analgesia is also available.

Rota:

- Sample weekly rota – will vary from week to week:

	Monday	Tuesday	Wednesday	Thursday	Friday
08:00 – 13:30	Elective LSCS / Labour Ward	Elective LSCS	High Risk Obs Anaesthetic Clinic / LSCS	Elective LSCS	Elective LSCS
13:30 – 18:00	Labour Ward	Labour Ward / SPA	Labour Ward / MDM 14:00 – 15:00	Labour Ward	Labour Ward

Clinical Aims:

- Acting up at consultant grade (with locally available support at all times) preparing trainees for consultant jobs.
- 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, improving follow up relating to the recent Ockendon report and reducing PPH.
- 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
- You are expected to be a member of the Obstetric Anaesthetists' Association

Teaching Aims:

- Extensive opportunities for teaching.
- Teach and train core and intermediate anaesthetic trainees.
- The post-holder will also take the lead for the MDT Obstetric Simulation, which is open to Anaesthetists, Obstetricians and Midwives.
- Teach on PROMPT.

Frimley Health NHS Foundation Trust
Frimley Park Hospital
Specialist Interest Area: Obstetric Anaesthesia

SIA Supervisor: Dr Sarah Armstrong, saraharmstrong1@nhs.net

College Tutor: Dr Sioned Phillips, sioned.phillips@nhs.net

Background

Frimley Park Hospital is part of Frimley Health NHS Foundation Trust, a large district general hospital with 18 operating theatres, 12 ICU beds, and two level 2 wards. The obstetric unit is responsible for approximately 6000 deliveries per year. Women with a variety of complex medical needs are managed at Frimley Park Hospital, including patients from the hospital's cystic fibrosis unit.

Clinical learning opportunities

Most of the trainee's time will be allocated to the clinical learning opportunities listed here, as permitted by their rota pattern. Shift swaps to enable attendance at specific opportunities will be facilitated wherever possible.

- Elective caesarean section clinic every morning Monday to Friday, and also in afternoons when demand requires.
- Labour ward cover including daily MDT ward round with dedicated support of a consultant obstetric anaesthetist for a twelve-hour day Monday to Friday.
- High Risk Obstetric Anaesthetic Clinic one afternoon per week, alternating between Tuesday and Wednesday.
- Weekly obstetric MDT.
- Weekly telephone preassessment of patients for elective caesarean section lists.

Learning outcomes

In line with the RCoA requirements of a Stage 3 SIA, after 6 months the trainee should be able to:

- Provide safe perioperative anaesthetic care for a wide variety of complex obstetric cases independently.
- Lead the delivery of care in this area of anaesthetic practice, to the benefit of both patients and the organisation.

Key capabilities

In line with the RCoA requirements of a Stage 3 SIA, after 6 months the trainee should be able to:

- A Evaluate and triage the daily obstetric anaesthesia workload for labour ward and obstetric theatre to maximise patient and service benefit.
- B Provide safe anaesthetic care for complex deliveries in all patients.
- C Collaboratively manage the critically ill parturient requiring single-organ support on labour ward, recognising when to escalate care, including safe transfer if required.
- D Be up to date with evidence-based guidance and publications in order to be equipped to represent obstetric anaesthetic services at a range of Trust maternity management meetings.
- E Explain the essential principles of obstetric practice including basic CTG interpretation.
- F Develop, organise and evaluate multidisciplinary drills training and teaching in obstetrics.
- G Evaluate and introduce evidence-based obstetric anaesthetic practice.

In addition to the key capabilities described, the trainee will attend High Risk Obstetric Anaesthetic Clinic; undertake the elective caesarean pre assessment clinic; be involved in maternity MDT meetings and decision-making about high risk patients; and undertake obstetric anaesthesia follow-up including debrief, where necessary.

Non-clinical outcomes

- Membership of the Obstetric Anaesthetists' Association (OAA) and attendance of their annual conference is encouraged.
- Performance of a service evaluation or quality improvement project with the aim of at least a poster presentation at a national meeting.
- Education delivery to the anaesthetic department as well as the wider multidisciplinary team, including at the Frimley Novice Obstetric Study Day.
- Participation in PROMPT training.
- Involvement in guideline writing.
- Attendance at monthly labour ward forum and clinical governance meetings.

Paediatric Anaesthesia

Evelina London Children's Hospital Guy's & St Thomas' NHS Foundation Trust

SIA Supervisor: Dr Tahzeeb Bhagat

Email: Tahzeeb.Bhagat@gstt.nhs.uk

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.
- Evelina also provides specialist services for heart and lung conditions at Royal Brompton Hospital.
- 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:
 - 215 inpatient beds, including 30 intensive care beds
 - 46-cot neonatal unit
 - 6 operating theatres and 2 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
 - Stand-alone Day Case Unit with two operating theatres.
- ELCH provides care for over 104,000 families a year and is the first children's hospital in the UK to be rated as 'Outstanding' by the Care Quality Commission.
- The Paediatric Anaesthetic Group at ELCH has 35 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 catheter lab. Other services include cleft, nephro-urology (including renal transplantation), ENT (including specialist airway surgery), orthopaedic/spinal, ophthalmic, dental surgery and neonatal surgery as well as thoracoscopic procedures and laparoscopic surgery.
- Anaesthetic services include a Pre-assessment Clinic and an Acute Pain Service.
- 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 & 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.
- We also provide surgery for insertion of deep brain stimulators as part of complex motor/neuro disability service.
- Our busy Emergency Department receives around 24,000 visits/yr from children under the age of 17 yr.

Clinical Aims:

- We have 6 advanced/SIA training posts of six months duration.
- *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.
 - There is also the potential to gain some experience in the management and transfer of critically ill children. The South Thames Retrieval Service is run by our PICU and shadowing the retrieval team may be possible with prior arrangement.

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.
- You are expected to present the project at one of the anaesthetic and/or Evelina hospital forums.

Teaching:

- *Educational Meetings* – These are held weekly.
- *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 (<http://www.gsttanaesthesiaedu.com>).
- *Simulation*- regular paediatric Skills and Simulation which is a full day multidisciplinary course.

Testimonials:

- "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!"
- "On-call: the consultants were very supportive during on calls, never had any problems getting in touch with anybody"
- "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.”

Paediatric Anaesthesia

Royal Alexandra Children's Hospital University Hospitals Sussex NHS Foundation Trust

SIA Supervisors: Dr Bill Kavanagh & Dr Emma Lillie
Email: bill.kavanagh@nhs.net / emma.lillie@nhs.net

Background:

- We are offering a 6-month special interest area (SIA) in paediatric anaesthesia, designed for Stage 3 trainees who wish to gain experience in the management of paediatric and neonatal anaesthesia. The Royal Alexandra Children's Hospital, Brighton, offers opportunities in paediatric anaesthesia applicable to those who aspire to work as a consultant in a district general hospital (DGH) with an interest in paediatric anaesthesia.
- The Royal Alexandra Children's Hospital in Brighton is the regional centre for paediatric surgery in Sussex, receiving referrals from six DGHs in Sussex and Surrey. There are 9 paediatric anaesthetic consultants and three operating theatres. We provide anaesthetic services for approximately 4000 paediatric cases per year. We support a tertiary surgical and medical neonatal ICU with approximately 100 neonatal surgical cases per year. Critically unwell children are nursed on our critical care unit, which provides non-invasive ventilation and post-operative care. There is no PICU on-site, however there are approximately 40 retrievals to South Thames Retrieval Service per year, with preparation for transfer by our local teams, led by the anaesthetic team.

Learning Outcomes:

- The aim of the SIA module is to prepare the trainee to be a consultant who can provide safe peri-operative anaesthetic care for a wide variety of paediatric procedures, which would be performed independently in the DGH environment. It is anticipated that after demonstrating the required competencies, the trainee will have the opportunity to work independently, planning and managing routine and emergency theatre lists for children of all ages with excellent clinical and educational support. The trainee will be able to demonstrate the organisational and decision-making skills required of an experienced anaesthetist managing routine paediatric theatre lists, including general surgery, ENT, gastro-enterology, dental and orthopaedic, as well as remote location anaesthesia in radiology.
- At the end of 6 months full time equivalent SIA training, it is expected that the trainee will be able to:
 - Provide safe anaesthesia in the emergency and elective setting utilising techniques to reduce anxiety in all ages including premature babies.
 - Deliver safe perioperative care to all paediatric patients requiring surgery in a district general setting including those with complex co-existing disease.
 - Gain arterial, intraosseous peripheral and central vascular access in children and babies.
 - Use a wide range of analgesic strategies peri-operatively including simple regional anaesthesia techniques for surgeries routinely performed in a district general hospital setting.
 - Manage massive transfusion in children.
 - Explain NHS policy for the provision of paediatric services and be competent to develop

departmental guidelines.

Opportunities for Teaching:

- There are multiple opportunities to present interesting cases and projects at teaching sessions, and regular governance meetings.
- There is a well-established anaesthetic educational programme, which includes quarterly MEPA courses, regular workshops on caudal epidural and paediatric difficult airways as well as simulation training for nursing staff and other teams. In addition, our paediatricians also deliver educational days including the 'day the simulator died'. The trainee would be expected to contribute to the organisation and delivery of these educational meetings and courses and to take a lead in teaching junior colleagues and allied health professionals, with the appropriate allocation of time and resource.

Global Health and Remote Education:

- As part of the SIA we would include engagement in an established Global Healthcare partnership with Zambia and Ethiopia.
- The trainee will provide buddy support for paediatric fellows in Zambia specialising in paediatric anaesthesia. They would engage in remote low and middle income countries (LMIC) paediatric anaesthesia teaching, morbidity and mortality meetings, support local audit/QI, as well as facilitate case-based discussions. In addition, they would be providing mentorship and support to UK Global health fellows engaged in LMIC in-country placements.

Audit, Research & Quality improvement:

- The trainee would be expected to complete at least one project that should be submitted as a poster or oral presentation to an appropriate conference and become involved with other ongoing projects.
- Recent completed national projects (PATRN) have included Papaya (unplanned day case admissions), CASAP and Peachy (obesity and peri-operative complications). Ongoing projects include 'Little Journey'.
- Ongoing research trials and quality improvement projects being undertaken within the department include:
 - Sustainability projects
 - Adeno-tonsillectomy pathways
 - Reducing anxiety in elective surgery
 - Critical appraisal of new equipment
 - Post-operative analgesia and patient experience
 - Theatre productivity
 - Pre-operative fasting times
 - Day case work
- Local and national projects in the future include peri-operative obesity in children, CASAP (children's acute surgical abdomen programme), peri-operative anaemia and blood transfusion.

Education:

- The trainee would be encouraged to maintain internal and external CPD, have current APLS or equivalent and attend appropriate paediatric conferences such as APA.

Clinical Management:

- A new post of Clinical Lead for Paediatric Surgical Services has been created to develop a comprehensive programme for service improvement, which is directed at delivering sustained improvements in quality of care, outcomes and waiting times for surgery. The trainee would have the opportunity to be mentored by this Clinical Lead and contribute to Service Improvement Projects. There would also be the opportunity to work with regional and national programmes including GRIFT (Paediatrics), and the South Thames Paediatric Network.

Sample Clinical Timetable:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	General surgery / ENT	ENT	MRI	ENT / Orthopaedics	General surgery
Afternoon	General surgery	EDT	Endoscopy (Sedation and General anaesthesia)	Elective orthopaedics	Trauma / CEPOD

- In addition to this, cross-speciality simulation training occurs on Thursday mornings.
- It is expected that the trainee would participate in the senior trainee on-call rota potentially covering adults, CEPOD, neuro-theatres and paediatric theatres in a 1-in-8 rota.

Paediatric Anaesthesia

Great Ormond Street Hospital for Children – 6 month SIA

College Tutors & SIA Supervisors: Ellen Rawlinson & Jamuna Navaratnarajah

Email: ellen.rawlinson@gosh.nhs.uk / jamuna.navaratnarajah@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 specialties 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 48 intensive care beds.
- At present, we have 30 trainees at any one time, the majority of which are appointed for one year. Posts are rotational appointments from all Schools of Anaesthesia within London and the East of England.
- The rota has 2 tiers and is based on a 1:10 to 1:12 on call which ensures very good support (2 trainees present on site out of hours) when on call and huge opportunity for daytime working on elective lists with Consultant supervision.
- 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 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 some elective lists and emergency work by the end of the 6-month placement.
- Modular training is provided throughout the 6-month SIA to ensure training time on elective lists covering blocks in each surgical specialty for those seeking a career in a DGH or hospital with minimal paediatrics but where stabilisation of the sick child is essential. The 6 month SIA will ensure a broad basis of paediatric anaesthesia including neonates, difficult airway, general surgery, urology, plastics, renal, ENT, neurosurgery and all emergency work. This is individually tailored to each trainee with some provision for additional training in areas of specific interest towards the end of the 6 months.
- Provided Stage 1 and 2 aims have been met prior to joining us the trainee will find the 6 month post will provide a high standard of training in specialist peri-operative, intraoperative and post-operative care

proving them with the skills, confidence and framework to anaesthetise a child in both elective and emergency situations.

Following completion of the 6 month SIA the trainee would be expected to be able to:

- Provide safe perioperative anaesthetic care for a wide variety of paediatric procedures performed in the DGH environment independently.
- Provide safe anaesthesia in both the emergency and elective setting utilising techniques to reduce anxiety in all ages.
- Deliver safe perioperative care to all paediatric patients requiring surgery in a district general setting, including those with complex co-existing disease.
- Gain arterial, intraosseous, peripheral and central vascular access in children and babies.
- Use a wide range of analgesic strategies peri-operatively including simple regional techniques for surgeries routinely performed in a district general hospital setting.
- Manage massive transfusion in children.

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 academic breakfast meeting.
- 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 by trainees.
 - 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.

Teaching Aims:

- Protected anaesthesia teaching includes:
 - 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.
 - Weekly 30 minutes 'Cardiac Building Blocks' teaching lead by Dr Lucy Hepburn (paediatric cardiac anaesthetist) and 1 month a year 'Paediatric anaesthesia Building Blocks' led by senior Trust Fellows.
 - 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.
- The GOSH Clinical Simulation Centre offers a wide range of multidisciplinary courses for all healthcare professionals both clinical and non-clinical including the Managing Emergencies in Paediatric Anaesthesia (MEPA) course. Dr Linda Chigaru (CATS and Anaesthetic Consultant) is the Education Lead for Clinical Simulation and Dr Pratheeban Nambyiah (Consultant Anaesthetist) is the Educational Lead for Simulation Development.

- You are encouraged to attend educational meetings and reasonable requests for funding are likely to be met.

Paediatric Anaesthesia

Great Ormond Street Hospital for Children – 12 month SIA

PLEASE DISCUSS THIS WITH TPD

College Tutors & SIA Supervisors: Ellen Rawlinson & Jamuna Navaratnarajah

Email: ellen.rawlinson@gosh.nhs.uk / jamuna.navaratnarajah@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 specialties 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 48 intensive care beds.
- At present, we have 30 trainees at any one time, the majority of which are appointed for one year. Posts are rotational appointments from all Schools of Anaesthesia within London and the East of England
- The rota has 2 tiers and is based on a 1:10 to 1:12 on call which ensures very good support (2 trainees present on site out of hours) when on call and huge opportunity for daytime working on elective lists with Consultant supervision.
- 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 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 simple elective lists and emergency work by the end of the 6-months and more complex lists by completion of the 12 month post.
- Modular training is provided throughout the 12 month SIA to ensure training time on elective lists in all of our surgical specialties including cardiac, spines and craniofacial. The 12 month SIA will ensure specialist training in all areas of paediatric anaesthesia except liver transplant. The modular training we

provide is individually tailored to each trainee with some provision for additional training in areas of specific interest towards the end of the 12 months.

- Provided Stage 1 and 2 aims have been met prior to joining us the trainee will find the 12 month post will provide a high standard of training in specialist peri-operative, intraoperative and post-operative care proving them with the skills, confidence and framework to anaesthetise a child in all elective and emergency situations.

At the end of the 12 month post the trainee will have the skills to:

- Provide safe perioperative anaesthetic care for a wide variety of paediatric procedures performed in the DGH environment independently.
- Provide safe anaesthesia in both the emergency and elective setting utilising techniques to reduce anxiety in all ages.
- Deliver safe perioperative care to all paediatric patients requiring surgery in a district general setting, including those with complex co-existing disease.
- Gain arterial, intraosseous, peripheral and central vascular access in children and babies.
- Uses a wide range of analgesic strategies peri-operatively including simple regional techniques for surgeries routinely performed in a district general hospital setting.
- Manages massive transfusion in children.

In addition, the 12 month SIA will provide opportunity for the trainee to be able to:

- Provide safe perioperative anaesthetic care for a wide variety of complex paediatric (including neonates) surgery and other procedures independently.
- Be capable of leading the delivery of care in this area of anaesthetic practice, to the benefit of both patients and the organisation.
- Deliver safe perioperative care to all paediatric patients requiring surgery in tertiary paediatric setting including those with complex co-existing disease.
- Use a wide range of analgesic strategies peri-operatively for complex paediatric patients requiring major surgery.

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 academic breakfast meeting.
- 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 by trainees.
 - 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.

Teaching Aims:

- Protected anaesthesia teaching includes:
 - 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.
 - Weekly 30 minutes 'Cardiac Building Blocks' teaching lead by Dr Lucy Hepburn (paediatric cardiac

anaesthetist) and 1 month a year 'Paediatric anaesthesia Building Blocks' led by senior Trust Fellows.

- 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.
- The GOSH Clinical Simulation Centre offers a wide range of multidisciplinary courses for all healthcare professionals both clinical and non-clinical including the Managing Emergencies in Paediatric Anaesthesia (MEPA) course. Dr Linda Chigaru (CATS and Anaesthetic Consultant) is the Education Lead for Clinical Simulation and Dr Pratheeban Nambyiah (Consultant Anaesthetist) is the Educational Lead for Simulation Development.

Regional Anaesthesia

Medway Maritime Hospital

SIA Supervisor: Dr Adam Yarnold

Email: adam.yarnold@nhs.net

Background:

- Medway Maritime Hospital, Gillingham
- Majority of workdays 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 deliver 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 that's 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

East Surrey Hospital & Crawley Hospital Surrey & Sussex Healthcare Trust

SIA Supervisor: Dr Venkat Duraiswamy

Email: Venkat.duraiswamy@nhs.net

Background:

- Surrey & Sussex Healthcare NHS Trust has been rated “outstanding” by the Care Quality Commission (CQC) and is one of the safest hospitals in the country according to CQC intelligent monitoring.
- East Surrey Hospital is a large (697-bed) district general hospital with 10 operating theatres, and a procedure room available for regional anaesthesia. The Day Surgery Unit in Crawley Hospital has 4 operating theatres.
- Our department had been operating a Regional Anaesthesia ship programme for over 10 years, which has been very well received by previous fellows and consultants. We are pleased to now offer this as an SIA (Special Interest Area).

Clinical Aims:

- A range of upper and lower limb and trunk blocks are performed across both sites and the trainee will be supported by a body of enthusiastic consultants who are keen to teach.
- Apart from on-call commitments, the trainee will be allocated mostly to Regional elective lists, or Trauma in which a variety of blocks can be performed. A regular hand surgery list takes place at Crawley Hospital, which is almost exclusively carried out under regional anaesthesia and there is also opportunity to provide awake shoulder surgery under regional anaesthesia.
- The trainee can expect regular involvement with catheter techniques including fascia iliaca, erector spinae, serratus plane and interscalene catheters. We run a very successful Fractured Neck of Femur (NOF) pathway providing a fascia iliaca catheter service, which the trainee will be involved with.
- There is opportunity to develop skills in spinal ultrasound in obstetric anaesthesia both in the labour ward and during elective caesarean section lists.
- Consultants in our department are proactive about regional anaesthesia training and will inform trainees if the opportunity to perform/learn a block arises on a list to which the trainee is not allocated to.
- By the end of the placement, we expect the trainee to be proficient and efficient at managing their own block list, attain the requisite SIA capabilities and keep a logbook of blocks performed.
- There is a 1 in 8 on-call commitment with internal cover to either CEPOD theatres or Obstetrics.

Academic and Management Aims:

- The training provides a variety of project opportunities including audit, quality improvement, and research. Presentation at national and international meetings is encouraged.
- Data from the Fascia Iliaca Block Service can be analysed and written up for publication or presentation.
- Trainees are supported in working towards the European Diploma in Regional Anaesthesia (EDRA) if they so wish.
- Protected SPA/Admin time is incorporated into the trainees' rota to facilitate work on projects.

Teaching Aims:

- As the trainee develops their own skills in regional anaesthesia a variety of opportunities are available to pass this knowledge onto colleagues.
- The trainee has the opportunity to organise, teach or facilitate in our yearly *East Surrey Regional Anaesthesia Course*, a prestigious course with international attendance that is approved by RA-UK and ESRA for the EDRA examination.
- Departmental teaching includes “Sono-club” sessions to teach regional anaesthesia to junior colleagues.
- We are hoping to develop a video library of blocks – we already have a wealth of high-quality pre-recorded material from previous courses.
- Numerous undergraduate teaching opportunities are present, including an “Introduction to Ultrasound” course for medical students.
- Links exist with external regional anaesthesia course organisers for those wishing to further broaden their teaching experience.

SIA Halo (Holistic Assessment of Learning Outcomes) Support:

- An initial meeting will be arranged during the first week to map out targets for the SIA.
- An interim review at the 3-month stage will be carried out to assess progress.
- You will need to meet the criteria, as described by the RCoA 2021 curriculum, in order for the HALO for the Regional Anaesthesia SIA to be signed off.
- It is recommended that you complete an MSF and MTR during your module.

Regional Anaesthesia

University Hospitals Sussex NHS Foundation Trust

SIA Supervisors: Dr Richard Stoddart & Dr Toni Perello
Email: r.stoddart@nhs.net / antonio.perellosancho@nhs.net

Background:

The employing Authority will be the Brighton and Sussex University Hospitals NHS Trust and the successful applicant will be responsible to the Lead Clinician, Department of Anaesthesia. The posts will be based at the Royal Sussex County Hospital in Brighton. This is a 6-month (whole time equivalent) post for trainees in stage 3 of their training in Anaesthesia with an interest in regional anaesthesia. This post would suit those with an interest in anaesthesia mainly for Trauma and Orthopaedics, however it will also involve giving anaesthesia for other specialities in order to gain experience in other types of blocks other than those for upper and lower limb. The prospective post holder should demonstrate enthusiasm, organisation and a high level of personal motivation.

Objectives:

This SIA is intended to build on the capabilities outlined in the new curriculum in regional anaesthesia recommended by RCOA. Clinical sessions will be allocated across the three sites of the Trust. It would also be the intention to help to promote and develop the use of regional anaesthesia within BSUH Trust. Educational Supervision will be undertaken by Dr T Perello and Dr Richard Stoddart, and Clinical Supervision will be undertaken by Consultants within BSUH with expertise in Regional Anaesthesia.

Skills:

There will be a greater emphasis on the trainee to perform regional blocks as a sole method of anaesthesia for patients who are a high risk for general anaesthesia. The blocks are performed under Ultrasound or peripheral nerve stimulator guidance.

- Upper Limb surgery: Interscalene, Supraclavicular, Infraclavicular, and Axillary approach for Brachial Plexus Block. Peripheral nerve Blocks: Musculocutaneous, Median, Ulnar, and Radial Nerve block.
- Lower Limb Blocks: Lumbar Epidural, Subarachnoid block, CSE, Lumbar Plexus block, Femoral,

Obturator, Lateral femorocutaneous, Sciatic, Popliteal, Saphenous, Deep and Superficial peroneal and Posterior Tibial Nerve block; insertion of peripheral nerve catheters for pain relief in ischaemic leg for vascular patients.

- Trunk: Thoracic Epidural, TAP, Ilioinguinal, Intercostal, Paravertebral and Serratus plane block.
- Neck: Deep and Superficial Cervical plexus blocks.
- Other areas of learning:
 - Promote regional anaesthesia within BSUH: teaching for undergraduates in Brighton and Sussex medical school both within BSUH and KSS region.
 - Participation in Regional anaesthesia Courses. The Candidate will be encouraged to join ESRA and take some of the mandatory courses in view of taking the European Diploma in Regional Anaesthesia
 - Audit is mandatory in this post and research will be strongly encouraged. Time will be allocated for either of these by mutual agreement. The department will support presentation of any work at a national meeting.

On call responsibilities will be on 3rd on call rota in Brighton and the time will be spent managing patients in theatre at night and supervising more junior colleagues in ITU and Obstetrics. Occasionally the post holder will be asked to participate in the 2nd on call rota instead. All work will be organised within the normal terms and conditions for Specialty Training posts.

We are seeking candidates who will be highly motivated and able to undertake work with a significant degree of autonomy.

RCoA – SIA in Regional Anaesthesia

Stage 3 SIA learning outcome:

- *Provides a wide variety of regional anaesthetic techniques independently*
- *Can lead the delivery of care in this area of anaesthetic practice, to the benefit of both patients and the organization*

Key capabilities:

A	Can independently practice safely a wide range of regional techniques for all upper limb and shoulder surgery under block alone, including the management of continuous nerve catheters for post-operative analgesia
B	Can independently practice safely a wide range of regional techniques for lower limb surgery, including the management of continuous nerve catheters for post-operative analgesia
C	Can independently practice safely a wide range of regional techniques for chest and abdominal wall surgery
D	Ability to independently organize, lead and evaluate the effectiveness and efficiency of an operating list planned under regional anaesthesia alone
E	Supervises and advises colleagues on the suitability and delivery of regional anaesthesia in complex cases

F	Can evaluate the place of regional anaesthesia, and any developments, within the patient perioperative pathway and advise on potential changes in practice
---	--

Examples of evidence:*Experience and logbook:*

- preoperative clinic-based assessment of suitability and preparation for surgery of patients utilizing regional anaesthesia
- a wide range of cases and techniques for awake and asleep surgical procedures.

Supervised Learning Events (SLEs) can be used to demonstrate:

- understanding and implementing comprehensive consent for regional techniques
- meticulous attention to wrong site block prevention based on national guidance
- ability to manage awake, sedated and general anaesthetic patients with a regional anaesthetic component
- ability to use ultrasound and needle techniques safely for a variety of procedures including nerve catheters
- ability to provide safe and effective postoperative analgesia through a variety of regional techniques
- management of regional anaesthesia lists.

Personal Activities and Personal Reflections may include:

- national and international meetings related to regional anaesthesia
- presentation at relevant meeting eg abstract or free paper
- development of guidelines and policies
- leadership of QI projects related to regional anaesthesia
- leadership training.

Other evidence:

- satisfactory MSF.

Supervision level

- 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Cross links with other domains and capabilities

- all generic professional domains of learning
- *Perioperative Medicine and Health Promotion*
- *General Anaesthesia*
- *Regional Anaesthesia*
- *Pain*

Regional Anaesthesia Fellowship – Trust Funded

East Sussex Healthcare Trust

Fellowship Supervisors:- Dr Claire Stikans and Dr Alan Stedman

Background

- Mainly based at Conquest Hospital, with occasional duties at Eastbourne DGH
- The ESHT RA fellowship program closely integrates with the Acute Pain Team
- ESHT has a large number of consultants, and senior SAS doctors with a keen interest in Regional Anaesthesia and Education

Aims

- To develop practical skills in the area of Regional Anaesthesia in all specialties
- To be a member of the Acute Pain Team
- To develop as a well rounded clinician, able to lead an RA service or Acute Pain Team
- To become a leader and teacher of Regional Anaesthesia Skills
- To promote the usage of RA in ESHT
- To lead Quality Improvement Projects/Audit
- To attend regional/national/international RA meetings and to present where able

Clinical

The RA fellow will develop skills in all specialties at ESHT. They will be able to practice independently in the Plan-A (RA-UK) blocks and a wide range of additional blocks.

Orthopaedics

- Upper limb – the RA fellow will learn and practice a range of brachial plexus approaches (Interscalene, superior trunk, supraclavicular, infraclavicular, axillary) Distal/forearm blocks, and supporting blocks (cervical plexus, intercostobrachial, cutaneous nerve of forearm blocks)
- The RA fellow will be encouraged, where appropriate to use Regional Anaesthesia alone
- Lower Limb – the RA fellow will learn and practice a range of lower limb blocks, including Femoral nerve block, PENG, Lumbar Plexus, Fascia Iliaca, SiFi block, Adductor Canal blocks, Sciatic nerve blocks (proximal/popliteal), iPAC, Genicular, Ankle blocks

Trauma

- The RA fellow will practice and teach appropriate blocks on the trauma list including for hip fractures (PENG, SiFi, Lumbar Plexus), upper limb trauma (brachial plexus, and distal blocks), lower limb trauma (femoral, popliteal and rescue blocks)

Colorectal/Gynaecological Surgery/Urology

- The RA fellow will gain experience in a range of RA techniques to support abdominal surgery in all specialties. These will include Rectus sheath blocks, TAP blocks (including subcoastal TAP and variants), External Oblique Intercostal Block, Quadratus Lumborum blocks, ilioinguinal/ileohypogastric blocks

Breast Surgery/Chest Wall Trauma

- The RA fellow will gain expertise in providing RA for breast surgery, and support the Acute Pain Team with RA for chest wall trauma. These will include PECS blocks (pectoserratus, interpectoral blocks), Erector Spinae blocks, paravertbral blocks, MTP/ITP blocks, parasternal blocks, and Serratus anterior blocks.

The RA fellow will be encouraged to use techniques to extend the duration of blocks, including inserting RA catheters as part of promoting acute pain relief or as part of the ERAS program.

Teaching

Teaching RA will be an important part of the fellowship program. As well as supporting colleagues clinical activity, formal teaching will be used to demonstrate expertise. Teaching opportunities will be available in theatre, in the FRCA teaching program, in the theatre clinical governance program, in the annual department RA clinical governance meeting, in RA block club, and where possible on formal courses.

Management/Quality Improvement

- The RA fellowship will be a rolling program, and fellows will be expected to continuously develop the role for the betterment of subsequent fellows.
- The RA fellow will undertake QIP/Audit projects in areas related to regional anaesthesia
- The RA fellow will work with the RA team to develop the awake upper limb surgical service.
- The RA fellow will help with the development of guidelines and patient information sheets relating to regional anaesthesia.
- The RA fellow will be encouraged to attend national/international meeting, including to make presentations/posters.
- The RA fellow will be encouraged to join RA-UK/ESRA and consider taking ESRA exams or the University East Anglia Diploma/Masters in RA.

Evidence

Evidence for achievement of aims will come in several forms:-

- A logbook of blocks, teaching and relevant experiences
- Regular meetings with the RA fellowship coordinators
- 'Sign off' for relevant competencies.
- Direct observation of clinical skills by Consultants/SAS tutors.

Trauma and Stabilisation

King's College Hospital

SIA Supervisor: Dr James Saffin

Email: jsaffin@nhs.net

Background:

- 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 SIA in Trauma and Stabilisation offers:

- **Clinical Experience** in Anaesthetic and Critical Care management of Major Trauma patients from reception and resuscitation through to theatre and the Intensive Care. The ability to lead the trauma team to provide safe and effective care to multiply injured patients is a key learning outcome of the SIA. King's offers ample opportunity to develop skills and knowledge in leading the trauma team in a supportive and safely supervised environment.
- **'809' ITU Senior Registrar On-Calls:**

The service provision component of the SIA is to the Critical Care Department with the SIA trainee participating in the 809 Senior Critical Care Trainee rota. Following a period of familiarisation (tailored to the experience of the trainee), they will be expected to work their LD / Nights in this role. Standard days are for SIA-related activity.

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.

Exposure to the management of major trauma as part of the trauma team is guaranteed as part of this role leaving standard days available for more focused / supernumerary SIA-related activity.
- **Trauma Centre / Network structures**

There is an ongoing schedule of multidisciplinary meetings, weekly radiology meetings, mortality and morbidity, CPD and business meetings. SIA trainees are encouraged to attend to further their knowledge and understanding of the wider structure and management of the major trauma service and the networks within which it operates. 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 observe and

receive training in surgical procedures such as emergency thoracotomy and damage control surgery.

- **Teaching** – The SIA trainee 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. The SIA trainee is likely to be involved in the formal education programs run by the Anaesthetic and Critical Care Departments. There is a trauma-team course (KITTS- King's Integrated Trauma Team Simulation) run regularly at the trust, SIA trainees are strongly encouraged to attend and subsequently instruct / facilitate on the course.
- **Theatre lists** – A wide range of elective surgery takes place at King's and the anaesthetic department can facilitate list allocation to further particular skills and related interests. Previous trainees have gained experience in trauma-related skills such as MaxFax (airway management and fiberoptic 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

Trauma and Stabilisation

St George's Hospital

SIA Supervisor: Dr Daniel Roberts

Email: Daniel.Roberts3@nhs.net

Background & Clinical Aims:

- 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 and EHAAT pre-hospital 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 key capability of the trauma special interest area.
- All Key capabilities of the SIA will be covered:

Explains and acts within the multidisciplinary nature of trauma care from pre-hospital to rehabilitation
Can lead the trauma team from arrival in hospital to definitive investigation and management for all critically ill trauma patients
Can lead triaging of trauma patients
Explains the structure and setup of trauma services and trauma databases
Delivers a detailed explanation of and has the ability to contribute to major incident planning

- 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 neuraxial 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.

Academic and Management Aims:

- There will be opportunity to participate in and lead audit and quality improvement projects. It will be encouraged to attend pre-hospital governance days, national conferences, study days and major trauma meetings.

Teaching Aims

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