#### NTN Grid - Programme Information

#### Paediatric Emergency Medicine 2019

Please find below programme information for the above sub-specialty for training programmes starting in September 2019.

Page 2 contains a list of all submitted programmes of training; the job descriptions for each post follow on.

Each subspecialty grid programme covers the RCPCH curriculum as specified on the RCPCH.

Please note: Programme submissions can be withdrawn or amended at any point until an offer of employment has been made to an applicant.

#### **Application Process**

Applications for the NTN Grid open from 12 noon Friday 7 September 2018 and close at 12 noon Friday 28 September 2018. Applications can only be accessed during this period from the College website.

For more information on the grid process and to access the Grid Applicants Guide please visit: <a href="http://www.rcpch.ac.uk/ntngrid">http://www.rcpch.ac.uk/ntngrid</a>

#### **Contact Details**

For specific sub-specialty information, please contact:

Dr Mark Lyttle

Email: mdlyttle77@gmail.com

Abigail Wright Email: ntn.grid@rcpch.ac.uk

(Sub-specialty Recruitment Coordinator) Tel: (020) 7092 6139

Maximum Number of National Training Grid Appointments that may be made in 2019 for Paediatric Emergency Medicine	20
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Deanery	Programme of Training	Places available	Duration (Years)	Page
East Midlands North	Derby	1	2	<u>3</u>
East Midlands North	Nottingham	1	2	<u>6</u>
East Midlands South	University Hospitals of Leicester	3	2	<u>9</u>
East of England	Addenbrookes Cambridge University Hospital NHS Trust	1	2	<u>13</u>
KSS	Royal Alexandra Children's Hospital Brighton Children's Emergency Department Southampton University Hospital Paediatric Intensive Care Unit	1	2	<u>18</u>
London	Evelina Hospital, Homerton Hospital and St Mary's Hospital	3	2	<u>22</u>
North West	Royal Manchester Children's Hospital	1	2	<u>29</u>
Northern	Sunderland Royal Hospital Great North Children's Hospital	1	2	<u>34</u>
Severn	Bristol Children's Hospital	1	2-3	<u>40</u>
Thames Valley	John Radcliffe Hospital	1	2	<u>44</u>
Wales	University Hospital for Wales, Cardiff	1	2	<u>48</u>
Wessex	University Hospital Southampton	1	2	<u>53</u>

West Midlands	Birmingham Children's Hospital, Birmingham Women's and Children's NHS Foundation Trust	2	2	<u>60</u>
Yorkshire and Humber	Leeds	1	2	<u>63</u>
Yorkshire and Humber	Sheffield	1	2	<u>65</u>

# East Midlands North (Derby)

Hospital / Centre	Placement Name	Duration (Months)	Educational Supervisor (name and e-mail)  These will be published unless you ask otherwise	Compulsory (C) or Optional (O)	Availability Guaranteed (Y/N)
Royal Derby Hospital site UDHB	Children's Emergency Department	12	Dr G Robinson (Gisela.robinson@nhs.net)	С	У
Royal Derby Hospital site UDHB	Paediatric Orthopaedics	3	Mr S Tafazal (suhayl.tafazall@nhs.net)	С	У
Royal Derby Hospital site UDHB	Paediatric Surgery	3	Mr John Quarmby (John.quarmby@nhs.net)	С	У
Queen's Medical Centre Nottingham	PICU	6	Patrick davies Patrick.davies@nuh.nhs.uk	С	У

#### **Additional Information**

This post is a grid Paediatric Emergency Medicine post with all the requirements for the post holder to attain their competencies for attaining their subspecialty training and CCT in Paediatric Emergency Medicine. The surgical specialties training can be tailored to suit the post holder with all the surgical specialties available with the opportunity in addition for adolescent gynaecology and a regional hand referral unit. Please see attached job description for further details. The on-call duties within the CED and surgical specialty posts are as part of the general paediatric on call rota.

Subspecialty:	Paediatric Emergency Medicine	
Base Unit:	Royal Derby Hospital, Derby	
Deaneries involved:	East Midlands (North)	

#### Outline of Programme

A comprehensive training programme based in a busy Children's Emergency Department (CED) providing care for children in the Derbyshire region. 12 months in CED with general paediatric on call duties. 6 month surgical attachment - trainee supernumerary during day and able to attend outpatient and theatre lists. On call will be on the general paediatric registrar rota. 6 month PICU attachment undertaken at Queens Medical Centre

#### **Departmental Information**

- Demographics
  - The CED in Derby is a purpose built 24 hour facility and a major trauma unit. Daily attendances average 100-140, and annually over 34,000, with about 50:50 traumamedical split. The Children's Hospital provides a centralised service to a total population of over half a million. All children requiring emergency care, including primary care referrals, present to the department. These children may be admitted direct to the paediatric wards following appropriate specialist review where necessary. The department is adjacent to the Adult Emergency Department, but there is audiovisual separation.
- Team
  - 5 Paediatric Emergency Consultants, 3 Emergency Consultant with Paediatric Subspecialty Accreditation, 0.2 WTE Associate Specialist, 3.4 WTE Emergency Nurse Practitioners (minor injuries), 3 WTE Advanced Children's Emergency Nurse Practioners (minor illness). Junior paediatric medical staff (FY2, ST1-3), CT3 and GPVTS trainees rotate in shifts through CED to provide dedicated medical cover, although support the paediatric wards in addition overnight.
- Supervisor(s)
- Dr G Robinson Consultant Paediatric Emergency Medicine and Clinical Lead
- Additional supervisory support from: DrJ Surridge Consultant PEM, Miss S Hewitt -Consultant in EM with Paediatric Subspecialty interest, Dr J Mott - Consultant in PEM

#### Clinical Training Responsibilities

Hot Clinic (CED review clinic) one weekly. Lead the management of acutely ill and injured children in the Resuscitation area, with support of senior staff. Provide support for junior paediatric medical staff and nurse practitioners. Support the CEM Quality Indicators appropriate to CED. Attendance at specialist clinics during surgical attachment. Attain all competencies for paediatric emergency medicine training

#### Workload / Rota Arrangements / Example Timetable

Weekend, evening and night time cover of general paediatrics including CED shared with other paediatric registrars (neonatal week day evening cover provided separately). There is also the potential for this post holder to provide senior CED cover, with additional senior support, one evening per week

Non Clinical Training Responsibilities (expectations of research / audit / teaching) Weekly Clinical Meeting and Journal Club: rolling rota for all junior medical staff to present. Weekly Children's Emergency Department Educational meetings. Research: PERUKI accredited site, Multicentre MCRN trials ongoing, with opportunities to take part in in-house projects. Audit: CEM annual audits (eg. Fever, pain in children), RCPCH audits. Medical student teaching, including Sim-baby in clinical areas. Development and review of

policies and guidelines and encouraged to attend and present at national educational meetings

#### Further training opportunities

Monthly Friday Clinical Xray Meeting, quarterly PICU Liaison meeting, quarterly morbidity and mortality meetings, Child Protection Peer Review session, all allied surgical specialty clinics, adult ED sessions.

#### Any further information

Specialist referral centres: Queens Medical Centre, Nottingham and Glenfield, Leicester for Cardiology

#### Contact details for unit

Dr J Surridge or Dr G Robinson on 01332 786808

# East Midlands North (Nottingham)

Hospital / Centre	Placement Name	Duration (Months)	Educational Supervisor (name and e-mail)  These will be published unless you ask otherwise	Compulsory (C) or Optional (O)	Availability Guaranteed (Y/N)
Nottingham Children's Hospital, QMC	Paediatric Emergency Medicine	12	Dr Lynda Walton Lynda.walton@nuh.nhs.u k	С	Y
Nottingham Children's Hospital, QMC	Paediatric Intensive Care	6	Dr Patrick Davies Patrick.davies@nuh.nhs. uk	С	Υ
Nottingham Children's Hospital, QMC	Paediatric Surgery	3	Mr Brian Davies Brian.davies@nuh.nhs.uk	С	Y
Nottingham Children's Hospital, QMC	Paediatric Orthopaedics	3	Mr James Hunter James.hunter@nuh.nhs.u k	С	Y

#### Additional Information

Please contact Dr Lynda Walton, Consultant in Paediatric Emergency Medicine for further information

Lynda.walton@nuh.nhs.uk

Sub-specialty:	Paediatric Emergency Medicine
Base Unit:	Nottingham University Hospitals NHS Trust, Queens Medical Centre Campus
Deaneries involved:	East Midlands: North. Nottingham

#### Outline of Programme

A comprehensive training programme based in the Paediatric Emergency Department, which is part of one of the busiest Emergency Departments in the UK, and the East Midlands Major Trauma Centre. The programme consists of 12 months in the Paediatric Emergency Department, 6 months in the Paediatric Intensive Care Unit and 6 months of paediatric surgical subspecialty training including general paediatric surgery, orthopaedics, ENT, ophthalmology, burns and plastics.

#### **Departmental Information**

- Demographics
  - The separate paediatric department sees more than 42,000 children and young people each year, with an approximately 40:60 split between trauma and medical presentations, including being the Paediatric Major Trauma Centre for the East Midlands. All children requiring emergency care, including primary care referrals, present to the department and are seen in specific illness and injury areas. The department is committed to research and education, with an active departmental group (DREEAM Department of Research & Education for Emergency & Acute Medicine) which is staffed by full-time research and education nurses, and other staff, and in which all staff in the department are involved. The department is also an active member of PERUKI (Paediatric Emergency Research UK & Ireland). The department is also at the forefront of service improvement as part of a whole hospital change programme.
- Team
  - The department is covered by a combination of Paediatric Emergency Medicine (PEM) Consultants (1.8 WTE) and Adult Emergency Medicine Consultants (24 WTE), a number of whom (6) have paediatric subspeciality training and some of whom work predominantly on the paediatric side of the department. The nursing staff are all paediatric and APLS trained. In addition, there are Emergency Nurse Practitioners who see minor injury patients on both the adult and paediatric sides of the department plus four Paediatric Advanced Nurse Practitioners (PANP) who see both illness and injury patients, with more in training. There is a dedicated junior doctor rota composed of paediatric, emergency medicine and GP trainees, with Registrar cover for the department provided by a combination of PEM grid post trainees, general adult ED trainees and adult ED trainees undertaking their subspecialty training year in paediatric emergency medicine. The department is closely linked to the adult side of the department and has close links with

Nottingham Children's Hospital. The mixture of Consultant and Registrar cover from both brings a wealth of knowledge and training opportunities.

- Supervisor(s)

Dr Lynda Walton - Consultant in Paediatric Emergency Medicine Dr Colin Gilhooley - Consultant in Paediatric Emergency Medicine Dr Philip Dykes - Consultant Adult and Paediatric Emergency Medicine, Clinical Lead

Dr David Shearn - Consultant Adult and Paediatric Emergency Medicine

#### Clinical Training Responsibilities

Clinical duties include taking a lead role in the management of acutely ill and injured patients both in the main department and in the resus area, including leading a resuscitation team, as well as leading and managing the overall clinical shop floor. Provide support and teaching for junior medical staff, nursing staff and PANPs. Support the CEM Quality Indicators appropriate to CED. Liaise and work as part of a team with speciality colleagues from a variety of surgical and medical disciplines. Attain all the competencies required as part of the curriculum for paediatric emergency medicine training.

#### Workload / Rota Arrangements / Example Timetable

The rota is full shift in ED and PICU, with out of hours work in the Paediatric Emergency Department whilst seconded to paediatric surgical specialities

### Non Clinical Training Responsibilities (expectations of research / audit / teaching)

CEM and RCPCH audits, national paediatric emergency medicine research group member, MCRN trials, quality improvement methodology, review and development of guidelines, medical student, junior doctor, nurse, ENP & PANP teaching including simulation teaching.

#### Further training opportunities

Rapid access paediatric clinics, paediatric departmental teaching, allied speciality clinics, anaesthetic training, safeguarding and unexpected child death/rapid response procedures.

#### Any further information

Specialist referral centres: Leicester Glenfield, Birmingham Children's Hospital.

#### Contact details for unit

Dr Lynda Walton - lynda.walton@nuh.nhs.uk - 0115 9249924 ext 61151 or ED specific mobile through switchboard.

## East Midlands South

Hospital / Centre	Placement Name	Duration (Months)	Educational Supervisor (name and e-mail)  These will be published unless you ask otherwise	Compulsory (C) or Optional (O)	Availability Guaranteed (Y/N)
University Hospitals of Leicester	Paediatri c Emergen cy Medicine	12	David Sinton  David.sinton@uhl- tr.nhs.uk	С	Y
University Hospitals of Leicester	PICU / Anaesthesia	6	David Sinton <u>David.sinton@uhl-</u> <u>tr.nhs.uk</u>	С	Y
University Hospitals of Leicester	surgery, surgical sub- specialities and orthopaedic s	6	David Sinton <u>David.sinton@uhl-</u> <u>tr.nhs.uk</u>	С	Y

#### **Additional Information**

The order of the posts may vary.

Subspecialty:	Paediatric Emergency Medicine
Base Unit:	Leicester Royal Infirmary, University Hospitals of Leicester NHS Trust
Deaneries involved:	East Midlands South

#### Outline of Programme

The training programme at Leicester is 24 months' duration and includes:

- 12 months in our dedicated Paediatric Emergency Department
- 6 months of PICU / anaesthesia
- 6 months of self-directed study in surgery, surgical sub-specialities and orthopaedics

#### **Departmental Information**

#### - Demographics

The Leicester Royal Infirmary opened a new state-of-the-art dedicated Paediatric Emergency Department in 2017. In the past year the team have seen over 50,000 new paediatric patients present making us one of the busiest centres in the country. The paediatric ED and Children's Short Stay Unit operates 24/7 and is situated adjacent to the adult ED which opened state of the art facilities at the same time. In July 2018 we integrated our paediatric streams to a 'single front door' with the children's ED being the point of access for all paediatric patients to the hospital. This has brought a further increase in attendances but also a closer and more collaborative working relationship between the emergency, paediatric and paediatric surgical teams. The Children's Hospital offers general paediatrics and many paediatric sub-specialities including surgery, anaesthesia, orthopaedics, radiology, respiratory medicine, neurology, endocrine, haematology, gastroenterology and oncology. There is a PICU on site, and a second cardiac and ECMO PICU in the city at the Glenfield Hospital.

Leicester is a Trauma Unit with the nearest Major Trauma Centre at Nottingham. Due to the nature of paediatric trauma and being a city centre ED, our team continues to see a number of significantly injured walk in patients.

The city is multi-cultural with a varied socio-economic profile.

#### - Team

11 consultants are sub-speciality trained in PEM, 7 from a paediatric background and 4 from an EM background, with cross-cover of Paediatric ED by all ED consultants. The EM registrars cross-cover Paediatric ED and there up to 6 registrars at any time sub-speciality training in PEM, both paediatric and EM trainees. There are 4 Paediatric Nurse Practitioners and 2 in training. There are 25 WTE children's trained nurses, with a growing team of HCAs and Play Specialists.

Leicester is home of the award winning and nationally recognised East Midlands Emergency Education (EM3) team with staff undertaking full time education roles to support the development of trainees in

both EM and PEM. In addition there is a host of online learning resources available which are free to access at www.em3.org.uk

The 2017-2018 GMC survey saw us rated as the second-best PEM training site in relation to overall trainee satisfaction scores. In addition we were rated first in the areas of for supportive environment, local teaching, induction and rota design (supporting educational opportunities.) As a team we recognise and value the contributions of our trainees and make every effort to tailor training specific to them. We have a successful record with all of our trainees from the past 5 years progressing directly onto PEM consultant posts on completion of grid training.

#### - Supervisor(s)

Dr Samantha Jones, Consultant in Paediatric Emergency

Medicine Dr Ffion Davies, Consultant in Emergency

Medicine

Dr Gareth Lewis, Consultant in Paediatric Emergency Medicine

Dr Rachel Rowlands, Consultant in Paediatric Emergency

Medicine Dr Damian Roland, Consultant in Paediatric

Emergency Medicine Dr David Sinton, Consultant in

Paediatric Emergency Medicine

Dr Amy Atkinson, Consultant in Paediatric Emergency

Medicine Dr Habab Mekki, Consultant in Paediatric

**Emergency Medicine** 

#### Clinical Training Responsibilities

Grid trainees participate in the PEM rota, which is shared with EM PEM sub-speciality trainees, and EM ST4 and ST6 trainees. The rota is staffed 24/7.

Shop floor consultant cover is provided from 08.00 until 01.00 each weekday and until 22.00 at weekends. Most training is on site at LRI but sessions with EMAS (ambulance service), the regional burns centre and to the Major Trauma Centre can be organised.

#### Workload / Rota Arrangements / Example Timetable

Timetable for ED: Full shift cover for paediatric ED daily, remunerated at premium for out of hours cover with 1:3 weekends

Timetable for CICU / anaesthesia: Based on the **Cilcleris**Intensive Care Unit at LRI full shift rota. The timetable allows for specific supervised anaesthetic sessions to allow trainees to become proficient in airway management in children of a variety of ages. There is structure teaching and exposure to vascular guided central access.

Timetable for trauma & orthopaedics / surgery & sub-specialities: Surgical competencies are acquired in hours as a supernumerary doctor, out of hours responsibility for PEM with an expectation to focus on injuries rather than illness. The in hours time is tailored to meet the needs of the individual trainee and is guided by collaboration with the educational supervisor to ensure not only competencies are met but that the trainee builds a wealth of experience and strong supporting curriculum vitae.

### Non Clinical Training Responsibilities (expectations of research / audit / teaching)

The post holder will be taught the principals of adult education and teaching techniques during the protected teaching time. They will be involved in the teaching of medical students, SHO's and nursing staff. The post holder will assist in departmental audit projects. There is an active research programme—in the department, led by Professor Timothy Coats and Dr Damian Roland. There is protected administrative and project time each week. Management experience is encouraged, such as complaints, incidents and quality improvement—projects.

We have an active simulation and skills teaching programme which trainees are encouraged to become involved with, aligned to this we host Paediatric Emergency Simulation Training MDT days three times per year.

#### Further training opportunities

Eye casualty

Trauma review clinic (3 times per week). Also experience available at speciality clinics, e.g. fracture clinic, paediatric orthopaedic clinic, dermatology clinics etc.

Procedural sedation and ultrasound competencies are fully supported and readily available through the normal working week.

#### Contact details for unit

Dr Rachel Rowlands, Head of Service, Children's ED 0116

258 5812 Rachel.rowlands@uhl-tr.nhs.uk

Dr David Sinton, PEM Recruitment / Fellowship

Lead <u>David.sinton@uhl-tr.nhs.uk</u>

## East of England

Hospital / Centre	Placement Name	Duration (Months)	Educational Supervisor (name and e-mail)  These will be published unless you ask otherwise	Compulsory (C) or Optional (O)	Availability Guaranteed (Y/N)
Addenbrookes  Cambridge  University Hospital  NHS Trust	PEM	12	Peter.heinz@addenbrookes .nhs.uk Helen.bailie@addenbrooke s.nhs.uk	С	Y
Addenbrookes  Cambridge  University Hospital  NHS Trust	PICU	6	Shruti.agrawal@addenbroo kes.nhs.uk	С	Y
Addenbrookes  Cambridge  University Hospital  NHS Trust	Surgical	3	Kuldeep.stohr@addenbroo kes.nhs.uk	С	Y
Addenbrookes  Cambridge  University Hospital  NHS Trust	Orthopaedic	3	Claire.jackson@addenbroo kes.nhs.uk	С	Y

Sub-specialty:	Paediatric emergency medicine	
Base Unit:	Addenbrookes, Cambridge University Hospital NHS Trust	
Deaneries involved:	East of England	

#### Outline of Programme

This post is suitable for Specialist Trainees who have completed level 2 training who wish to specialise in Paediatric Emergency Medicine. The training programme in Cambridge is 24 months' duration. Trainees spend 12 months in our Paediatric Emergency Department, which is alongside the adult emergency department. There is also 6 months working on PICU, and 6 months of secondment time in paediatric surgery and paediatric orthopaedics enabling the trainee to acquire the competencies set out in the RCPCH Subspecialty Competency document.

#### The Post

Emergency Dept: The trainee will have excellent opportunities to gain experience in our paediatric emergency department which sees approximately 23,000 children / year and is the major trauma centre for East of England. They will gain experience in a wide variety of paediatric presentations. They will coordinate the initial management and treatment of all paediatric patients and supervise their appropriate discharge or referral. Addenbrookes is a tertiary referral centre for paediatric neurology, neurosurgery, gastroenterology, allergy, respiratory, endocrine, orthopaedics, gynaecology and paediatric surgery including urology so acute presentations for all these subspecialties, in addition to medical patients, will be seen in the ED as this is our single point of entry for all patients, except oncology. Trainees will also learn the clinical skills and investigations to manage paediatric trauma patients both minor and major. The Paediatric Trauma Unit is collocated in the Resuscitation Unit of the Major Trauma Centre where PEM trainees will also have an opportunity to participate in the management of adult trauma patients to supplement their learning of the less common paediatric trauma presentation. All trauma management is carried out under the supervision of an Emergency Medicine Consultant. There will be opportunities to attend rapid referral clinics in addition to the ED work. The trainee will be given management and administrative experience whilst in the dept.

Surgery and Orthopaedics: This period of the two-year post will be on a supernummary secondment basis. The trainee will be able to attend clinics, ward rounds and operating sessions for any surgical speciality, to gain appropriate competencies. The paediatric surgical team provides services for thoracic, general, urology and oncological surgery. In addition, they provide a line access service so the trainee would be able to gain competencies in PICC line placement. There will also be opportunities to gain experience in paediatric gynaecology, maxillofacial, ophthalmology, plastics, ENT and neurosurgery. The paediatric orthopaedic service provides a tertiary service within the East of England for bone and joint infections. They also care for the paediatric major trauma patients transferred to Addenbrookes as part of the major trauma network agreement. In addition to the acute work they provide a regional tertiary service for elective orthopaedic procedures such as femoral osteotomies and spinal surgery etc. During the six month secondment period out of hours work will be based in the emergency department.

PICU: The trainee will be part of the PICU team and rota and will participate in all departmental training and clinical work in the department. During the six months of Paediatric Intensive Care the trainee will also have exposure to Paediatric Anaesthesia

#### Departmental Information

Demographics

**Emergency Department:** 

We work in an emergency department that sees over 100,000 patients a year (22-23% of which are under 16 years of age). Any patient requiring assessment as an emergency will come via the ED. We work alongside the on-call physicians, surgeons and paediatricians sharing the workload. The Paediatric Emergency Department is open 24 hours/day and staffed by Paediatric Nurses throughout. There is an Emergency Medicine Consultant present in the Emergency Department from 0800h to 0200h every day and available for consultation and to attend as required 24 hours/day. We do not distinguish between the GP referred patient or the patient who self presents. As soon as a doctor is free they see the next appropriate patient, no matter the referral route.

The department is supported by rapid turnaround times for pathology and radiology. We work particularly closely with our Acute Paediatricians (Dr Peter Heinz, Dr Ruth Clay and Helen Bailie). The acute paediatric consultant team is currently undergoing expansion to form a team of 10. They will provide onsite senior paediatric supervision until 2200. In addition to this there is a paediatric SpR allocated to the paediatric ED between 1630-2100 daily to see GP referrals and ED medical cases requiring paediatric review or admission. At the weekend they are present between 1600-2300. Overnight the paediatric SpR and paediatric surgical SpR are on call for referrals as necessary. There is also 24 hour support of all other sub specialties to paediatrics including CAMH.

The staff within the department have direct access to a range of radiological services including CT Scanning, nuclear medicine and ultrasound. The department has developed ultrasound facilities for ED medical staff. Open access is also available for patients requiring appointments in ophthalmology, ENT, maxillo-facial surgery, orthopaedic surgery and neurology.

From 1st April 2012 Addenbrooke's was designated the Trauma centre for the East of England region. The ED has expanded and renovated to support the increasing numbers of major trauma patients. Six new consultants were recruited to provide extended presence in the ED and to lead the Trauma Teams 24/7. Consultants are present at the shop-floor from 0800 till 0200 seven days a week and on-call for the remaining 6 hours of the night.

Since April 2012 Addenbrooke's has been operating as the Major Trauma centre in the East of England and covers 11 hospitals around the region. The MTC is expected to see all patients with ISS>16. Primary transfers are done for all injured patients within 45 minutes from the MTC and secondary transfers to the MTC from the remaining units. The EM consultants lead the Trauma Team 24/7 and all MTC patients are seen by the Trauma team which consists of all relevant specialty medical (middle-grade doctors in Anaesthesia, NCCU, T+O, Surgery and the other smaller specialties as needed).

#### PICU:

The paediatric intensive care unit (PICU/HDU) has 13 beds, 10 of which are staffed as ICU beds. The unit at Addenbrookes is approved by PICM ISAC, and has approval for PICM grid training, There are approximately 3,000 paediatric admissions each year in total including 600+ to the PICU/HDU. Total admissions have increased steadily from 170 in 1993 to 612 in 2011/12, and a large geographic area from Kettering to Great Yarmouth, and King's Lynn to Colchester (approximately 1½ - 2 hour's drive in each direction) is covered; it's the only paediatric intensive care unit in the region. Currently, the paediatric retrieval service is provided by the Children's Acute Transport Service (CATS).

Apart from fulfilling the regional demand for PICU beds, the PICU also works closely with the paediatric emergency department and all the paediatric sub-specialities within Addenbrookes Hospital. It's the tertiary referral centre for paediatric neurosciences, paediatric trauma and paediatric haemato-oncology. In addition to patients with medical conditions, surgical care for children with complex neonatal problems, neurosurgical, E.N.T, general and spinal surgery is provided. Although there is no cardiac surgery or ECMO at Addenbrooke's, all other forms of cardiovascular, respiratory and renal support are undertaken on the PICU, including high frequency ventilation, nitric oxide, haemofiltration and intracranial pressure monitoring. To gain experience in paediatric cardiology trainees will be expected to attend the tertiary clinics held

monthly in conjunction with GOSH. There are also weekly clinics run by the paediatricians with an interest in paediatric cardiology with many years of experience.

- Team

The ED has 20 consultants, 30 full-time doctors in training, 13 ENPs and just under 100 nurses and 2 ACPs.

Trained Paediatric Nurses

16.25 WTE

10 Acute paediatricians

PICU is supervised by 7 consultants and there are 8 trainees ST4 and above on the rota.

- Supervisor(s)
Dr Peter Heinz, Dr Helen Bailie

#### Clinical Training Responsibilities

#### Workload / Rota Arrangements / Example Timetable

During the PEM year the trainee will work with core ED trainees on their paediatric ED placement and an ED trainee completing their training for dual accreditation in PEM. The two senior trainees will work three different shifts; 0800-1700, 1100-2000 and 1500-2400. There will be on average 4.5, 9 hour shifts per week resulting in a 40.5 hour week. There are no night shifts on the rota. An example of how the rota may work is shown below.. Both annual leave and study leave will be agreed with the trainees educational supervisor. The 0800 start times will allow the trainee to be allocated to the trauma team for the day and hence increase exposure to trauma by participating in adult cases. Where possible a core ED trainee will be on the rota with a senior PEM doctor.

Day	Doctor 1	Doctor 2
Monday	OFF	1100-2000
Tuesday	0800-1700	1500-2400
Wednesday	0800-1700	1500-2400
Thursday	1100-2000	OFF
Friday	1100-2000	OFF
Saturday	OFF	1100-2000
Sunday	OFF	1100-2000
Monday	1100-2000	OFF
Tuesday	1500-2400	0800-1700
Wednesday	1500-2400	0800-1700
Thursday	OFF	1100-2000
Friday	OFF	1100-2000
Saturday	1100-2000	OFF
Sunday	1100-2000	OFF
Monday	OFF	1100-2000
Tuesday	0800-1700	1500-2400
Wednesday	0800-1700	1500-2400
Thursday	1100-2000	OFF
Friday	1100-2000	OFF
Saturday	OFF	1100-2000
Sunday	OFF	1100-2000
Monday	1100-2000	OFF

Tuesday	1500-2400	0800-1700
Wednesday	1500-2400	0800-1700
Thursday	OFF	1100-2000
Friday	OFF	1100-2000
Saturday	1100-2000	OFF
Sunday	1100-2000	OFF

During the 6 month secondment time the trainee will have a weekend commitment to the ED rota but the times will allow maximum time during the day to be a part of the secondment team.

During the PICU placement the trainee will join the PICU registar rota and all their on call commitments will be based in PICU. The junior doctors rota is staffed by 5 paediatric registrars and 3 clinical fellows. They follow a rolling rota of 1:8. The days are either 0900-1700, 0900-2200 or nights of 2100-1000. The rota is currently undergoing review. The care for critically ill children is supported by an excellent nursing team under the supervision of team of 7 consultants.

#### Non Clinical Training Responsibilities (expectations of research / audit / teaching)

The trainee will participate in the training and supervision of paediatric and ED SHOS, other members of staff and medical students as appropriate. This will involve both formal teaching sessions and informal clinical supervision. They will participate in audit and be encouraged to pursue one or more research projects and time will be allocated to research as appropriate. There will be opportunities to be involved in quality improvement projects. We are a PERUKI site with active involvement in research studies. We have a research nurse specialist to help facilitate the running of studies in the department. Trainees will be expected to be involved in recruitment to active studies during their time with us. There is a half day a month allocation within the rota to non clinical activities to facilitate trainees in increasing their research, teaching and managerial exposure.

As well as the teaching programmes within each rotation, the trainee will have the opportunity to attend the monthly regional senior paediatric trainee sessions, the relevant weekly ED trainee slots (2 hours every Thursday afternoon) and national GRID training days.

#### Further training opportunities

A comprehensive program of training in line with the current CSAC syllabus will be offered and the trainee will be expected to sign an educational agreement and maintain a personal portfolio. There is an excellent generic senior trainee monthly training day within East of England at which non-clinical items such as management, audit, counselling, presentation and communication skills are taught.

#### Contact details for unit

Dr Peter Heinz (peter.heinz@addenbrookes.nhs.uk)

Dr Helen Bailie (helen.bailie@addenbrookes.nhs.uk)

## KSS

Hospital / Centre	Placement Name	Duration (Months)	Educational Supervisor (name and e-mail)  These will be published unless you ask otherwise	Compulsory (C) or Optional (O)	Availability Guaranteed (Y/N)
Royal Alexandra Childrens Hospital Brighton Children's Emergency Department	PEM Paediatric Surgery Paediatric Orthopaedics	18	Dr Catherine Bevan catherine.bevan@bsuh.nhs. uk Tel: 01273 696955	С	Y
Southampton University Hospital Paediatric Intensive Care Unit	PICU	6	Dr Iain Macintosh, Director of Paediatric Intensive Care Iain.Macintosh@uhs.nhs.uk	С	Y

#### **Additional Information**

The 18 months in PEM at Brighton will be divided into two placement periods.

Initial 6 months at PEM Brighton followed by 6 months PICU in Southampton and then finishing with a final 12 months in PEM at Brighton.

Sub-specialty:	Paediatric Emergency Medicine		
Base Unit:	Royal Alexandra Childrens Hospital Brighton		
Deaneries involved:	HE KSS and HE Wessex		

#### Outline of Programme

The successful candidate will be provided with extensive training in Paediatric Emergency Medicine as per the RCPCH PEM training curriculum. The programme in summary is based primarily at the Children's Emergency Department (CED) 1 year plus total 3 months each in paediartic orthopaedics and surgery at the Royal Alexandra Children's Hospital (RACH) in Brighton with 6 month secondment in paediatric intensive care (PICU) at Southampton General Hospital and additional specialist training at RACH.

#### **Departmental Information**

#### Demographics

The Royal Alexandra Children's Hospital (RACH) cares for children up to the age of 19 yrs from Sussex covering a population of 460,000 for Paediatrics and 2.2 million for Paediatric Surgery. It is a purpose-built children's hospital located within the grounds of the Royal Sussex County Hospital, Brighton.

RACH is equipped with a 26 bedded medical ward , surgical ward (12 beds), high-dependency unit (10beds), general day care unit (10 bedded), respiratory day care unit, oncology day care unit (6 bedded), and out-patient clinics and a dedicated Children's Emergency Department.(26,000 per year)

- Team

The department is staffed by a dedicated separate tier of 8 consultants present in the department 0900-2400h and on call after 2400h. There is also a team of five paediatric emergency nurse practitioners including a nurse consultant with cover until 2200hrs.

- Supervisor(s)

Dr Catherine Bevan

Lead Consultant Children's Emergency Department

#### Clinical Training Responsibilities

The CED at RACH provides an extensive opportunity for training under consultant supervision. The department sees 26,000 pateints per year - all acute GP referrals and blue light ambulances cases. The CED has a busy 3 bedded resuscitation area providing training in team-leading & acute resuscitations .PEM trainees will have the opportunity to spend time in theatres, gaining experience in basic and advanced airway

An onsite 10 bed HDU with dedicated consultant supervision provides further airway training in children on long term home ventilation, with tracheostomies and in stabilisation of patients prior to transfer to PICU. There is considerable opportunity to gain experience with the use of non-invasive ventilation support including Optiflow- CPAP and BIPAP

#### Specialist training

RACH has a number of specialised services as outlined below, all of which can provide training in the core competencies of PEM. The department is well supported with specialised paediatric services in surgery and orthopaedics, plastics, burns ENT and ophthalmology with the on-site Sussex Eye Hospital.

Trauma - Training would be provided in all injury management including in acute relocation of the shoulder, elbow, knee and ankle under sedation and in ultrasound guided femoral nerve block placement. There are regular consultant and nurse practitioner led injury review clinics. BSUH adult ED is a designated level 1 trauma centre. All paediatric trauma attending BSUH which is likely major

trauma is seen in the trauma centre and led by the paediatric team -and would facilitate PEMs trainees in trauma experience and in leading trauma calls.

Dr Miki Lazner is the lead for paediatric trauma in the KSS area and is involved with development and of the paediatric Sussex trauma network and the development of paediatric trauma guidelines for the network.

Orthopaedics: There are two paediatric orthopaedic consultants who provide acute cover and outpatient follow up of paediatric orthopaedic patents. There are three half-day paediatric trauma lists per week and two paediatric fracture clinics. There are also daily ward rounds for all paediatric in patients

Surgery: There are 6 dedicated consultant paediatric surgeons supported by 7 Consultants Paediatric Anaesthetists. Paediatric dentistry and oral surgery and ENT patients are also treated in the hospital and additional training within these areas would be provided. Neurosurgical (adult) services are shortly to be moved to the BSUH site as it is a designated level 1 trauma centre. Plastic Surgery & Burns training: RACH has close links to the regional paediatric burns and plastics centre at QVH at East Grinstead. Patients are acutely reviewed by "Telemed "allowing for specialist consultation and planning at the time of the initial burn. Local paediatric plastics clinics are also run weekly. Facilities would be available to incorporate this into the PEM training.

Ophthalmology: The Sussex Eye hospital and Eye Emergency department are co-located on the BSUH site. PEM training would include specific sessions within these departments.

Gynae & Obstetrics:The adolescent gynaecology team and EPU (Early Pregnancy Unit) & specialised teenage pregancy service run a drop in service and regular clinics.

Safeguarding: All planned child protection medicals are performed by a specific team of paediatric consultants within RACH. There is a weekly peer review discussion on all recent child protection cases including review of all images and weekly teaching. The safeguarding team includes a full time dedicated named consultant lead and a nurse consultant. There are opportunities for additional training for those with an interest in safeguarding.

Radiology: There is a team of four consultant paediatric radiologists. Excellent links with our local radiology service allows for real time reporting. There would training opportunities for any PEM trainee to observe and participate in hot reporting for additional training.

#### Workload / Rota Arrangements / Example Timetable

All rotas are based on a 'New Deal' and EWTD-compliant full-shift pattern.

Out-of-hours -2 middle-grade paediatric doctors are resident out-of-hours at all times, One covering CED and a second covering in -patients and HDU. Consultant resident in CED until 0900- 2400 with on call back up

Provisional Roster

	Monday	Tuesday	Wednesday	Thursday	Friday	Week- end(1:6)
Morning	0845 Handover CED Clinical Work	0845 Handover CED Clinical Work	O845 Handover CED Clinical Work 10am Review Clinic	0830 Simulation Training Clinical Work	0845 SHO Teaching Clinical Work	0845 Handover CED Clinical Work
Lunchtime	Child protection meeting	Grand Rounds		Infectious disease		
Afternoon	Clinical Work	Clinical Work	Clinical Work	Clinical Work	Clinical Work	Clinical Work
Evening	Clinical Work					

#### Non Clinical Training Responsibilities (expectations of research / audit / teaching)

There is an active research and audit ethos within the CED with many projects currently being undertaken with presentations at RCPCH spring meetings. The department recently received the "Rosette award" for quality and innovation for a research project. There is a monthly half-day departmental clinical governance meeting.

The department has an already established involvement in research (the lead consultant is on the executive committee of PERUKI) and is a member of PERUKI (Paediatric Emergency Research Network UK & Ireland), participating currently in several multicentre trials.

All successful participants would be encouraged and supported in undertaking a research, audit or quality improvement project and to contribute to the extensive local database of guidelines and parental information leaflets. RACH holds APLS twice a year allowing PEM trainees to complete APLS and to contribute to teaching.

There is a well-established programme of simulation teaching in the department and a new simulations lab.

#### Further training opportunities

see above in details of program

#### Contact details for unit

Dr Catherine Bevan Lead Consultant Children's Emergency Department Royal Alexandra Children's Hospital Brighton

Telephone: 01273 696955

E mail: catherine.bevan@bsuh.nhs.uk

## London

Hospital / Centre	Placement Name	Duration (Months)	Educational Supervisor (name and e-mail)  These will be published unless you ask otherwise	Compulsory (C) or Optional (O)	Availability Guaranteed (Y/N)
Evelina Hospital	PEM	24	Dr Danielle Hall Danielle.Hall@gstt.nhs.uk	С	Y
Homerton Hospital	PEM	24	Dr Meena Patel Meena.Patel@homerton.nhs. uk	С	Y
St Mary's Hospital	PEM	24	Dr Rebecca Salter Rebecca.Salter@imperial.nhs .uk	С	Y
Evelina Hospital	PEM	24	Dr Danielle Hall Danielle.Hall@gstt.nhs.uk	С	Y

#### **Additional Information**

Rotations to start at St Mary's, Homerton or Evelina.

Following the first post of 6-12 months duration, trainees will rotate to one of the other training units in London which also include Royal London Hospital and Chelsea and Westminster-Please note that this will depend on availability and individual training requirements.

The programme includes a 6 month PICU post at Evelina or St Mary's.

Job descriptions for all units available.

Subspecialty:	Paediatric EM
Base Unit:	Chelsea and Westminster Hospital Foundation Trust
Deaneries involved:	London

#### Outline of Programme

Chelsea and Westminster is a busy teaching hospital in West London. The Paediatric Emergency Department sees around 37,000 children a year with a wide range conditions. The PED is supported by the Chelsea Children's Hospital (the paediatric services within Chelsea and Westminster) which includes the regional paediatric surgery and paediatric burns centre alongside paediatric orthopaedics, plastics, craniofacial and a number of medical specialities including gastroenterology and endocrinology.

The post itself is based in the PED (with no general paediatric component) and, at present, is part of a 1:5 rota with no overnight commitments. Frequent educational, or float, shifts provide ample opportunity to take advantage of both learning from the different clinical specialities outside PED and the non-clinical meeting and roles.

The mixture of different presentations, significant patient flow, a wide range of specialist teams and a high level of PEM consultant teaching means that the post provides excellent PEM training.

#### **Departmental Information**

- Demographics
  - 37,000 presentations a year
- Team
  - 5 PEM Consultants
  - 6 Acute Paediatric Consultants (based in PED overnight)
  - 5 Registrars
  - 12 ST1-3 (Including both EM and Paediatric Trainees)
- Supervisor(s)

F

#### Clinical Training Responsibilities

Embedded into the rota are dedicated educational shifts to provide the time to achieve some of the RCPCH PEM competences best gained outside PED. While the use of this time can be adjusted to meet the learning needs of each trainee, it can include a secondment to the burns team, regular attendance at the paediatric fracture clinics, lists with the paediatric anaesthetists or working with the paediatric surgery team.

Teaching on the shop floor of PED is a key feature, and with 5 specialist PEM consultants and an additional group of 6 acute paediatric consultants covering night shifts, there is an excellent level of support and teaching around the clock. This also provides the opportunity to develop as team leader leading a resus.

Seeing unselected cases, and supervising juniors; means exposure the full range of paediatric presentations from minor trauma to cardiac arrest and from child protection assessments to the joint reductions.

#### Workload / Rota Arrangements / Example Timetable

The rota is a 5 person middle grade rota is made up of 3 paediatric trainees (including a PEM Grid trainee) and 2 senior clinical fellows working a 1:5 rolling rota with no night shifts.

Annual leave and study leave are not fixed (but may only be taken when doing an early or float shift).

Hours = 45

Week	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1	08-17:00	08-17:00	08-17:00	08-17:00	Off	09-21:00	09-21:00
2	Off	Float	13-23:00	13-23:00	13-23:00		
3	13-23:00	13-23:00	Off	Float	08-17:00		
4	Float	Float	Float	Float	Float		
5	Float	Float	Float	Float	Float		

Float: 08:00-17:00

For secondment activity, clinic attendance, audit etc.

A small number of float shifts will be backfilling colleagues on leave.

The workload is made up of leading the shift and seeing unselected cases. Leading the shift includes the supervision of junior doctors and managing patient flow through PED, alongside the nurse in charge.

#### Non Clinical Training Responsibilities (expectations of research / audit / teaching)

The department is member of PERUKI (Paediatric Emergency Research in the UK and Ireland) and as such, involved in a number of multi-centre PED based research projects. There is an expectation that trainees will be involved in one of these studies, or develop local studies or quality improvement projects with a strong track record of presenting at national and international meetings.

There is a strong clinical governance framework providing the opportunity to be involved with audit, guideline development and take part in incident investigations.

Management roles include organising of rotas, planning of multidisciplinary teaching and taking a lead on quality improvement projects.

#### Further training opportunities

There is formal teaching once a week, with a half day meeting a month. This is in addition to the weekly paediatric teaching. The is a well-established simulation centre with a in situ simulation programme providing the opportunity to develop as a simulation facilitator.

Attending specialist inpatient team's teaching or clinics, lists or ward rounds is encouraged and easy to arrange on educational days

#### Any further information

The PED underwent a complete rebuild in 2016-17, increasing capacity and providing an excellent clinical environment.

#### Contact details for unit

Service Director for PEM: Charles Stewart charles.stewart@chelwest.nhs.uk 0203 315 7193

PEM Training Lead: James Ross james.ross@chelwest.nhs.uk 0203 315 7193

Sub-specialty:	PEM
Base Unit:	Royal London Hospital
Deaneries involved:	London

#### Outline of Programme

Grid trainees will participate in shifts in the Emergency Department, in patients and out patients, general paediatric on calls. They will be supervised by PEM and CEM trained consultants and be able to attend all the in-house teaching and training opportunities as well as the regional training days.

#### **Departmental Information**

- Demographics
- The Royal London Hospital serves the local districts of Tower Hamlets, and to a lesser extent City & Hackney and Newham, in a high population density, inner city area, with poor socioeconomic conditions and large immigrant groups. It is a designated major trauma centre (MTC) and base for the helicopter retrieval service (HEMS) for severely injured adults and children. The number of paediatric A&E attendances is over 38,000 new patient attendances per year. Total A&E attendances are in excess around 140,000. The paediatric A&E department operates 24 hours a day, 7 days per week, and is situated adjacent to the adult A&E department. It is separately staffed by 1 FY2, 7 ST3 trainees, 2 A+E SpRs, and 2 Paediatric A+E SpRs, 1.2 WTE Consultants, 24 WTE children's trained nurses and a full time Play Specialist. There is an observation / ambulatory- Paediatric CDU ward run jointly by Paediatric A+E and the general paediatric service.

There is a large in-patient secondary paediatric service, paediatric critical care and a paediatric oncology POSCU. Tertiary paediatric medical services include neonatal medicine and neonatal retrieval service, respiratory, allergy, neurology, haematology, gastroenterology, endocrinology, and dermatology. Surgical services include paediatric and neonatal surgery and trauma care, paediatric anaesthesia and paediatric pain team, paediatric orthopaedics, ENT, ophthalmology, dental, maxillofacial and plastics.

- Team
  - Dr Ian Morrison, Dr Ami Parikh, Dr Simon Walsh, Dr Malik Ramadhan
- Supervisor(s)
  - Dr Ian Morrison, Dr Ami Parikh

#### Clinical Training Responsibilities

A syllabus has been jointly drawn up between the RCPCH and the CEM, and is available from the Faculty of Accident and Emergency Medicine. Particular attention will be paid to trauma management and team leadership, critical care and resuscitation, procedural sedation, non-accidental injury, adolescent issues, and the management of an A&E department. The post holder will be 1 of 2 Paediatric SpRs in the department this allows for protected secondments, general paediatric & sub speciality exposure

#### Workload / Rota Arrangements / Example Timetable

On 1:12 paediatric on call rota with nights and weekend duties. Also integral to the ED rota.

#### Non Clinical Training Responsibilities (expectations of research / audit / teaching)

A half day per week is provided for these activities. There is a constant cycle of departmental projects. Supervision will be given in research methodology, the writing of protocols, submission of an application to the Ethics Committee, project supervision, data collection, statistical analysis and submission of papers to peer review journals. There is access to a PC, the Internet, and a dedicated SpR office.

#### Further training opportunities

Emphasis on managing patient flow, interface with other specialities, recruitment, appraisal process, complaints, rotas, and opportunity to attend meetings with consultant.

#### Any further information

The principals of adult education and teaching techniques will be applied during the protected teaching time (5 hours per week for SHOs, 2 hours per week for SpRs). Teaching of medical students, SHOs and nursing staff. APLS and ATLS available. Regional paediatric A&E teaching programme run monthly and medical simulation are also available

#### Contact details for unit

Royal London Hospital, Barts Health, Whitechapel Rd, London E1 1BB

Sub-specialty:	Paediatric Emergency Medicine	
Base Unit:	Imperial College, St Mary's Hospital	
Deaneries involved:	London	

#### Outline of Programme

The successful applicant will be Part of the wider Paediatric Emergency Department Team, when based in ED. They will contribute to the General Paediatric On call rota and will be based in the Paediatric Emergency Department, but spend some time in the Paediatric Ambulatory Department / Integrated Care Team. Frequent educational shifts that allow for secondments and achievement of required PEM competencies are provided on a weekly basis.

Most trainees spend a year at St Mary's and six months of this is spent on PICU on the PICU rota. The PICU provides critical care for sick and injured children from the North West sector of London, and recieves transfers in from other regions for specialist care.

#### **Departmental Information**

Demographics

The Paediatric Emergency Department serves a highly varied population.with 60 first languages spoken in the local schools, with an extensive social economic range seen in the population. The paediatric department is part of Imperial College School of Medicine. There is a strong academic department and the Unit provides tertiary referral services for paediatric intensive care, infectious diseases, allergy, haematology, respiratory and nephrology, paeds surgery.

The Department is one of the four London Major Trauma Centres, seeing a significant number of penetrating and non penetrating injuries each year and PEM trainees form an integral part of the Trauma Team. Trauma is a Consultant delivered service, and trainees are fully supervised at all times 24 hours a day in trauma care.

- Team

5.3 WTE Consultants, Dr Rebecca Salter as Head of Specialty 10 ST3 + trainees from mixed Paediatric / Ed background

ENP

ANP

band 5 /6/7 nurses Nurse Educator play specialist

- Supervisor(s)

Consultant presence until 8 pm each day in Paeds Ed with AE Cons presence until midnight. 24 hour a day dedicated Trauma Consultant Team Leader - including PEM trained Consultants. Teaching on the shop floor of PED is a key feature in any Ed but there are weekly General Paediatric and PEM teaching programmes for you to attend.

#### Clinical Training Responsibilities

Responsibilities will vary according to which part of the job is being undertaken. In Paediatric ED the successful applicant will have provide close clinical supervision in the department, have responsibility for flow of patients through the department, will be a member of the Paediatric Trauma Team and provide an important link for the multidisciplinary team of health visitors, social workers, therapists, nurses and other specialists. You will also work in the Paediatric CDU and be responsible for safe ambulatory care planning.

On PICU you are fully supported by a team of Consultants who operate a weekly on call model, allowing you to build strong team relationships. You are supported by a team of Senior Nurses and family liaison nurses. You will be have the oportunity to achieve all of the acute care and intensive care RCPCH PEM competencies along with airway skills.

#### Non Clinical Training Responsibilities (expectations of research / audit / teaching)

There is a full postgraduate teaching programme. The candidate is expected to take part in undergraduate and postgraduate teaching for doctors and nurses. The candidate will be expected to conduct an audit/quality improvement project, produce Best evidence based topics, and to help with quideline production. Projects for research may be available depending on the trainee's needs.

#### Further training opportunities

The candidate will be taught to practice evidence based medicine and be active in undertaking audit and research projects. He/she will be encouraged to take APLS/EPLS, ATLS courses and / or instruct on them. The Trust runs APLS / ATLS three times a year. The candidate will be exposed to trauma care and will have the opportunity to attend trauma team leader /member simulation courses that are run in the Trust.

Embedded into the rota are dedicated educational shifts to provide the time to achieve some of the RCPCH PEM competences that may require clinic attendance/ theatre time.

#### Any further information

Please Contact Dr Salter on 02033126979

#### Contact details for unit

Paediatric ED, St Mary's Hospital. Imperial College Healthcare NHS Trust, London W2 1NY

## North West

Hospital / Centre	Placement Name	Duration (Months)	Educational Supervisor (name and e-mail)  These will be published unless you ask otherwise	Compulsory (C) or Optional (O)	Availability Guaranteed (Y/N)
Royal Manchester Children's Hospital	Paediatric Emergency Medicine	12	Rachel.jenner@mft.nhs.uk	С	Y
Royal Manchester Children's Hospital	Paediatric Intensive Care	6	Chetanj.gupta@mft.nhs.uk	С	Y
Royal Manchester Children's Hospital	Paediatric Surgery	3	Ross.craigie@mft.nhs.uk	С	Y
Royal Manchester Children's Hospital	Paediatric Orthopaedics and Trauma including Major Trauma Team	3	lbrar.majid@mft.nhs.uk	С	Y

#### **Additional Information**

All placements are based at Royal Manchester Childrens Hospital which is part of Manchester University NHS Foundation Trust.

This is a new grid post for 2019 but there is a long history of subspecialty training in Paediatric Emergency Medicine in Manchester for Emergency Medicine trainees.

Sub-specialty:	Paediatric emergency medicine	
Base Unit:	Addenbrookes, Cambridge University Hospital NHS Trust	
Deaneries involved:	East of England	

#### Outline of Programme

This post is suitable for Specialist Trainees who have completed level 2 training who wish to specialise in Paediatric Emergency Medicine. The training programme in Cambridge is 24 months' duration. Trainees spend 12 months in our Paediatric Emergency Department, which is alongside the adult emergency department. There is also 6 months working on PICU, and 6 months of secondment time in paediatric surgery and paediatric orthopaedics enabling the trainee to acquire the competencies set out in the RCPCH Subspecialty Competency document.

#### The Post

Emergency Dept: The trainee will have excellent opportunities to gain experience in our paediatric emergency department which sees approximately 23,000 children / year and is the major trauma centre for East of England. They will gain experience in a wide variety of paediatric presentations. They will coordinate the initial management and treatment of all paediatric patients and supervise their appropriate discharge or referral. Addenbrookes is a tertiary referral centre for paediatric neurology, neurosurgery, gastroenterology, allergy, respiratory, endocrine, orthopaedics, gynaecology and paediatric surgery including urology so acute presentations for all these subspecialties, in addition to medical patients, will be seen in the ED as this is our single point of entry for all patients, except oncology. Trainees will also learn the clinical skills and investigations to manage paediatric trauma patients both minor and major. The Paediatric Trauma Unit is collocated in the Resuscitation Unit of the Major Trauma Centre where PEM trainees will also have an opportunity to participate in the management of adult trauma patients to supplement their learning of the less common paediatric trauma presentation. All trauma management is carried out under the supervision of an Emergency Medicine Consultant. There will be opportunities to attend rapid referral clinics in addition to the ED work. The trainee will be given management and administrative experience whilst in the dept.

Surgery and Orthopaedics: This period of the two year post will be on a supernummary secondment basis. The trainee will be able to attend clinics, ward rounds and operating sessions for any surgical speciality, to gain appropriate competencies. The paediatric surgical team provides services for thoracic, general, urology and oncological surgery. In addition they provide a line access service so the trainee would be able to gain competencies in PICC line placement. There will also be opportunities to gain experience in paediatric gynaecology, maxillofacial, ophthalmology, plastics, ENT and neurosurgery. The paediatric orthopaedic service provides a tertiary service within the East of England for bone and joint infections. They also care for the paediatric major trauma patients transferred to Addenbrookes as part of the major trauma network agreement. In addition to the acute work they provide a regional tertiary service for elective orthopaedic procedures such as femoral osteotomies and spinal surgery etc. During the six month secondment period out of hours work will be based in the emergency department.

PICU: The trainee will be part of the PICU team and rota and will participate in all departmental training and clinical work in the department. During the six months of Paediatric Intensive Care the trainee will also have exposure to Paediatric Anaesthesia

#### **Departmental Information**

Demographics

**Emergency Department:** 

We work in an emergency department that sees over 100,000 patients a year (22-23% of which are under 16 years of age). Any patient requiring assessment as an emergency will come via the ED. We work alongside the on call physicians, surgeons and paediatricians sharing the workload. The Paediatric Emergency Department is open 24 hours/day and staffed by Paediatric Nurses throughout. There is an Emergency Medicine Consultant present in the Emergency Department from 0800h to 0200h every day and available for consultation and to

attend as required 24 hours/day. We do not distinguish between the GP referred patient or the patient who self presents. As soon as a doctor is free they see the next appropriate patient, no matter the referral route.

The department is supported by rapid turnaround times for pathology and radiology. We work particularly closely with our Acute Paediatricians (Dr Peter Heinz, Dr Ruth Clay and Helen Bailie). The acute paediatric consultant team is currently undergoing expansion to form a team of 10. They will provide onsite senior paediatric supervision until 2200. In addition to this there is a paediatric SpR allocated to the paediatric ED between 1630-2100 daily to see GP referrals and ED medical cases requiring paediatric review or admission. At the weekend they are present between 1600-2300. Overnight the paediatric SpR and paediatric surgical SpR are on call for referrals as necessary. There is also 24 hour support of all other sub specialties to paediatrics including CAMH.

The staff within the department have direct access to a range of radiological services including CT Scanning, nuclear medicine and ultrasound. The department has developed ultrasound facilities for ED medical staff. Open access is also available for patients requiring appointments in ophthalmology, ENT, maxillo-facial surgery, orthopaedic surgery and neurology.

From 1st April 2012 Addenbrooke's was designated the Trauma centre for the East of England region. The ED has expanded and renovated to support the increasing numbers of major trauma patients. Six new consultants were recruited to provide extended presence in the ED and to lead the Trauma Teams 24/7. Consultants are present at the shop-floor from 0800 till 0200 seven days a week and on-call for the remaining 6 hours of the night.

Since April 2012 Addenbrooke's has been operating as the Major Trauma centre in the East of England and covers 11 hospitals around the region. The MTC is expected to see all patients with ISS>16. Primary transfers are done for all injured patients within 45 minutes from the MTC and secondary transfers to the MTC from the remaining units. The EM consultants lead the Trauma Team 24/7 and all MTC patients are seen by the Trauma team which consists of all relevant specialty medical (middle-grade doctors in Anaesthesia, NCCU, T+O, Surgery and the other smaller specialties as needed).

#### PICU:

The paediatric intensive care unit (PICU/HDU) has 13 beds, 10 of which are staffed as ICU beds. The unit at Addenbrookes is approved by PICM ISAC, and has approval for PICM grid training, There are approximately 3,000 paediatric admissions each year in total including 600+ to the PICU/HDU. Total admissions have increased steadily from 170 in 1993 to 612 in 2011/12, and a large geographic area from Kettering to Great Yarmouth, and King's Lynn to Colchester (approximately 1½ - 2 hour's drive in each direction) is covered; it's the only paediatric intensive care unit in the region. Currently, the paediatric retrieval service is provided by the Children's Acute Transport Service (CATS).

Apart from fulfilling the regional demand for PICU beds, the PICU also works closely with the paediatric emergency department and all the paediatric sub-specialities within Addenbrookes Hospital. It's the tertiary referral centre for paediatric neurosciences, paediatric trauma and paediatric haemato-oncology. In addition to patients with medical conditions, surgical care for children with complex neonatal problems, neurosurgical, E.N.T, general and spinal surgery is provided. Although there is no cardiac surgery or ECMO at Addenbrooke's, all other forms of cardiovascular, respiratory and renal support are undertaken on the PICU, including high frequency ventilation, nitric oxide, haemofiltration and intracranial pressure monitoring. To gain experience in paediatric cardiology trainees will be expected to attend the tertiary clinics held monthly in conjunction with GOSH. There are also weekly clinics run by the paediatricians with an interest in paediatric cardiology with many years of experience.

Team

The ED has 20 consultants, 30 full-time doctors in training, 13 ENPs and just under 100 nurses and 2 ACPs.

Trained Paediatric Nurses

16.25 WTE

10 Acute paediatricians

PICU is supervised by 7 consultants and there are 8 trainees ST4 and above on the rota.

- Supervisor(s)
Dr Peter Heinz, Dr Helen Bailie

#### Clinical Training Responsibilities

#### Workload / Rota Arrangements / Example Timetable

During the PEM year the trainee will work with core ED trainees on their paediatric ED placement and an ED trainee completing their training for dual accreditation in PEM. The two senior trainees will work three different shifts; 0800-1700, 1100-2000 and 1500-2400. There will be on average 4.5, 9 hour shifts per week resulting in a 40.5 hour week. There are no night shifts on the rota. An example of how the rota may work is shown below. Both annual leave and study leave will be agreed with the trainees educational supervisor. The 0800 start times will allow the trainee to be allocated to the trauma team for the day and hence increase exposure to trauma by participating in adult cases. Where possible a core ED trainee will be on the rota with a senior PEM doctor.

Day	Doctor 1	Doctor 2
Monday	OFF	1100-2000
Tuesday	0800-1700	1500-2400
Wednesday	0800-1700	1500-2400
Thursday	1100-2000	OFF
Friday	1100-2000	OFF
Saturday	OFF	1100-2000
Sunday	OFF	1100-2000
Monday	1100-2000	OFF
Tuesday	1500-2400	0800-1700
Wednesday	1500-2400	0800-1700
Thursday	OFF	1100-2000
Friday	OFF	1100-2000
Saturday	1100-2000	OFF
Sunday	1100-2000	OFF
Monday	OFF	1100-2000
Tuesday	0800-1700	1500-2400
Wednesday	0800-1700	1500-2400
Thursday	1100-2000	OFF
Friday	1100-2000	OFF
Saturday	OFF	1100-2000
Sunday	OFF	1100-2000
Monday	1100-2000	OFF
Tuesday	1500-2400	0800-1700
Wednesday	1500-2400	0800-1700
Thursday	OFF	1100-2000
Friday	OFF	1100-2000
Saturday	1100-2000	OFF
Sunday	1100-2000	OFF

During the 6 month secondment time the trainee will have a weekend commitment to the ED rota but the times will allow maximum time during the day to be a part of the secondment team.

During the PICU placement the trainee will join the PICU registar rota and all their on call commitments will be based in PICU. The junior doctors rota is staffed by 5 paediatric registrars and 3 clinical fellows. They follow a rolling rota of 1:8. The days are either 0900-1700, 0900-2200 or nights of 2100-1000. The rota is currently undergoing review. The care for critically ill children is supported by an excellent nursing team under the supervision of team of 7 consultants.

#### Non Clinical Training Responsibilities (expectations of research / audit / teaching)

The trainee will participate in the training and supervision of paediatric and ED SHOS, other members of staff and medical students as appropriate. This will involve both formal teaching sessions and informal clinical supervision. They will participate in audit and be encouraged to pursue one or more research projects and time will be allocated to research as appropriate. There will be opportunities to be involved in quality improvement projects. We are a PERUKI site with active involvement in research studies. We have a research nurse specialist to help facilitate the running of studies in the department. Trainees will be expected to be involved in recruitment to active studies during their time with us. There is a half day a month allocation within the rota to non clinical activities to facilitate trainees in increasing their research, teaching and managerial exposure.

As well as the teaching programmes within each rotation, the trainee will have the opportunity to attend the monthly regional senior paediatric trainee sessions, the relevant weekly ED trainee slots (2 hours every Thursday afternoon) and national GRID training days.

#### Further training opportunities

A comprehensive program of training in line with the current CSAC syllabus will be offered and the trainee will be expected to sign an educational agreement and maintain a personal portfolio. There is an excellent generic senior trainee monthly training day within East of England at which non-clinical items such as management, audit, counselling, presentation and communication skills are taught.

#### Contact details for unit

Dr Peter Heinz (peter.heinz@addenbrookes.nhs.uk) Dr Helen Bailie (helen.bailie@addenbrookes.nhs.uk)

### Northern

Hospital / Centre	Placement Name	Duration (Months)	Educational Supervisor (name and e-mail)  These will be published unless you ask otherwise	Compulsory (C) or Optional (O)	Availability Guaranteed (Y/N)
Sunderland Royal Hospital	PEM & Surgical	18	Dr Myra Herbert Myra.herbert@chsft.nhs.uk	С	Y
Great North Children's Hospital	PICU	6	Dr Sue Jackson Susan.Jackson@nuth.nhs.uk	С	Y

#### **Additional Information**

18 months of Paediatrics Emergency Medicine in Sunderland Royal Hospital to include sessions in Paediatric Surgical Specialities at the Great North Children's Hospital and Sunderland Eye Infirmary, and sessions in Paediatric Orthopaedics at Sunderland Royal Hospital (The Trainee will use the PEM Curriculum to achieve all competencies required in the surgical specialities) 6 months Paediatric Intensive Care, The Great North Children's Hospital

#### Outline of Programme

This will be a 2-year rotation comprising of 18-months in the Paediatric Emergency Department (PED) at Sunderland Royal, which will incorporate 3-months of Paediatric Surgery and 3-months of Paediatric Orthopaedics. During this period, the trainee with obtain all their PEM competencies as well as their surgical competencies. The final 6-months will be at the Paediatric Intensive Care Unit at the Great North Children's Hospital.

This means that the trainees sessions are curriculum based and will tailor their PEM sessions to ensure a balance with the surgical sessions so that all competencies will be achieved

#### **Demographics**

Sunderland Royal Hospital is a very busy District General hospital covering a very large population. It has a large paediatric department, which comprises of two general paediatric wards, a paediatric surgical ward – incorporating paediatric orthopaedics, ENT and Maxillo-facial surgery, neonatal unit, a paediatric accident and emergency department, and a children's outpatient department. This is a multidisciplinary team led by 10 General Paediatric Consultants all with a range of subspecialities, 4.6 Neonatologists, 3 Community Paediatricians, and 5 WTE Paediatric Emergency Medicine Consultants.

There are close links with other departments offering a paediatric service including dermatology, ENT, orthopaedics, surgery, rheumatology, radiology etc that would offer excellent opportunities for training.

This is a dynamic multidisciplinary department with 4.6 PEM Consultants, Dr Siri Gautam, Dr Myra Herbert, Dr Niall Mullen, Dr Sarah Prudhoe, and Dr Charlotte Atkinson (Clinical Lead), – 4 WTE and 1 part-time (part Adult ED Consultants) Also, there are 3 other Paediatricians providing another 1WTE in PED sessions and ED consultants another 0.5

It is well staffed with Paediatric and PED juniors and middle grades, Nurses and Nurse Practitioners, but still busy.

In 2017, there were just under 24,650 attendances to the PED.

The division was 60% medical and 40% injury (with seasonal variation)

These numbers are exceptional for what might, from the outside be described as a DGH, without a children's hospital attached. It presents an excellent training opportunity for a paediatrician wishing to train in paediatric emergency medicine.

The Trainee will be working a EWTD compliant rota within the PED, alongside an RCEM CT 6/7 and CT3.

The Trainee will be supervised on assessing and treating all manner of ill and injured Paediatric patients, seeing children in Trauma Review clinics and Medical Review Clinics. They will become competent in dealing with everything from minor to major trauma, ENT, and maxillofacial injuries, poisoning, self-harm, minor illnesses and medical emergencies.

(Training in all surgical specialities including paediatric surgery, Obstetrics and gynaecology, orthopaedics, Ophthalmology, maxillofacial, otolaryngology and plastics will be covered in planned sessions to the specific specialities her at Sunderland Royal, the Sunderland Eye Infirmary and the Great North Children's Hospital)

- When on duty, the trainee will be responsible (in conjunction with the RCEM PEM Trainee, Consultants and nursing staff) for the running of the department. Other responsibilities include: (Management Training)
- Training and supervision of paediatric medical and PED juniors as well as other health care professionals (paediatric nurse practitioners, medical and nursing students)
- Team leader/member for paediatric and adolescent resuscitation for major illness and injury
- Taking part in planned and ad-hoc simulations
- Link with named paediatrician for child protection (in line with the Lamming report recommendations)
- Take part in departmental audit and any research.

All clinical session spent in the PED except:

- . Weekly Paediatric Trauma clinics
- . Weekly Medical Review clinics
- . Daily Trauma ward rounds (as required)
- . Weekly Wednesday 8 am Paediatric Breakfast meetings (1 hr)
- . Weekly Paediatric Grand rounds /PEM Teaching (1 hr)
- . Weekly PEM Tuesday lunch time teaching session (1 hr)
- . Weekly Friday am APLS scenarios
- . Monthly Eye Casualty sessions (Sunderland Eye Infirmary 3 hrs)
- . Twice monthly management meetings

The working pattern will be 48 hours a week clinical including 1:7 weekend, evenings and nights cover as a paediatric SpR – covering Paediatrics wards, neonates and the PED

## PAEDIATRIC ORTHOPAEDICS AT SUNDERLAND ROYAL HOSPITAL

#### TRAUMA & ORTHOPAEDIC SURGERY SESSIONS

#### Aims and Objectives

The primary purpose of these sessions is for the PEM Trainee to gain knowledge and skills in the assessment and management of Orthopaedic emergencies in the PED Department. Details of the knowledge and skills expected of a specialist trainee in PEM are listed in the Curriculum document of the RCPCH Higher Specialist Training in Paediatric Emergency Medicine

## **Learning and Training Opportunities**

The diagnosis of fractures and dislocations, and the closed treatment of those fractures which are commonly managed in the PED are areas of particular importance. Attendance in Fracture Trauma Clinics will usually be organised as part of the secondment. The trainee will be expected to attend with Orthopaedic staff to any patients with major trauma arriving during periods of duty, so that experience can be gained in Orthopaedic aspects of the management of such patients.

The Trainee will be able to make best use of the Orthopaedic sessions, if he or she has already secured ATLS certification.

#### Outline of post

During the trainees' 18-month period in PED, they will organise their schedule to maximise sessions in the orthopaedics department as required. These will include attending Trauma x-ray meetings, trauma and fracture clinics, trauma theatre, paediatric orthopaedic lists as well as trauma rounds. The trainee will be based at the Sunderland PED, but use the CEM curriculum to achieve Orthopaedic competencies on a sessional basis.

#### Clinical supervision

He or she will be supervised by the same PEM Consultant for the 18-month duration

This post would include continuing with weekend hours and nightshifts as a Paediatric SpR at Sunderland General Hospital/Great North Children's Hospital

# ROYAL VICTORIA INFIRMARY (The Great North Children's Hospital)

#### **PAEDIATRIC SURGERY**

The Royal Victoria Infirmary (RVI) is a large teaching hospital with the University of Newcastle Medical School attached. There is an active academic paediatric department and access to the medical school library facilities. The regional cystic fibrosis service is based at the RVI. The Great North Children's Hospital is the brand-new children's Hospital, which has replaced the regional centre for Paediatric oncology, paediatric nephrology and paediatric surgery as well as having regional units specialising in paediatric gastroenterology, endocrinology and rheumatology. There is

a busy day unit accepting general and specialty paediatric patients. This new hospital now combines the children's facilities at the Newcastle general Hospital site for example, Paediatric Emergency Department, with those at the RVI.

There are 6 paediatrics Surgery Consultants and the trainee will work in a 2-Consultant team with other Paediatric surgery trainees during planned sessions to gain the necessary competencies Clinical activities include:

- 1. Daily Surgical PICU ward rounds
- 2. Twice weekly pre-surgical clerking
- 3. Twice weekly theatre sessions4. Twice weekly clinics
- 5. Acute admissions and daily rounds when team Consultant of the week

The trainee will be based at the Sunderland PED, but use the CEM curriculum to achieve surgical competencies on a sessional basis.

This post would include continuing with weekend hours and nightshifts as a Paediatric SpR at Sunderland General Hospital.

#### THE GREAT NORTH CHILDREN'S HOSPITAL

The Great North Children's Hospital (GNCH) is a brand new children's hospital, which is now the regional centre for Cystic Fibrosis, Paediatric Oncology, Paediatric Nephrology and Paediatric Surgery as well as having regional units specialising in paediatric gastroenterology, endocrinology and rheumatology. There is also a supra-regional unit for children's immunodeficiencies and bone marrow transplantation. There is a busy day unit accepting general and specialty paediatric patients. This new hospital has combined services from the Newcastle General Hospital site (which no longer hosts acute services) with those at the RVI. GNCH is structurally part of the RVI, which is a large teaching hospital with the University of Newcastle Medical School attached. There is an active academic paediatric department and access to the medical school library facilities.

#### Paediatric Intensive Care

a) General PICU, Great North Children's Hospital

Great North Children's Hospital opened in 2010 and provides services for children in the North East and North Cumbria. The PICU has 18 beds of which 12 are currently funded. It has a wide case mix and provides a full range of paediatric intensive care services except cardiac (based at Freeman Hospital). Subspecialities include bone marrow transplantation, immunology, oncology, neonatal surgery, neurosurgery, orthopaedics, ENT and major trauma. Almost 700 patients are admitted per year.

b) North East Children's Transport and Retrieval (NECTAR)

NECTAR is the regional standalone critical care transport service for the North East and Cumbria. It undertakes almost 300 retrievals each year of critically ill children and this demand is rising year on year. Recent expansion has also allowed the development of a service undertaking transfers of children needing high dependency/specialist care and repatriation to local hospitals (over 500 further transfers/year).

# The Team:

Staffing: Consultants:

Dr Rachel Agbeko

Dr Jan Bengtsson

Dr Susan Jackson, Clinical Lead, PICU (Anaesthesia & PICM)

Dr Aravind Kashyap

Dr Kate Swist-Szulik Dr Grace Williamson

**NFCTAR** 

Dr Aravind Kashyap (NECTAR lead)

Consultant cover is provided 24 hours a day 7 days a week for both intensive care units and for the retrieval service.

#### Trainees:

2 Specialist Registrars in Anaesthetics

6 Specialist Registrars in Paediatrics

All trainees work full shifts with total contracted hours being EWTD and 'New Deal' compliant. 24-hour comprehensive supervision and support is provided. During normal working hours, a second consultant is available to provide support and training.

#### Job Purpose:

The purpose of this 6 month module is to enable the trainee to assess and manage critically ill children. You should consolidate your skills and knowledge to enable you to resuscitate ill or injured children presenting to hospital as part of a team including anaesthetist s and paediatricians, and have gained a clearer understanding of 'what happens next', the processes and requirements if a child goes onto need intensive care.

There will be opportunities to test out your team working skills, your ability to communicate effectively with families, and gain skills in procedures mainly airway management. You will be exposed to a wide range of childhood conditions and illnesses, learn about deranged physiology and monitor and manage it.

Details of the knowledge and skills expected of a specialist trainee in PEM are listed in the Curriculum document of the RCPCH Higher Specialist Training in Paediatric Emergency Medicine. Which of these can be expected to be attained during this module are usefully summarised in the curriculum mapping document produced by Dr Atkinson.

# **Duties and Responsibilities:**

# Clinical:

- Responsibility for the day-to-day management of all children admitted to the PICU under the supervision of the PICU consultant in charge.
- Participation in daily ward rounds and handovers.
- Admission and discharge of patients to and from PICU following unit guidelines.
- Maintenance of high standards of clinical care and communication, contemporary note keeping and adherence to prescription writing policies.
- Participation in the retrieval service.
- Participation in arrest and trauma calls, according to current hospital protocols.

# Administrative:

• Data collection for PICANet (national PICU audit)

#### Research and audit:

- Participation in the unit research activities, currently EUCLIDS, CHIMES, SPROUT and 'Dendritic cells in bronchiolitis'.
- Initiation and participation in audit projects.

# Teaching:

A clinical supervisor will be assigned and you will be expected to meet with them regularly during your module (at the start, at the end and at least twice in between) to formulate and develop your learning plan.

- 30 minute 'learning event' after each ward round, including weekly simulation and radiology teaching.
- Surgical Grand Round every Wednesday morning.
- Monthly M&M meetings.
- Monthly trauma meetings.
- Opportunities to attend theatre to improve airway skills.
- Teaching of medical students.

# Severn

Hospital / Centre	Placement Name	Duration (Months)	Educational Supervisor (name and e-mail)  These will be published unless you ask otherwise	Compulsory (C) or Optional (O)	Availability Guaranteed (Y/N)
Bristol Children's Hospital	Paediatric Intensive Care Medicine	6	Dr Sarah Goodwin Sarah.Goodwin@UHBristol. nhs.uk	O	Υ
Bristol Children's Hospital	Paediatric Emergency Medicine	18	Dr Samantha Milsom Samantha.milsom@UHBrist ol.nhs.uk	С	Υ

Subspecialty:	Paediatric Emergency Medicine
Base Unit:	Bristol Royal Hospital for Children
Deaneries involved:	Severn

# Become a Paediatric Emergency Medicine Specialist With Us

We are a growing, thriving and innovative Children's Emergency Department and we believe we offer one of the best training programmes for PEM in the UK. It all starts with our vision as a department and 'what we do'. Our vision is: To be a world leading children's emergency department providing the best care for all children.



Bristol voted

was

best place to live in the UK in 2017 by the Sunday Times. We think this is a great place to work too and this has been our feedback from trainees. We are a friendly, open, supportive group and enjoy welcoming PEM GRID trainees to the team. We want people who are enthusiastic and keen to learn and we will provide world class training in PEM. But we also want people who have something to contribute. We are open to new ideas and want to embrace innovation and change.

# Outline of PEM GRID Training in Bristol

The Bristol Royal Hospital for Children (BRHC) GRID training in paediatric emergency medicine (PEM) is well established and has recently benefited from an expansion in dedicated consultant numbers. The 2 year programme comprises:

- 12 months of paediatric emergency medicine
- 6 months of training secondments (e.g. Orthopaedics, ENT, Plastics, Trauma, Ophthalmology)
- 6 months of PICU

The BRHC Emergency Department usually has 2 paediatric EM GRID registrars and 2 senior general EM registrars in specialist training at any one time. There is a strong educational programme and the department is committed to both national and locally led research projects.

#### About the Bristol Royal Hospital for Children (BRHC)

The 'Royal Hospital for Sick Children,' founded in 1866, is the second oldest Children's Hospital in the country. In April 2001 it moved into new, purpose built premises next to the Bristol Royal Infirmary, remaining adjacent to the Medical School and main Bristol University complex. It forms part of the

University Hospitals Bristol NHS Foundation Trust and was re-named Bristol Royal Hospital for Children.

BRHC is the paediatric major trauma centre for the South West region and houses burns, plastics and neurosurgery as well as cardiac surgery, orthopaedics and paediatric surgery. The Children's Emergency Department (CED) serves the local inner-city population and also receives patients from other local and regional hospitals for specialist paediatric care. The attendees comprise a range of medical and surgical conditions in addition to trauma in children aged between 0 – 16 years including the assessment of all emergency GP paediatric patients. The department sees around 40,000 patients per year.

# About the Children's Emergency Department (CED)

The current clinical facilities comprise: a 5 bay resuscitation room (3 trolleys and 2 baby resuscitaires), and 12 fully equipped cubicles. The 8-bedded observation ward, adjacent to the ED, is managed clinically and administratively by the CED team. There are three nursing triage rooms, a relative's room and a plaster room.

The CED is located next to the adult ED in the Bristol Royal Infirmary but with complete physical separation of the waiting and clinical areas. The consultant body comprise a combination of dedicated PEM specialists and EM consultants with a specialist interest in paediatric emergency medicine. The consultants provide senior shop floor cover and supervision of trainees between the hours of 0800-2400 seven days a week and there is a dedicated CED on-call rota.

The medical team consists of 11 paediatric emergency medicine consultants from both paediatric and emergency medicine training backgrounds. There is a middle grade tier of paediatric registrars (including GRID trainees), senior ED trainees doing paediatric emergency subspecialty training and CT3 EM trainees doing paediatric emergency medicine training. There is a junior tier consisting of GP trainees and F2s. Additional out of hours shifts are provided by junior members of the general and speciality paediatric teams. Emergency Nurse Practitioners are an integral part of the workforce. The medical, ENP and nursing staff work closely together as one team within the department and this inter-professional ethos is actively encouraged.

# **Training Secondments**

The PICU placement is full time in PICU for 6 months, working as a member of their roster including retrieval responsibilities on the WATCH team (<a href="http://www.watch.nhs.uk/">http://www.watch.nhs.uk/</a>)

The additional 6 month secondment training timetable is tailored to gain maximum benefit from the specialities including trauma and orthopaedics, paediatric surgery, ENT, ophthalmology, plastic surgery, burns, gynaecology. During this 6 months, trainees will spend on average 30 hours per week in the specialty with out of hours continued training and work in the CED.

## Clinical and Non-clinical Training: What we Offer

The BRHC GRID clinical training program is designed to ensure that all trainees meet and exceed the competencies set out in the RCPCH/RCEM PEM curriculum.

#### Education

In addition to providing extensive hands on clinical experience, the department runs a comprehensive education programme with weekly registrar teaching and a novel simulation program to ensure that trainees gain sufficient experience in medical, surgical and trauma emergency presentations. This is run as weekly 'Mini-Sim' and monthly 'Big-Sim' point of care scenarios and is run in close collaboration with the nationally renowned Bristol Medical Simulation Centre (BMSC). Further simulation training and development opportunities are available through the BMSC with courses such as Train the Trainers and the Bristol Advanced Simulation Instructors Masterclass (http://www.bmsc.co.uk/).

# Research

Research is embedded into daily practice and the department has a track record of successfully recruiting into both national and local research projects. There is a dedicated research team including departmental research nurses. BRHC CED has taken a leading role in the establishment of PERUKI (<a href="http://www.peruki.org/">http://www.peruki.org/</a>), the national PEM research network.

## Clinical governance/Audit

The provision of high quality evidence based medicine is a departmental priority and we are proud of our contributions both locally and nationally. There is an expectation for trainees to be involved in audit and clinical guideline and service development, and trainees are supported to develop their own projects including evidence synthesis and quality improvement.

# Workload / Rota Arrangements

The Children's Emergency Department operates a Full Shift rota that is Band 1a (average of 42 hours per week).

Shifts in the CED are structured as follows:

				More
Early(1)	0800-1630	Night	2200-0830	Abou
Early(2)	0800-1800	Weekend Early	0800-1800	t Us
Middle	1400-2230	Weekend Middle	1000-2000	1 03
Late	1600-0000	Weekend Late	1400-0000	You

can find out more about our Children's Emergency Department here in Bristol at: <a href="http://www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/bristol-royal-hospital-for-children/what-we-do/paediatric-emergency-department/">http://www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/bristol-royal-hospital-for-children/what-we-do/paediatric-emergency-department/</a>

You can find out more about Bristol and living here at: http://visitbristol.co.uk/information/contact-us

#### Contact details

Dr Anne Frampton, Clinical Lead (anne.frampton@UHBristol.nhs.uk) Children's Emergency Department Bristol Royal Hospital for Children Upper Maudlin Street, Bristol, BS2 8BJ. Secretary 0117 3428187

# Thames Valley

Hospital / Centre	Placement Name	Duration (Months)	Educational Supervisor (name and e-mail)  These will be published unless you ask otherwise	Compulsory (C) or Optional (O)	Availability Guaranteed (Y/N)
John Radcliffe Hospital	PICU	6	James Weitz - clinical supervisor <u>James.Weitz@ouh.nhs.uk</u> Moya Dawson - ES	С	Υ
John Radcliffe Hospital	PED	12	Moya Dawson - CS and ES Moya.Dawson@ouh.nhs.uk	С	Υ
John Radcliffe Hospital	Secondment to specialties	6	Moya Dawson - CS and ES Moya.Dawson@ouh.nhs.uk	С	Υ

## Additional Information

The successful candidate will spend 6 months as an integrated member of the John Radcliffe PICU team on the registrar rota, 12 months exclusively in the John Radcliffe Paediatric Emergency Department as part of the Emergency Department team and supported by the paediatric and adult emergency consultants gaining experience in leading resuscitations, in paediatric major trauma, in minor injuries and in the management of medical and surgical cases.

There will also be a 6 month period during which the successful applicant will have the opportunity to fulfil the curriculum requirements for specialty competencies in a self-directed programme, whilst fulfilling out of hours training requirements in the paediatric emergency department.

All specialties relevant to the PEM Grid curriculum are available on site at the John Radcliffe and at the Nuffield Orthopaedic Centre a short distance away (1.7 miles, 20 minutes' walk). This post does not involve moving in between hospitals or regions for the entirety of its duration.

Please contact Dr Moya Dawson moya.dawson@ouh.nhs.uk as the focal point of contact both for the Grid Coordinator and for potential applicants seeking further information on the programme. Secretary: Pauline Robey, pauline.robey@ouh.nhs.uk, 01865 222060

Subspecialty:	PICU
Base Unit:	John Radcliffe Hospital
Deaneries involved:	Oxford

Oxford University Hospital Trust (OUH) Children's Hospital provides general and specialist Paediatric Critical Care to its local population and surrounding counties. The OUH delivers a broad range of medical and surgical Paediatric specialist services including a busy Neonatal Intensive Care Unit.

The Paediatric Critical Care (PCC) unit provides intensive and high dependency care to the local population and children of Oxfordshire, Berkshire and Buckinghamshire as well as further afield. Paediatric medical specialities include Infectious diseases, Respiratory medicine, Cardiology, Neurology, Endocrinology and Gastroenterology; the unit also admits patients undergoing specialist Neonatal surgery, General Surgery, Neurosurgery and requiring Trauma care. The PCC comprises an Intensive Care Area and an adjacent High Dependency ward with a combined capacity to accommodate 18 patients.

The department is run by a PCC consultant of the week, one of seven with either a Paediatric or Anaesthetic background. The consultant is a strong presence on the unit and provides a continuous high level of training and supervision. This includes overseeing the assessment and management of clinically unstable children on inpatient wards, in the ED or requiring retrieval from the DGH referral base. The HDU also receives a number of complex and high-risk patients directly from theatres, providing an excellent training opportunity in the management of paediatric surgical emergencies and postoperative care.

The Oxford PCC is actively supported by a wide variety of multidisciplinary services including Paediatric Anaesthetics, Radiology, Physiotherapy and Psychology. We have close links to the local Paediatric Hospice, Helen House, to help support children with life limiting illness and their families. Paediatric Intensive Care retrievals are managed on a 24-hour basis jointly with Southampton General Hospital under the umbrella title of Southampton Oxford Retrieval Team (SORT). SORT provides support to over 15 District General Hospitals in the South-Central Region.

The department is staffed with 9 trainees at ST6-7 level with a background in Paediatrics and Neonatology and one Anaesthetic trainee at ST6 or higher. The ICU trainee will participate in the full shift rota and be allocated a consultant clinical supervisor to oversee the high quality educational and training opportunities in the PCC, including interactive bedside and didactic teaching, multidisciplinary simulation and formative assessment via work based assessments. A governance project will be encouraged and the trainee will have the opportunity to take part in the ongoing research activities within the department.

Sub-specialty:	Paediatric Emergency Medicine and sub-specialty competencies
Base Unit:	John Radcliffe Hospital
Deaneries involved:	Oxford Deanery

### Outline of Programme

12 months post working exclusively in the Paediatric Emergency Department, and 6 months gaining sub-specialty competencies relevant to the PEM Grid curriculum whilst fulfilling out of hours training requirements in the Paediatric Emergency Department

#### **Departmental Information**

- Demographics

Audio-visually separated 7-bedded department with one resus room within the PED Allocated Paediatric bay in the resus area

In excess of 30,000 attendances a year, including paediatric major trauma

- Team
- Consultants in the ED: 24 (10.5 WTE) EM of whom two dual accredited EM/PEM, 2 Full Time
- EM Registrars: 28 at the John Radcliffe of whom 1 EM/PEM trainee and 2 at the Horton General Hospital
- EM SHOs: 12
- EM Foundation Year: 1 FY1, 6FY2
- 24hr rostered acute general paediatric registrar cover in the department
- Acute interface GP: 4
- 20 paediatric nurses (12 APLS providers, 1 APLS instructor)
- 3 CSW
- 1 play therapist
- Supervisor(s)

Dr Moya Dawson, PEM Consultant

# Clinical Training Responsibilities

Whilst in the PED the trainee will be working on and encouraged to run the shop floor with strong consultant presence and support. The trainee will gain knowledge and experience not only in the assessment and management of a variety of clinical presentations, but also in the running of a paediatric emergency department. Leading both medical and trauma resuscitations will be actively encouraged and always supported by a consultant. The trainee will be actively encouraged to gain experience in practical procedures (as required by the PEM curriculum) and as well as in procedural sedation.

#### Workload / Rota Arrangements / Example Timetable

Full shift rota with early, late and night shifts in the Paediatric Emergency Department. Shifts are likely 10.00-19.00,16.00-01.00, 22.00-08.00

Currently the ED WTE Registrar does 40 nights per year in blocks of 3 or 4 days at a time and 16 weekends.

A third of the weekends are night shifts so will count for both.

The trainee will work alongside EM registrars and paediatric registrars, as well as PEM advanced nurse practitioners and experienced paediatric nurses. Senior support is from PEM consultants, EM consultants and paediatric consultants. The department is closely supported by the High Dependency Unit Outreach Team and the PICU team as needed, as well as the trauma, plastics, ENT, paediatric surgery and maxillo-facial teams.

# Non Clinical Training Responsibilities (expectations of research / audit / teaching)

There is an expectation to participate in audit - this can be RCEM or personal. There is an expectation to be involved in bedside teaching of juniors and medical students, as well as to participate (both to attend and to teach) in more formal PEM teaching which is organised weekly in the department. There is also the regular London-based Paediatric Emergency Training Programme which the trainee will be encouraged to attend.

The department is a PERUKI member and, although not compulsory, any interested trainee is very welcome to participate in research. The PERUKI lead is Dr Chris Bird who is happy to be contacted with any queries - chris.bird@ouh.nhs.uk

# Further training opportunities

POCUS (Point of Care Ultrasound)
i3EM training days and further PEM education - see www.oxfordemergencymedicine.com

#### Contact details for unit

Dr Moya Dawson - moya.dawson@ouh.nhs.uk Secretary Pauline Robey, pauline.robey@ouh.nhs.uk, 01865 222060

# Wales

Hospital / Centre	Placement Name	Duration (Months)	Educational Supervisor (name and e-mail)  These will be published unless you ask otherwise	Compulsory (C) or Optional (O)	Availability Guaranteed (Y/N)
University Hospital for Wales, Cardiff	Emergency Medicine with secondments	18	Zoe Roberts Zoe.roberts@wales.nhs.uk	С	Y
University Hospital for Wales, Cardiff	PICU	6	Helen Fardy Helen.fardy@wales.nhs.uk	С	Y

# Additional Information

The Paediatric Emergency Medicine Rotation in Wales is a 2 year programme that includes 18 months in the Emergency Department in the University Hospital of Wales, during which time the trainee will be allocated sessions in General Surgery and Orthopaedics as well as 6 months on the Paediatric Intensive care unit. All posts are based at the University of Wales Hospital, Cardiff.

Subspecialty:	Emergency Medicine
Base Unit:	Paediatric Emergency Unit: University Hospital of Wales, Cardiff
Deaneries involved:	Wales

## Outline of Programme

The Paediatric Emergency Medicine Rotation in Wales is a 2 year programme that includes 18 months in the Emergency Department in the University Hospital of Wales, during which time the trainee will be allocated sessions in General Surgery and Orthopaedics as well as 6 months on the Paediatric Intensive care unit. All posts are based at the University of Wales Hospital, Cardiff.

# **Departmental Information**

# - Demographics

The Emergency Unit at UHW is the only one in Cardiff and serves a nominal catchment population of well over 400,000. The hospital is the main teaching hospital of Cardiff University School of Medicine and by virtue of the various regional and supra-regional specialties, tends to attract patients from a much wider area. The main unit has recently undergone significant change with a major refurbishment of the resuscitation, including designated paediatric space, and adult department. With a planned reconfiguration of acute services across South Wales, it also anticipated that UHW will become a major trauma centre within the next five years.

There are approximately 120,000 attendances seen a year within the ED of which over 30,000 of them are children. There is a dedicated paediatric emergency department that operates 24 hours a day, seven days a week and is situated adjacent to the adult ED. Within the on-site Children's Hospital for Wales, there is an acute assessment unit for all GP expected and 'Open Access' patients. There is a large secondary in- and out-patient general paediatric service, including paediatric intensive care and retrieval service. Tertiary paediatric medical services include haematology/oncology, gastroenterology, neurology, cardiology endocrinology and respiratory. Surgical services include paediatric and neonatal surgery, neurosurgery, ENT, trauma and orthopaedics, anaesthetics, opthalmology, dental and maxillofacial.

Plans for a single point of entry system for all acute paediatric presentations are in the early stages of discussion with a view to a new purpose-built, separately staffed emergency department, increasing throughput to around 36-40,000 patients per year.

#### - Team

There are 4 WTE Consultant in PEM with cross-cover from the adult ED physicians (total 10), 1 Senior Specialty doctor, 2 Specialist Registrars, 1 ST3 in Emergency Medicine, 1 ST6 in Paediatrics, 5 Clinical Fellows, 3 Specialty Doctors, 0.8 Clinical Assistants, 15 F2 / ST doctors, 1 F1 doctor. The nursing team consists of 15 paediatric nurses, 3 ENPs and 1 Play Specialist. We also have strong links with two substance misuse nurses who run a new drop-in clinic within the ED and liaison Health Visitor.

Supervisor(s)
 Dr Zoe Roberts - Consultant in Paediatric Emergency Medicine

#### Clinical Training Responsibilities

The training program within the EU is designed to ensure that all trainees attain and are confident in the competencies as set out in the RCPCH/CEM Paediatric Emergency Medicine curriculum. The post offers experience in all aspects of emergency medicine, including clinical and managerial roles. Patient care is delivered directly and supervision of

junior colleagues expected. The postholder would be able to manage the clinical activity in the department, take a lead role in resus situations in addition to the review of patients within the weekly EU clinic.

Each trainee will also have the opportunity to undertake planned sessions in general surgery and trauma & orthopaedics. This will include attending clinics, theatre, managing referrals and overseeing ward patients, in addition to attendance at meetings and teaching as organised by the team. The trainee will also have the opportunity to spend time within the various other surgical specialties offered, based on previous experience. These include the Burns & Plastics Unit at Morriston and local additional surgical teams ie.Maxillofacial, Opthalmology and ENT.

# Workload / Rota Arrangements / Example Timetable

Rota for EM: full shift, band 1A, average of 40 hours per week (1 in 4 weekends, 1 in 4 late shifts).

# Non Clinical Training Responsibilities (expectations of research / audit / teaching)

There is an expectation for trainees to be involved in audit and clinical guideline and service development. All trainees are expected to work towards presenting work at one of the annual national meetings and are fully supported in this. With the recent appointment of additional paediatric EM consultants, participation in local and national research is now actively undertaken. The post holder will be involved in the teaching of medical students, junior colleagues and nursing staff. Management experience is encouraged including critical incidents, complaint handling, lead roles and project management.

# Further training opportunities

The department has strong links with the adult department and Children's Hospital, providing further learning opportunities within the Trust. There is a weekly paediatric journal club and grand round, monthly morbidity and mortality and quality and safety meetings at which juniors are encouraged to present.

#### Contact details for unit

Dr Zoe Roberts on 02920 748004 or zoe.roberts3@wales.nhs.uk

Subspecialty:	Emergency Medicine			
Base Unit: Paediatric Intensive Care Unit: University Hospital of Wales, Cardiff				
Deaneries involved:	Wales			

## Outline of Programme

The Paediatric Emergency Medicine Rotation in Wales is a 2 year programme that includes 18 months in the Emergency Department in the University Hospital of Wales, during which time the trainee will be allocated sessions in General Surgery and Orthopaedics.

This is the job description for the 6 months on the Paediatric Critical Care Unit in the University Hospital of Wales in Cardiff.

# **Departmental Information**

- Demographics

The Paediatric Critical Care service based at the University Hospital of Wales is a regional service for South Wales. The unit is currently an11 bedded unit (7 PICU and 4 HDU beds), with 600+ admissions/year. The retrieval service is currently provided by WATCH, the joint South Wales/ South West transport service. There are opportunities for trainees to spend time with the transport service in a supernumerary capacity.

- Team

There are 7 consultants in Paediatric Intensive Care Medicine who contribute to the 24/7 cover of the unit and retrieval service

- Supervisor(s)

Dr Helen Fardy

Dr Malcolm Gajraj

Dr Michelle Jardine

Dr Siva Oruganti

#### Clinical Training Responsibilities

The post will be based in the Paediatric Critical Care Service. Children are admitted from the South Wales Children's units and from all the paediatric tertiary services, with those that require cardiac surgery, liver support or ECMO being referred to the relevant centres. There will be opportunities to join the transport team, working under the supervision of a consultant.

The trainee will work as part of a dedicated multidisciplinary team providing intensive care for the children of South Wales

# Workload / Rota Arrangements / Example Timetable

The middle grade resident rota currently has 8 slots and is based on a 48 hour resident shift system with an average of 1 in 8 night shifts. The full study leave and annual leave allocation is worked into the rota, with trainees able to swap according to their requirements.

This allows 2 resident doctors/ANP to be available during weekdays and weekend days, with one resident on overnight.

# Non Clinical Training Responsibilities (expectations of research / audit / teaching)

Trainees are expected to undertake a Quality Improvement Project during their placement.

There is a weekly inhouse teaching programme on the unit in addition to Paediatric Departmental teaching sessions. Trainees are encouraged to contribute to the nursing teaching programmes, the paediatric simulation programme and to teach medical students.

There are opportunities to become involved in risk management and in the mortality and morbidity programme

# Further training opportunities

There are opportunities to become involved in Paediatric research with the academic department of Child Health as well as to participate in regional feedback meetings with the referring hospitals.

Airway management sessions can also be arranged with the Department of Anaesthesia.

# Contact details for unit

The named supervisors can be contacted through the Departmental secretary on 02920746423

# Wessex

Hospital / Centre	Placement Name	Duration (Months)	Educational Supervisor (name and e-mail)  These will be published unless you ask otherwise	Compulsory (C) or Optional (O)	Availability Guaranteed (Y/N)
University Hospital Southampton	PEM and specialities	6-12	Jane.bayreuther@uhs.nhs.u k	С	У
University Hospital Southampton	PICU	3-6	Gareth.jones@uhs.nhs.uk	С	У
Queen Alexandra Hospital Portsmouth	PEM and specialities	6-12	Serena.Cottrell@porthosp. nhs.uk	С	У

#### Additional Information

This rotation takes place between the two busiest Emergency departments in Wessex, which combined see approximately 55,000 children per year. Both hospitals have dedicated paediatric emergency departments. Southampton is the designated major trauma centre for both Adults and Paediatrics covering a population in Wessex of 2.8 million people. As well as providing all the tertiary sub-specialities there is a large research department and it is a teaching hospital. QAH is a large DGH and a trauma unit serving a predominantly urban community and has strong links with the Ministry of Defence. Both departments are supported by a large in-patient paediatric department and assessment units.

The two units care for all aspects of paediatric care except actual transplants and burns - but there are excellent links with Salisbury hospital to gain experience in burns management.

Trainees will be expected to, and supported in, attending regional teaching for both emergency medicine and paediatrics. Not all of the adult emergency medicine session will be relevant, but ones specific to paediatric competencies are part of this programme. There is also a strong PIER(paediaric innovation, education and research network) training network and the post holder would be able to attend and support courses on paediatric trauma, difficult paediatric airways and thoracostomies. Both sites run APLS and ATLS courses. Both centres are actively involved in research for the PERUKI (paediatric research for UK and republic of Ireland) network and in-house research. A joint sedation programme for paediatrics is being developed and there is opportunity on both sites to perform procedural sedation.

The post will spend either 6 months in Portsmouth and 1 year in Southampton or 6 months in Southampton and 1 year in Portsmouth.

Subspecialty:	Paediatric Emergency Medicine		
Base Unit:	University Hospital Southampton		
Deaneries involved:	Wessex		

# Outline of Programme

18 months split between Paediatric ED Portsmouth and Paediatric ED Southampton which will include out of hours cover to the ED, but also some release during the day to acheive all surgical and orthopaedic competencies, this can include burns and plastic surgery 6 months PICU - in Southampton

# **Departmental Information**

- Demographics

University Hospital Southampton is a regional tertiary referral hospital and is the site for a new developing Childrens Hospital. The emergency department sees over 100,000 patients per year of which 25% are children. Southampton is the designated as the adult and paediatric major trauma centre for the region.

The paediatric assessment unit (PAU) sees 6-8000 children per annum, mainly GP referals. This department should be collocated within the emergency department within the next year.

- Team

Dr Jason Barling (Consultant PEM)

Dr Jane Bayreuther (Consultant PEM- Safeguarding lead)

Dr Tonia Donnelly (Consultant PEM and EM)

Dr Gabrielle Magnall (Consultant PEM)

Dr Chris Hillman (Consultant PEM and EM)

Dr David James (Consultant PEM)

Dr Helen Rutkowska (Consultant Paediatrician)

There is also a large team of adult emergency consultants, some of whom are also dual accredited, but all of whom are directly reposnsible for the care of children when a paediatrc emergency medicine consultant is not on site

- Supervisor(s)

Dr Jason Barling / Dr Gabrielle Magnall/Dr Jane Bayreuther/Dr Helen Rutkowska/DR David James

#### Clinical Training Responsibilities

The post holder will be expected to maintain their eportfolio, mapped to PEM competencies. They will be supported in this by regular meetings with their educational supervisor, even whilst on secondment. They will be expected to supervise junior members of medical and nursing staff and medical students. They will be supported by a team of PEM consultants, adult consultants, paediatric consultants and ENPs. They will have exposure to all aspects of paediatric care from major trauma and illness, through to minor wound care and minor ailments.

# Workload / Rota Arrangements / Example Timetable

There is currently flexibility with the rota. The rota is an emergency department approved rota and as such includes, day shifts twilight shifts (17-03) and 1 in 3 weekends. The rota will be reviewed regularly and is will be subject to change. There are currently no night shifts and all out of hours cover is in the paediatric emergency department, night shifts will be included once there is a collocated short stay This is due to open early 2019. PD shifts are for personal development and should be every month.

#### Example timetable

	1	2	3	4	5	6
Mon	17-03			08-17.30	08-	17-03
					17.30	
Tues	17-03	08-		08-17.30	17-03	
		17.30/PD				
Wed	17-03	08-17.30		08-17.30	17-03	
Thurs	17-03	17-03	08-	08-17.30		PD
			17.30			
Fri		17-03	08-		17-03	08-
			17.30			17.30
Sat		17-03			17-03	
sun		17-03			17-03	

# Non Clinical Training Responsibilities (expectations of research / audit / teaching)

Trainees will be expected to be involved in managing governance aspects of the department, including monitoring of results and keeping the electronic emergency department screen up to date. In particular they will be expected to monitor all of their own results and results of cases they have reviewed with junior staff.

They will be expected to participate in an audit or quality improvement project and will have two days a month for personal development. Trainees will be expected to actively recruit into trials running within the department. Wessex is well regarding for its work on quality improvement projects. There is scope for guideline development and contributing to simulation training. There are many regional training days, free to trainees in the region - thoracotomy course, paediatric trauma course and a difficult paediatric airway course amongst the highlights.

# Any further information

In 2019-20 they may be opportunity to be involved with ongoing work on relocating the current paediatric emergency department into a new area with the need to adjust clinical cover and governance of the area.

# Contact details for unit

jason.barling@uhs.nhs.uk/jane.bayreuther@uhs.nhs.uk/gabrielle.magnall@uhs.nhs.uk

Subspecialty:	PICU
Base Unit:	University Hospital Southampton
Deaneries involved:	Wessex

## Outline of Programme

Paediatric Intensive Care is in a purpose-built unit delivering the whole spectrum of critical care. 14 Paediatric Intensive Care beds are fully operational. The unit admits 1000 children per year and provides PICU services for the Wessex Region and tertiary support services for Paediatric Cardiology, Neurology, Nephrology, Paediatric Surgery, ENT, Respiratory, ID, Oncology and Neurosurgery.

The unit has the facility to look after children requiring advanced respiratory support including inhaled nitric oxide, high frequency oscillation and ECMO. There is a fully operational transport team, the Southampton Oxford Retrieval Team (SORT) that provides a regional retrieval service for the joint Oxford/Southampton area.

# **Departmental Information**

- Demographics

The department covers the Wesses region and Thames valley for cardiac cases and retrieval.

The Department is run by 10 PICU Consultants, some of whom work part time. Additional consultant input is provided by consultants from the sub-specialist teams. Middle grade cover is provided by 12 trainees who are from an anaesthetic or paediatric background. There are also 5 ST1-3s from paediatrics or emergency medicine. The junior doctors provide cover as part of the full shift system

- Team

Dr Iain Macintosh, Director of Paediatric Intensive Care

Dr Peter Wilson

Dr Kim Sykes

Dr John Pappachan

Dr Gareth Jones

Dr Vanessa Stanley

Dr Phil Hyde

Dr Ananth Ramakrishnan

Dr Andrew Baldock

Dr Michael Griksaitis

Supervisor(s)

Dr Phil Hyde/Dr Iain Macintosh

# Clinical Training Responsibilities

The fellow will be directly responsible to the Consultants on the unit for all the immediate care for all admissions to the unit.. Along with the rest of the team, they will be responsible for a number of patients and be involved in all aspects of their care ranging from admission, stabilisation and provision of ongoing care. Depending on the individuals experience there will be varied opportunity to extend existing experience in practical procedures to include all those that would be associated with the critical care environment, including intubation, ventilation of older children and placement of central venous and arterial lines. The fellow is expected to develop the competencies needed to be able to undertake retrievals and full training for this is provided.

In addition, the Fellow will have the opportunity to be involved in various audit or research projects.

## Workload / Rota Arrangements / Example Timetable

1A with prospective cover. Annual and study leave incorporated into the rota. Trainees would form part of the registrar rota.

# Weekly Timetable

Time	Monday	Tuesday	Wednesday	Thursday	Friday
08.30 - 09.30	Ward Round	Ward Round	Ward Round	Ward Round Paediatric Grand Round	Ward Round
11.00	CPG 1 <sup>st</sup> Monday of the month				
12.00	Micro WR Dr Pallet	Micro WR Dr Pallet	Micro WR Dr Pallet Research Meeting (1st of month)	Micro WR Dr Pallet	Micro WR Dr Pallet
13.00				Morbidity & Mortality Meeting	
16.30- 17.30	Consultant Ward Round	Consultant Ward Round	Consultant Ward Round	Consultant Ward Round	Consultant Ward Round

# Non Clinical Training Responsibilities (expectations of research / audit / teaching)

There are formal and informal training opportunities. There is a local induction programme followed by monthly study days that over 6 months will cover a large part of the PICU curriculum. Fellows will have educational supervision from one of the consultants and will have opportunities for feedback throughout their attachment.

In addition, as part of a large mixed general PICU, there is extensive educational opportunity within the Department. At any one time it is anticipated that there will be children on the unit who have complex congenital heart disease, sepsis, trauma, neurological, respiratory or general paediatric problems. During the six-month attachment ample opportunity exists for trainees in paediatrics to gain experience in the full range of practical procedures of the initial management of children with life threatening conditions.

The work is Consultant led but fellows are still encouraged to make complex decisions in a closely supervised fashion.

They can consolidate their paediatric experience gained from their basic paediatric training. The environment is suitable to undertake audit projects and simple research projects in collaboration with the SHOs and Consultants.

#### Further training opportunities

Part of the PEM training rotation

# Contact details for unit

Dr Phil Hyd

Subspecialty:	Paediatric Emergency Medicine			
Base Unit:	Queen Alexandra Hospital Portsmouth			
Deaneries involved:	Wessex			

# Outline of Programme

The Emergency placement will be a split between the Paediatric ED Portsmouth and Paediatric ED Southampton which will include out of hours cover to the ED, but also some release during the day to achieve all surgical and orthopaedic competencies, this can include burns and plastic surgery. There will also be a Paedaitric Intensive Care placement at Southampton

# **Departmental Information**

- Demographics

Portsmouth Hospital sees over 120,00 patients per year and up to 30,000 children per year. All ages of children are seen by the plastics and orthopaedic teams and children up to 5 years of age by the surgical team. Portsmouth is a Trauma unit and has strong military links. QAH has a full range of surgical specialties all of whom see children including ENT, gynaecology, orthopaedics, plastics,opthalmology and eye casualty. There are also a number of paediatric specialty clinics such as dermatology and rhuematology that trainees are encouraged to attend.

University Hospital Southampton is a regional tertiary referral hospital. The

emergency department sees over 100,000 patients per year of which 25% are children. Southampton is the designated as the adult and paediatric major trauma centre for the region.

- Team

Portsmouth site

Dr Serena Cottrell (Consultant PEM)

Dr Alan Charters (Nurse Consultant PEM PhD) Lead Clinician

Dr David Patel (Consultant PEM)

Dr Darren Ranasinghe (Consultant PEM)

Dr Simon Blrch (Consultant Paediatrics with an interest in ED)

Dr Sebastien Austin (Consultant in paediatrics with an interest in ED)

Dr Jo Rowlinson (Consultant PEM +EM)

Dr Chris Vorwerk (Consultant PEM +EM)

Dr Matt Chandy (Consultant PEM)-Safeguarding Lead

Dr Claire Germaine

Dr Sarah Herbert

There is also a large team of adult emergency consultants all of whom are directly responsible for the care of children when a paediatrc emergency medicine consultant is not on site

- Supervisor(s)

Dr Serena Cottrell / Dr David Patel/ Dr Darren Ranasinghe

# Clinical Training Responsibilities

The post holder will be expected to maintain their eportfolio, mapped to PEM competencies. They will be supported in this by regular meetings with their educational supervisor, even whilst on secondment. They will be expected to supervise junior

members of medical and nursing staff and medical students. They will be supported by a team of PEM consultants, adult consultants, paediatric consultants and ENPs.

# Workload / Rota Arrangements / Example Timetable

There is currently flexibility with the rota. The rota is an emergency department approved rota and as such includes mid shifts (12.30-22.30), twilight shifts (17-02) and 1 in 3 weekends. The rota will be reviewed regularly and may be subject to change. There are no night shifts and the majority of out of hours cover is in the paediatric emergency department.

A large proportion of the day shifts will be supernummary and flexible to attend clinics and achieve surgical competencies. There will also be the opportunity to shadow the surgical teams on call. During this time trainees are encouraged to attend placements at other hospitals in the region e.g. the Burns Unit in Salisbury. Additionally, trainees have found it useful to do 1 shift a fortnight in our Children's Assessment Unit.

## Example timetable

	F .	T _	r _	T .	r _	Ι.	r _	I _
	1	2	3	4	5	6	7	8
Mon	12.30-	CAU		CAU	17-02	CAU		CAU
	22.30							
Tues	12.30-	clinic	PD	12.30-	17-02	clinic		clinic
	22.30			22.30				
Wed	12.30-		clinic	12.30-	17-02		0800-	12.30-
	22.30			22.30			18	22.30
Thurs	12.30-	12.30-	clinic	12.30-	17-02	PD	clinic	
	22.30	22.30		22.30				
Fri		1700-02	Shado	12.30-		1700-02	0800-	
			W	22.30			18	
			evenin					
			g					
Sat		1500-				1500-		1500-
		0000				0000		0000
sun		1500-				1500-		1500-
		0000				0000		0000

#### Non Clinical Training Responsibilities (expectations of research / audit / teaching)

Trainees will be expected to be involved in managing governance aspects of the department, including monitoring of results and keeping the electronic emergency department screen upto date. In particular they will be expected to monitor all of their own results and results of cases they have reviewed with junior staff.

They will be expected to participate in an audit or quality improvement project and will have two days a month for personal development. Trainees will be expected to actively recruit into trials running within the department.

# Contact details for unit

serena.cottrell@porthosp.nhs.uk

# West Midlands

Hospital / Centre	Placement Name	(Months)  Educational Supervisor (name and e-mail)  These will be published unless you ask otherwise		Compulsory (C) or Optional (O)	Availability Guaranteed (Y/N)
Birmingham Children's Hospital, Birmingham Women's and Children's NHS Foundation Trust	Paediatric Emergency Medicine	18	Dr Stuart Hartshorn (stuart.hartshorn@nhs.net)	С	Y
Birmingham Children's Hospital, Birmingham Women's and Children's NHS Foundation Trust	Paediatric Intensive Care	6	Dr Afeda Ali (afeda.mohamedali@nhs.ne t)	C (unless done at ST4 or above in a recogn ise d centre)	Y

# Additional Information

18 months of PEM to include 6 months of surgical secondments including plastic surgery, orthopaedics and paediatric surgery

Sub-specialty:	Paediatric Emergency Medicine				
Base Unit:	Birmingham Women's and Children's NHS Foundation Trust				
Deaneries involved:	Health Education West Midlands				

# Outline of Programme

A 24 month training programme in Paediatric Emergency Medicine will be offered at Birmingham Children's Hospital. This will comprise 12 months of Paediatric Emergency Medicine, six months of Paediatric Intensive Care and 6 months of modular training in paediatric surgery, paediatric orthopaedics and other surgical subspecialties, enabling the trainee to acquire the competencies set out in the RCPCH Subspecialty Competency document. During the six months of Paediatric Intensive Care the trainee will also have exposure to Paediatric Anaesthesia.

## Paediatric Emergency Medicine

The Emergency Department (ED): The ED is one of the largest paediatric EDs in the country. It treats over 60,000 children a year and is the designated paediatric major trauma centre for the region. Facilities include a 3-bed resuscitation area as well as a minor injuries area, an urgent GP referral unit and an 6-bedded observation unit. The ED receives excellent support from all medical and surgical subspecialties and from radiology.

*Clinical team:* The ED is staffed by 6 WTE consultants (increasing to 7 consultants in Oct 2018 and with plans for further expansion to 10), as well as 10 middle grade doctors including RCPCH Grid trainees and RCEM PEM subspecialty trainees and 9 ST2-3 trainees. The department is also supported by paediatric ANPs and ENPs.

**Rota:** The shift pattern will be full shift with 1:4 weekends - the same weekend cover for ED pertains during the 6 month secondment period.

*Management and leadership experience:* Year Two PEM trainees will be given a more senior role with supervisory responsibilities as well as administrative and managerial experience.

Research and audit opportunities: There is an active ED research programme and trainess will receive study-specific training to allow them to contribute to patient recruitment into studies. Trainee-directed research projects are also encouraged and supported. Protected research and audit time is incorporated into the rota.

**Teaching:** In addition to regular resuscitation and trauma scenario training, the ED teaching programme provides 2 hours of weekly protected teaching. The trainee is also welcome to attend the Wednesday afternoon West Midlands Emergency Medicine teaching program while on secondment, if the presentations are felt to be relevant.

Contact: Dr Stuart Hartshorn. stuart.hartshorn@nhs.net 0121 333 9527

#### Paediatric Intensive Care Medicine

The PICU: BCH is the principal multi-disciplinary PICU for the population of the West Midlands, with a capacity of 31 beds. The PICU has a high patient throughput with 1400 admissions per annum and provides facilities for an extensive paediatric cardiology and cardiac surgical programme, regional paediatric trauma, burns, neuro and craniofacial surgery, neonatal paediatric surgery, airway and ENT surgery, as well as general and specialist paediatric medical subspecialties. The hospital houses a regional transport service (KIDS) transporting over 700 patients per year.

*Clinical team:* There are 18 WTE consultant intensivists. Trainee cover to the PICU currently compromises 6 National Grid trainees, 6 StRs, (paediatrics, anaesthetics & adult ICM),10 Clinical Fellows and 2 ANPs.

**Rota:** Clinical commitments for the intensive care trainees are exclusively on the PICU, and working hours are within current guidelines. There are obligatory periods of night duty, with appropriate compensatory rest.

**Research and audit opportunities:** The department maintains a high level of academic and research activity, and trainees will be encouraged to participate in these activities.

**Teaching:** The PICU runs a programme of teaching comprising a daily teaching ward round, twice a month teaching days to cover the curriculum in PICM, made up of seminars, journal club, transport teaching, radiology rounds, monthly Morbidity and Mortality review and monthly Research Rounds. Trainees with no experience or training in anaesthesia will be seconded to the Department of Anaesthesia

Contact: Dr Afeda Ali. afeda.mohamedali@nhs.net 0121 333 9673

# **Supervisors**

Grid trainees are allocated an educational supervisor in the emergency department as well as designated clinical supervisors when seconded and on PICU. The trainee will be expected to complete a Competency Based Training Record

# Yorkshire and Humber (Leeds)

Hospital / Centre	Placement Name	Duration (Months)	Educational Supervisor (name and e-mail)  These will be published unless you ask otherwise	Compulsory (C) or Optional (O)	Availability Guaranteed (Y/N)
Leeds General Infirmary	Paediatric Emergency medicine	12	alice.downes@nhs.net	С	Y
Leeds General Infirmary	Paedatric Intensive care	6 t.haywood@nhs.net		С	Y
Leeds General Infirmary	Paediatric Orthopaedics	3	colin.holton@nhs.net	С	Y
Leeds General Infirmary	Paediatric Surgery	3	m.dawrant@nhs.net	С	Υ

# Additional Information

During the surgical specialities the trainee would take part in the acute general paediatric out of hours rota

Subspecialty:	Paediatric Emergency Medicine
Base Unit:	Leeds General Infirmary
Deaneries involved:	Yorkshire and the Humber

This 12-month block would be based solely in the Leeds Paediatric Emergency Department. Leeds is a teaching hospital and major Paediatric Trauma Centre. Currently we have 6 PEM consultants and are planning to expand further. We see around 40,000 children annually. PICU and neurosurgery are on site. The PEM SpR would be on the paediatric emergency department rota. The rota is currently anticipated to be 1 in 3 weekends. There will be a combination of day and late shifts. There is an allocated consultant until 2400 during the week and 2300 at weekends. Time will be allocated for study leave and educational opportunities.

#### **PICU**

This will be a 6-month post fully integrated into PICU.

# Paediatric Surgery

This 3-month supernumerary post will be day time only with an out of hours commitment to the general paediatric rota. Depending on competencies required the post will include clinics, theatres and ward rounds. Also time will be spent following the paediatric surgical SpR attending trauma calls, reviewing ED patients and spending time in theatre.

#### Paediatric Orthopaedics

Again, this is a supernumerary 3-month post attached to the orthopaedic department in the daytime and on call for general paediatrics. It is anticipated the trainee will work closely with the on call orthopaedic team dealing with emergencies, fracture clinic, general paediatric orthopaedic clinic and theatre cases.

# Yorkshire and Humber (Sheffield)

Hospital / Centre	Placement Name	(Months)  Educational Supervisor (name and e-mail)  These will be published unless you ask otherwise		Compulsory (C) or Optional (O)	Availability Guaranteed (Y/N)
Sheffield Children's Hospital	Paediatric Emergency Medicine	12	edward.snelson@sch.nhs.u k	С	Y
Sheffield Children's Hospital	Paediatric Intensive Care	6 cliff.bevan@sch.nhs.uk		С	Y
Sheffield Children's Hospital	Surgical secondment	janet.cumberland@sch.nhs. uk		С	Y
Sheffield Children's Hospital	Orthopaedic secondment	3	janet.cumberland@sch.nhs. uk		Y

# Additional Information

Rotation may not take place in exact order detailed above

Sub-specialty:	Paediatric Emergency Medicine
Base Unit:	Sheffield Children's NHS Foundation Trust
Deaneries involved:	Yorkshire and the Humber

## Outline of Programme

This post is suitable for Specialist Trainees who have completed level 2 training (or SpRs who have completed 24 months core training) who wish to specialise in Paediatric Emergency Medicine. The training programme in Sheffield is 24 months' duration. Trainees spend 12 months in our dedicated Paediatric Emergency Department, 6 months working on PICU, and 6 months of secondment time in paediatric surgery and paediatric orthopaedics enabling the trainee to acquire the competencies set out in the RCPCH Subspecialty Competency document.

#### The Post

Emergency Dept: The trainee will have excellent opportunities to gain experience in our paediatric emergency department which sees approximately 55,000 children / year and is a major trauma centre. They will assist in the initial management and treatment of patients and facilitate appropriate discharge or referral, as well as follow-up clinics. They will gain experience in a wide variety of paediatric presentations, both medical and trauma. The trainee will be given management and administrative experience whilst in the dept.

Surgery and Orthopaedics: The trainee will be able to attend clinics, ward rounds and operating sessions for any surgical speciality, to gain appropriate competencies. They will also be able to gain experience in the emergency assessment of surgical / orthopaedic problems based in the Acute Assessment Unit. Out of hours work will be based in the Emergency department

PICU: The trainee will be part of the PICU team and rota and will participate in all departmental training and clinical work in the department. He/she will care for seriously ill and injured children both from Sheffield and around the region and gain competencies in practical skills. During the six months of Paediatric Intensive Care the trainee will also have exposure to Paediatric Anaesthesia.

#### **Departmental Information**

# - Demographics

The Emergency Department provides emergency services for all Sheffield children less than 16 years of age. The Department sees approximately 55,000 patients annually. Sheffield Children's hospital is a major trauma centre.

The work of the department covers the whole range of Paediatric problems and all grades of severity of conditions, from the most minor to the most major. Approximately 70% of the workload is trauma, and 30% medical Paediatrics. In the under 2 year-olds, the proportions are 60% and 40% respectively. There is a 24 hour Acute Assessment Unit (AAU) adjacent to the Emergency Department The Emergency Department has daily follow-up clinics which include nurse led dressing clinics

#### - Team

Emergency Department medical staffing comprises 7.8 WTE consultants, 0.8 WTE Associate Specialist, 2 LTFT middle grade Specialty Doctors, 2 Paediatric Emergency Medicine GRID posts), 3 Emergency Medicine SpRs and 11 ST1-3 trainees. The ST1-3 trainees work a 24 hour; 7 day per week fixed rota.

There is Consultant shop floor cover from 8am-midnight 7 days / week. On-call cover is provided outside these hours. There are Emergency Nurse Practitioners working on most daytime shifts.

- Supervisor(s) Edward Snelson

# Clinical Training Responsibilities

A bespoke middle grade teaching programme is provided in the ED. In addition to this, trainees are required to attend mandatory teaching both regionally and nationally, as set out by the deanery and royal colleges. The program of training is developed to be in line with the current CSAC syllabus. The trainee will be expected to sign an educational agreement and maintain a personal portfolio.

# Workload / Rota Arrangements / Example Timetable

Shifts worked in the ED are 8am-4pm, 8am-6pm, 12pm-8pm and 4pm – midnight. Night shifts are staffed a combination of the middle grade doctors (including the GRID trainees) and the CT3s in emergency medicine.

This is the current ED middle grade timetable though it is possible that this may change in the future. During secondment to surgical speciaties, the GRID trainee works their share of weekend shifts and some evenings which reduces the overall frequency of the rota worked below. The example rota given is for a full-time trainee and would be reduced pro rata for a less than full time trainee. This rota is subject to change.

Week	1	2	3	4	5
Monday	08-16	OFF	OFF	16-24	08-16
Tuesday	08-16	OFF	22-08.15	16-24	08-16
Wednesday	08-16	16-24	22-08.15	OFF	08-16
Thursday	08-16	16-24	22-08.15	12-20	08-16
Friday	O8-16	OFF	OFF	16-24	08-16
Saturday	09-21	13-23	OFF	OFF	OFF
Sunday	09-21	13-23	OFF	OFF	OFF

During the PICU placement the trainee will join the PICU registrar rota and all their on call commitments will be based in PICU.

During the 6 month secondment time the trainee will have a weekend / evening shift commitment to the registrar on call rota. The weekday evening on call commitments are kept to a 10pm finish in the ED to allow the secondment time to be protected.

#### Non Clinical Training Responsibilities (expectations of research / audit / teaching)

The trainee will participate in the training and supervision of the SHOS, other members of staff and medical students as appropriate. GRID PEM trainees are encouraged to be part of the provision ST 1-3 teaching programme in addition to providing ad hoc education as part of the day to day working of the ED. SCH ED also provides undergraduate training for student undergoing elective placements in PEM. He/she will participate in audit and be encouraged to pursue one or more research projects and time will be allocated to research as appropriate. The emergency department is committed to research and there are opportunities to be involved in local and national research studies.

As well as the teaching programmes within each rotation, the trainee will have the opportunity to attend the monthly regional senior paediatric trainee sessions and national GRID training days.

<u>Further training opportunities</u>
Trainees will have the opportunity to attend courses that are appropriate to their career objectives. The availability of these opportunities will depend on the trainee's allowance of study leave and must be applied for and approved through the deanery and the trust.

# Contact details for unit

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