Training Programme Information for Posts in Paediatric Cardiology at ST4 Level

Recruitment 2017

This document has details of all of the training programmes in the UK/Eire/Scotland areas.

Entry requirements for all placements are in line with the Modernising Medical Careers Person specification which can be found on the MMC website: http://specialtytraining.hee.nhs.uk/ and the Applicant Guide.

Details of the full curriculum for Paediatric Cardiology can be found on the Joint Royal Colleges of Physicians Training Board (JRCPTB) website: http://www.jrcptb.org.uk/

Further details will be available from your new employing organisation once you have accepted an offer of a post.

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Any information not included in this document should be available from specific deanery websites.
**London**

**Pan London and Oxford Paediatric Cardiology training programme**

Training is delivered at four hospitals within the programme: Great Ormond Street Hospital for Children, Evelina Children’s Hospital and The Royal Brompton Hospital in London, and John Radcliffe Hospital (Oxford Children’s Hospital) in Oxford.

There are a total of 13 approved training posts (GOS 5, Evelina 4, RBH 3, Oxford 1). The Oxford post has been designated for ST4 training only. Rotation occurs between the training centres. In general a trainee can expect to rotate yearly through three of the centres over the first three years of the programme. There is then the opportunity to spend a longer period of time at a unit in the final 2 years to facilitate subspecialty training. Rotations are decided annually and trainee preferences are considered with priority given to those in the later years of the training programme.

All of the JRCPTB paediatric cardiology curriculum special interest options for ST 7-8 can be provided within the pan London programme.

For further information please contact:

Dr Victoria Jowett  
TPD/TPMC Chair Pan London training programme  
Consultant Paediatric and Fetal Cardiologist  
The Royal Brompton Hospital  
London SW3 6NP  
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Information about each specific training venue can be obtained from Dr M Fenton (GOS), Dr A Bell (Evelina), Dr Z Slavik (RBH), and Dr S Adwani (Oxford). Dr Gabrielle Norrish, currently at GOS, is the pan London trainee representative, and can also provide information about the programme.
South West

Trust

- University Hospitals Bristol
- University Hospital Wales, Cardiff

Locations

- Bristol Royal Hospital for Children
- Bristol Heart Institute and Bristol Royal Infirmary
- University Hospital Wales, Cardiff

Anticipated Duration of Programme

- 5 years

Standard Rotation

- .6/12 in Cardiff in year 1 or year 2

Information Regarding each Trust/Hospital on Training Programme

There are 5 National Training Posts in Paediatric Cardiology in the South West and South Wales Training Programme.

Eligible trainees need to have completed ST1-3 Paediatric Training or ST1-2 Core Medical Training supplemented by achievement of ST1 Paediatric Competencies (usually 6 months of general paediatrics and 6 months of neonates). Trainees coming from CMT might be considered at ST 3 level but those trainees would need to undertake a year of paediatric training to achieve ST1 competencies before commencing Paediatric Cardiology training at ST4 level.

The majority of the training is undertaken at Bristol Royal Hospital for Children where the surgical and interventional catheter services are based. During year 1 or 2 (ST4 or ST5) a period of 6 months will be spent on rotation in Cardiff.

Trainees will follow the 2010 Paediatric Cardiology Curriculum which is available on the JRCPTB website. Special Interest training is offered at ST7 and ST8 level and training in the following special interest areas is available within the training programme:

- Diagnostic and therapeutic cardiac catheterisation
- Electrophysiology, ablation and pacing
- Adult congenital heart disease
- Advanced echocardiography
- Advanced cardiac imaging (CT and MRI)
- Pulmonary hypertension
- Fetal cardiology

Training in transplantation cardiology is not available as there is no transplant service within the region.
Bristol Royal Hospital for Children

The paediatric surgical service is based here and last year 380 paediatric cardiac surgical operations were undertaken in the centre. There are 3 congenital cardiac surgeons, 5 cardiac anaesthetists and 5 further paediatric intensivists who form the surgical and postoperative care team. A full range of procedures is undertaken including Norwood palliation of hypoplastic left heart syndrome. The Paediatric Intensive Care unit has 16 beds and 50% of children on PICU will be cardiac patients. The paediatric cardiology trainees are closely involved with the post-operative care of the cardiac children and there is separate PICU middle grade cover so paediatric cardiology trainees do not look after non-cardiac patients.

There are 7 Paediatric Cardiology Consultants with the following special interest areas:

- Dr Robin Martin - Catheter intervention, adult congenital heart disease, arrhythmias and pacing, inherited cardiac conditions.
- Dr Alison Hayes - Advanced echocardiography
- Dr Andy Tometzki - Catheter intervention, fetal cardiology
- Dr Graham Stuart - Paediatric electrophysiology, ablation and pacing, adult congenital heart disease, inherited cardiac conditions.
- Dr Beverly Tsai-Goodman - Fetal cardiology, MRI
- Dr Robert Tulloh - Pulmonary hypertension
- Dr Gareth Morgan - Catheter intervention and adult congenital heart disease

There is a busy paediatric cardiology ward and in addition to the cardiology trainees there is one paediatric trainee and a paediatric cardiac fellow involved in the acute on call rota. There are further paediatric trainees from F2 upwards that are involved with ward care and the outpatient service.

Advanced cardiac imaging (MRI and CT) training is also offered by Dr Mark Hamilton and Dr Nathan Mangat, Consultant Cardiac Radiologists based at BHI and BRI with new scanners available for clinical and research work.

There are approximately 650 catheter based procedures per year across the paediatric and adult congenital services (400 interventions and approximately 100 electrical procedures).

Bristol Heart Institute

The adult congenital service is based here and there are 100+ operations undertaken per year and an active catheter intervention programme (200 + catheter procedures per year). The following cardiologists are involved with the adult service and cover the following special interest areas:

- Dr Mark Turner - Catheter intervention and some adult acquired intervention (TAVI)
- Dr Stephanie Curtis - Advanced echocardiography, pregnancy cardiology
- Dr Graham Stuart - As above for BRHC
- Dr Robin Martin - As above for BRHC
- Dr Gareth Morgan - As above for BRHC
- Dr Petra Jenkins (locum) - Pregnancy cardiology

University Hospital Wales, Cardiff
There is an active paediatric cardiology service based in Cardiff at the University Hospital of Wales. And this service is merged with the service in Bristol. Surgery and catheter procedures for children from South Wales are undertaken in Bristol but there is a busy outpatient service, fetal cardiology service and smaller inpatient service in Cardiff. There are four paediatric cardiologists based in Cardiff who offer good general paediatric cardiology training with most special interest training being offered in Bristol:

- Dr Dirk Wilson
- Dr Orhan Uzun
- Dr Obed Onuzo
- Dr Victor Ofoe

Trainees are encouraged to undertake a period in research and overseas out of programme training is encouraged later in the programme.

Further information regarding training can be obtained by visiting the [Severn School of Medicine](#)
East Midlands
East Midlands Congenital Heart Centre, Leicester

Currently located at the Glenfield Hospital, East Midlands Congenital Heart centre serves a catchment population of over 4.5 million. Although currently in dispute with NHS England over the future of our surgical programme, we are confident that the service not only fulfils but in many areas already exceeds the required standards of excellence for the future and will continue with our strong track record of recruiting and training high quality paediatric cardiologists. University Hospitals of Leicester NHS trust is committed to supporting the service going forward and to co-locating the paediatric component of the service to a new service provision and facilities with the Leicester Royal Infirmary by 2019.

The current ST4 posts will be to replace 2 ST8s trainees whose CCT dates are in summer 2017. They will join a team of 6 middle grade cardiology doctors; 4 NTNs and 2 trust fellows, working a 1 in 6 non-resident on-call rota. It is expected that all trainees will rotate to Birmingham Childrens’ hospital for 1 of the ST4-6 years and some may indeed start at BCH depending on the rota gaps. Opportunities also exist for rotational training at ST7 or 8 depending on the trainees chosen special interest area.

East Midlands Congenital Heart centre is a world renowned centre of excellence. The unit pioneered not only the development of ECMO in the UK, but has continued to lead and develop this field of complex total life support for the sickest and most vulnerable children. It is also the centre that pioneered transcatheter ASD closure and latterly transcatheter aortic valve replacement in the UK. All subspeciality areas except quaternary pulmonary hypertension and transplant training are offered. The centre has consistently rated highly and improved in national trainees surveys and recently was rated ‘outstanding’ for their ARCP processes.

Facilities include High Dependency, Day Care and Outpatient Units. There are 19 paediatric cardiology ward beds and 12 dedicated paediatric cardiology and paediatric ECMO PICU / HDU beds. There are 130+ adult cardiac beds comprising 40 cardiac surgical beds, 30 adult cardiac / surgical ICU beds and 60 cardiovascular medicine beds including an 18 bedded Coronary Care Unit. We have four Consultant Congenital Heart Surgeons at the present time (3 appointed, one starting later in 2017). Adult congenital cardiology and cardiac surgery inpatients are generally co-located on adjacent wards with shared junior staff cover.

There is a separate dedicated Congenital Heart Disease outpatient facility with its own ‘one stop’ digital echo’ facilities, Holter monitoring and exercise testing, and there is close collaboration with the ‘adult acquired’ non-invasive investigations service for cardiopulmonary exercise testing, pacing etc. Both paediatric and adult congenital cardiology outpatient clinics are held at Glenfield and at our network partner Trusts around the East Midlands, including Nottingham, Derby, Lincoln, Grantham, Boston, Mansfield, Peterborough, and Kettering. Additional clinics for Nuneaton are being developed.

There is a large angiocatheter suite with six catheter laboratories including 1 biplane congenital laboratory and two with full electrophysiology equipment. The full range of complex congenital intervention procedures are under taken including transcatheter valve replacement, VSD closure, neonatal RVOT stenting and catheter intervention for patients receiving ECMO. UHL’s vascular surgical and interventional programme is relocating to Glenfield Hospital from the Royal Infirmary later this year and this will see the opening of a new hybrid lab as well.
We have ‘state of the art’ cardiac CT scanning and MRI facilities on site including a dedicated 3T Cardiac research scanner. In addition to the cardiology, cardiac surgery and ECMO programmes, respiratory medicine and thoracic surgery are also on site.

Research: EMCHC has an excellent track record of groundbreaking clinical and laboratory research with major investments from the British Heart Foundation, Wellcome and Sanger Institutes (genomic research) and Leicester was recently awarded one of very few the new government funded (£11M) Biomedical Research centres.

Current Senior Staff in EMCHC are

Dr Aidan Bolger  Consultant Cardiologist: ACHD, Head of Service,
Dr Frances Bu’Lock  Consultant Paediatric Cardiologist: Fetal and ACHD (Clinical Lead for Cardiology, TPD, Honorary Associate Professor in Congenital and Paediatric Cardiology)
Dr Vikram Kudumula  Consultant Paediatric Cardiologist: Intervention
Dr Daniel Velasco-Sanchez  Consultant Paediatric Cardiologist: Intervention
Dr Vinay Bhole  Consultant Paediatric Cardiologist EP (shared contract with BCH)
Dr Suhair Shebani  Consultant Paediatric Cardiologist: Fetal and advanced echo
Dr Katie Linter  Consultant Paediatric Cardiologist: General Paediatric Cardiology and Fetal
Dr Simon MacDonald  Consultant Cardiologist: ACHD
Dr Saran Durairaj  Consultant Paediatric Cardiologist: MRI and CT
Dr Thomas Mukasa  Locum consultant Paediatric Cardiologist
Dr tbc  Locum cons interventionist

4 Paediatric cardiology NTNs, 2 paediatric cardiology fellows
1 Specialist registrar, 1 Clinical Fellow ACHD
2-3 Paediatric registrars (Special Expertise in Cardiology)

Dr Simone Speggiorin  Consultant Congenital Cardiac & Thoracic Surgeon (Lead Surgeon)
Mr Antonio Corno  Consultant Congenital Cardiac & Thoracic surgeon
Dr Branco Mimic  Locum Consultant Congenital Cardiac and Thoracic surgeon
Mr Ikenna Omeje  Consultant Congenital Cardiac Surgeon (starts summer 2017)

1 Senior Surgical Fellow
1 Junior Surgical Fellow
1 Rotational Cardiac Surgical SpR

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Training Programme Director
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Scotland

Preamble

Training in paediatric cardiology is motivationally demanding and frequently requires re-location within the United Kingdom, if not further afield. Candidates considering a career in paediatric cardiology should therefore not embark on this without careful reflection. The importance of seeking the advice of both consultants and those training in the field cannot be over-emphasised. This brief prospectus does not endeavour to provide a comprehensive account of all aspects of training in paediatric cardiology in Scotland. Potential candidates are strongly advised to contact the Training Program Director (details below), who will be more than happy to discuss their aspirations, and not to compare units for the purposes of preferencing purely on written information.

The Training Centre

The Scottish Paediatric Cardiac Service, based in Glasgow at the Royal Hospital for Children (RHC), provides the only training site for paediatric cardiology in Scotland and therefore draws on a catchment population of 5.2 million. The unit did not fall under the auspices of the original Safe and Sustainable review for NHS England, nor subsequent bodies considering the configuration of congenital cardiac services in the United Kingdom. However, it voluntarily underwent reviews in 2011 by the Safe and Sustainable body, and in 2013 by the Scottish government, as a benchmarking exercise to assure a high standard of care is delivered to children with heart disease.

In 2015 the Royal Hospital for Sick Children as it was previously known transferred all services to a bespoke, new children’s hospital nearby, as part of the new Queen Elizabeth University Hospital, the largest single campus hospital complex in the UK. This state-of-the-art stand-alone building was designed and built in accordance with contemporary best-practice guidelines, including IT capability and new models for patient care and movement throughout the hospital. All non-cardiac tertiary paediatric services are represented on site, including the largest neonatal unit and paediatric intensive care units in Scotland. The cardiac ward is a 14-bed dedicated unit adjacent to the intensive care unit, cardiac catheter laboratory and cardiac theatres, and connected across a walk-way to the neonatal unit. New MRI and CT scanners were installed prior to moving into the new hospital providing state of the art imaging. The catheterisation suite was built to satisfy all specifications and standards required for hybrid surgical cases.

The unit undertakes all paediatric cardiac surgery and intervention in Scotland, this being over 300 cardiac surgical procedures and over 220 catheter intervention or electrophysiology cases annually. All paediatric cardiac procedures other than transplantation are represented in Glasgow. There is a highly developed paediatric ECMO service and an active research program in association with the Universities of Glasgow and Strathclyde. Cardiology patients are admitted to the neonatal and paediatric intensive care units, and to a dedicated cardiac care ward. The cardiac service is staffed by six cardiologists and three congenital surgeons. The core cardiac team also includes 10 physiologists, five liaison nurses and three dedicated cardiac Advanced Nurse Practitioners (ANP). A seventh cardiologist based in Edinburgh maintains a predominantly outpatient-based service.

Unit patient activity includes four all-day operating sessions, two all-day catheterisation sessions, and an extra weekly session shared between the two. There are a weekly electrophysiology and pacing sessions. There are currently nine
weekly outpatient sessions and at least two weekly fetal medicine clinics. An ANP-led pre-admission clinic is run weekly. Sub-specialty clinics in pulmonary hypertension, cardiac genetics and cardiomyopathy are held every several months, the first two in conjunction with a team from Great Ormond Street Hospital. Two adult congenital cardiologists provide the ACHD arm of the Scottish congenital cardiac service at the Golden Jubilee National Hospital, at which adult surgery and intervention are commissioned. A monthly transition clinic is held at RHC.

**Training**

Training in paediatric cardiology is via a national grid system, is uncoupled from other schemes and can accept ST4 entrants from either general paediatrics or adult cardiology. All areas of training required for the attainment of a CCT according to the curriculum are represented in Glasgow. The training posts are administered through the Scottish Deanery, West Region. The Trust adheres to the Deanery’s requirements for study leave and funding. Special interest training can be undertaken in most areas, though it is generally recommended that trainees aspire to also gaining experience in an additional centre(s) in the case of special interest training.

All new acute neonatal referrals requiring early treatment and all children requiring surgery or intervention attend the unit in Glasgow. There is therefore excellent training exposure and a rapid acquisition of skills available, compounded by the fact there are currently only two cardiology trainees simultaneously enrolled. This is important, as the five year training scheme consists of three years core training, during which all base competencies must be accrued, followed by two years of subspecialty training. Core training can be tailored to afford trainees a chance to sample subspecialty areas to help them chose an area for further training in the final two years.

Trainees in in Glasgow take part in a 1:5 resident partial shift roster, overnight call being provided via the Hospital At Night team. This ensures no training opportunities are missed through taking compensatory rest following on call duties during the preceding night. Following a weekend on call a trainee is required to take the Monday off in according to European Working Time Directive regulations. It should be noted the Scottish Government has elected not to enforce the new junior doctor’s contract now implemented in England and Wales. Trainees are based throughout their training at RHC, with exposure to adult congenital cardiology provided at the Golden Jubilee National Hospital. The middle grade includes two ST1-7 general paediatric trainees and an FY2, with additional support from the three ANPs. A general paediatric trainee developing special expertise in paediatric cardiology is frequent attached to the unit. There is office accommodation with computer access located within the ward both in a clinical hub area and in a dedicated office.

ST4-6 trainees are assigned to rotating weeks in ward duty, cardiac catheterisation and echocardiography, in collaboration where appropriate with the general paediatric trainees. Attendance at outpatients sessions supported by a consultant is built into every week. Trainee attendance at outreach clinics is not compulsory, though encouraged in the latter years. There is a highly active teaching program, consisting of weekly sessions facilitated by a cardiologist, weekly surgical teaching, twice monthly formal echocardiography teaching and twice monthly ECG teaching. A journal club is held on Fridays. Trainees are expected to participate in the teaching and supervision of more junior doctors and medical students, including lecturing. Participation in audit and research initiatives is required. Active contribution to the weekly joint cardiac conference is expected. This includes preparation of morbidity and mortality patients for discussion, as well as those for surgical referral. Trainees
are enabled to attend the compulsory national training days. As trainees progress through the program they are expected to become involved in the running of the service at a greater than point-of-care level, with early exposure to management principles.

As mentioned, trainees considering nominating Glasgow as their preferred training centre are encouraged to contact the Training Program Director prior to interview, who will be more than happy to discuss their intentions:

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Scottish Training Program Director, Paediatric Cardiology
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PAEDIATRIC CARDIOLOGY ST4 TRAINING PROGRAMME IN HEALTH EDUCATION NORTH WEST - MERSEY

Rotation Base

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LETB information

Health Education North West is one of two organisations in the NHS North West region responsible for the facilitation, commissioning and management of postgraduate medical and dental education and training of doctors and dentists.

Health Education North West (HENW) is a non-statutory organisation and is co-terminus with the Cheshire and Merseyside boundaries (2,265,000 population¹). Since October 2011, as a consequence of ‘Equity and excellence: Liberating the NHS’, HENW as part of the former NHS North West comes under NHS North of England as the current statutory body.

From April 2013, HENW is part of a Local Education and Training Board under Health Education England; a Special Health Authority accountable to the Secretary of State for Health.

Rotation Information

Expected rotation arrangements for this programme are:

- Rotations: We are able to provide rotations through all subspecialities, except for cardiac transplant and pulmonary hypertension.
- Rotations are changed every 6 monthly
- Details of any geographically linked programmes

The main duties are at the Alder Hey Children’s NHS Foundation Trust, serving wards 1C, High Dependency Unit and the Paediatric Intensive Care Unit, along with outpatients. Occasionally duties will include visits and duties in hospitals other than headquarters.

A trainee may occasionally travel to Manchester for additional training experiences, either at the new Royal Manchester Children’s Hospital (general paediatric cardiology) or at St Mary’s Hospital, Manchester (foetal cardiology) or at the Manchester Royal Infirmary (Adolescent and Adult Congenital Heart Disease).

- No Exceptions to rotation arrangements

Trust Generic/Specialty Information

Alder Hey Children's NHS Foundation Trust is one of Europe’s biggest and busiest children’s hospitals providing care for over 200,000 children and young people each year. We have recently moved into our new hospital in September 2015. It is one of only four stand-alone paediatric trusts in the UK and is staffed by 2,800 employees.
The department, which is the cardiac surgery centre for the North West, North Wales and the Isle of Man, has been selected to remain a dedicated centre for paediatric cardiac surgery following a national review of children’s cardiac services by the Safe and Sustainable team.

The Liverpool department provides a fully integrated regional and supra-regional medical and surgical service for infants, children, adolescents and adults with congenital heart disease. Close links exist with the Institute of Child Health at the University of Liverpool, the Department of Child Health at the University of Manchester and, for adolescent and adult congenital heart disease, with both the Liverpool Heart and Chest Hospital and the Manchester Royal Infirmary.

- Statistics

Each year there are approximately 7,000 clinic attendances, 300 cardiac catheterisations and 430 cardiac operations. The regional unit in Manchester is based at the Manchester Children’s Hospital. Close working links exist between the two Units. All cardiac surgery and interventional catheter procedures are undertaken in the Liverpool Unit. Both units have active foetal diagnostic services and training in adult congenital heart disease.

- Services provided to patients

The Liverpool department provides a fully integrated regional and supra-regional medical and surgical service for infants, children, adolescents and adults with congenital heart disease. Close links exist with the Institute of Child Health at the University of Liverpool, the Department of Child Health at the University of Manchester and, for adolescent and adult congenital heart disease, with both the Liverpool Heart and Chest Hospital and the Manchester Royal Infirmary.

- Department staff breakdown

8 Consultant Paediatric Cardiologists
3 Consultant Paediatric Cardiac Surgeons

Junior Staff:
4 Specialist Registrars in Paediatric Cardiology,
2 Paediatric Registrar,
2 Clinical fellows in Paediatric Cardiology
5 Cardiology SHOs and 1 F2 post holders
5 Cardiac Surgical Registrars.

- Timetable information

The training timetable can be adapted to meet the training requirements of any individual trainee. The successful applicant will be provided with training in all aspects of paediatric cardiology. Their specific timetable will be appropriate to their previous experience and level of expertise within the specialty.

Trainees work a 1:8 full shift rota.
Teaching

- Information on teaching provided
- Regional Programmes

There are formal teaching sessions in cardiology and cardiac surgery on a regular basis. There are joint cardiology and cardiac surgical meetings on Thursday mornings where the results of cardiac catheterisation and echocardiography are presented and discussed. There are regular clinical audit meetings and the post holder is expected to take an active part in the audit cycle.

On the Alder Hey site a good library is available around the clock in the Education Centre. It contains up to date textbooks and the most important paediatric journals. A separate cardiac library is also available within the department and there are two medical reference libraries at the Liverpool Medical Institution and the University of Liverpool sited within 6 miles of the hospital.
West Midlands Deanery
DIANA, PRINCESS OF WALES, BIRMINGHAM CHILDREN'S HOSPITAL NHS TRUST

Summary of Post

This is a post to join nine other middle grade doctors (5 paediatric cardiology, 4 staff grade/clinical fellows & 1 general paediatrics) as a part of the West Midlands Deanery Training for Paediatric Cardiology, and is for the duration of 5 years at Birmingham Children's Hospital, which includes 3 years of core training and last 2 years of Special Interest training. The candidate may be required to rotate to Glenfield Hospital, Leicester for a period of one year depending on the trainee needs (decided by the training program director) during the core training. Birmingham Children's Hospital is an established centre of excellence and also acts as a supra regional and international referral centre for cardiology and cardiac surgery.

Applicants must have the relevant qualification, and experience as listed in personal specifications.

BIRMINGHAM

Birmingham is a progressive, modern city offering pleasant accommodation and excellent civic infrastructure. There are good road, rail and air links and easy access to the countryside. The International Convention Centre, Symphony Hall, National Indoor Arena, the Birmingham Museum and Art Gallery and several theatres are centrally located. There are excellent schools and the Universities of Birmingham, Aston and Birmingham City offer a wide range of educational facilities and other activities.

The Birmingham Children's Hospital NHS Foundation Trust

Birmingham Children’s Hospital NHS Foundation Trust is one of only four NHS Trusts in the country specialising exclusively in the care of children and young people. It provides both local general hospital and mental health services to the residents of Birmingham and much more highly specialist care to a wider population of 5.5 million in the West Midlands and beyond.

The Trust provides care for over 200,000 children and young people a year from all over the UK and Europe and is one of the leading paediatric teaching and research centres in the country. We employ more than 2,700 wte staff and welcome in the order of one million people through our doors every year. The Trust is a leading teaching and research institution and partner of all the city’s universities.

The Trust moved to its city centre site on Steelhouse Lane, in May 1998. Whilst many of the original features have been restored and maintained, this landmark Victorian site has been transformed internally with over £40m invested into state of the art facilities.

Facilities include:

- A 31 bedded Paediatric Intensive Care Unit with an ambitious expansion project on track
• A centre of excellence for children with cancer, cardiac, liver and renal disease
• 280 inpatient and day-case beds including Child and Adolescent Mental Health Services
• 50 Specialties and supporting departments
• An Emergency Department dealing with over 45,000 patients attendances a year
• A new Paediatric Assessment Unit
• 9 operating theatres
• A new laparoscopic surgery theatre
• An endoscopy suite
• A hybrid cardiac theatre and catheter laboratory
• A state of the art intervention cardiology suite
• A second interventional radiology room with anaesthetic facilities
• 3 MRI scanners
• A CT scanner

We have developed a number of partnerships over the last few years, including one with Wellcome and the Birmingham Children’s Hospital Charitable Trustees which has enabled the Trust to establish the only paediatric research facility in the country at a cost of £4.8 million.

Other successful partnerships include:-

• A 60 room parent accommodation facility on site funded by Ronald McDonald House Charities - £7 million.
• A bespoke environment for adolescents with cancer funded by the Teenage Cancer Trust - £3 million.
• Renal Ward part funded by British Kidney Patients Association - £2.7 million.

There are significant estates plans for the immediate and medium term future including an additional 6 cardiac services beds and further likely theatre and PIC expansion.

Longer term plans are being drawn up for further new developments, either within the existing footprint or a new build on the University of Birmingham site.

EDUCATION AND RESEARCH DIRECTORATE
The Trust is one of the leading paediatric teaching centres in the country, with international research and development in areas such as:

- Childhood cancer studies
- Infection, inflammation and immunity
- Molecular genetics of childhood conditions
- Nutrition, growth and metabolism in childhood
- Efficacy, safety and optimisation of drug use in children

A Directorate of Education and a Directorate of Research have been established in order to consolidate and support education and research initiatives within the Trust. The Directorates include the Professional Development Team, Organisational Development and Training, Medical Education and Research and Development.

The Research Directorate is led by the Director for Research and Development, Dr Bruce Morland. The Research and Development Department manages research in the Trust and is responsible for research governance, including research ethics issues. This includes managing research finances, ensuring drug trials are carried out to international standards and co-ordinating laboratory involvement in research. The Department also co-ordinates an R&D education programme within the Trust and provides guidance for developing and registering research projects, research design, statistical advice and data analysis, including laboratory co-ordination of samples and pharmacy support for clinical trials.

The University of Birmingham:

The University was founded in 1900 by the citizens of Birmingham who wanted their own university to train and educate the people who would create and manage the burgeoning businesses and industries of the Midlands.

It was natural, given the nature of Birmingham’s industry, that the University should, from the start, teach the major scientific and engineering disciplines. It was also the first UK University to establish a Faculty of Commerce and incorporate a medical school. The modern University is equally distinguished in the humanities, education, social sciences and law.

September 2000 saw the launch of ‘The Black Country Strategy’, to expand links with NHS partners to address concerns over the shortage of doctors in the West Midlands and also inequalities of health and healthcare in the Black Country. It has enabled medical students to have further opportunities to develop clinical experience in a district hospital setting. The ‘Black Country Strategy’ presented an exciting development in the training of future doctors. By September 2003, the Medical School increased its annual intake by an additional 159 students. The project extends clinical training beyond Birmingham into General Practices and District hospitals in the Black Country and Worcestershire providing unparalleled clinical experience for its students in both urban and rural settings. The expansion programme allows access to clinical teaching and research on patients drawn from a population of 5 million that is remarkably diverse in its socio-economic and ethnic make-up.
Academically, the University is organised into five Colleges, one of which is the College of Medicine, Dentistry and Health Sciences. This college is headed by the Professor Lawrence Young and is administratively split into Schools. The School of Clinical and Experimental Medicine covers the whole range of pre-clinical and clinical subjects. Interdisciplinary research is encouraged, as are links between the clinical and basic science departments in other faculties. The College is justly proud of its library and reference facilities and has good working relationships with Trusts and Health Authorities.

**Academic Paediatrics at Birmingham Children’s Hospital:**

Research infrastructure on the BCH site include The Wellcome Trust Clinical Research Facility, a 6 bedded inpatient and outpatient ward for children participating in experimental medicine studies and clinical trials; this incorporates a DXA body composition scanner and metabolic/exercise facility. In addition there is an NIHR 3T MRI and spectroscopy scanner. The West Midlands Medicines for Children Research Network is based at BCH, together with NIHR paediatric studies group facilitators, Children’s Cancer Research Network nurses, NIHR CLARC, and many UK Charity supported researchers.

BCH also hosts several Clinical Academic training posts at ACF, RTF and ACL levels.

Current academic paediatricians:

Professor Timothy Barrett, Leonard Parsons Professor of Paediatrics and Child Health  
Professor Tauny Southwood, Professor of Paediatric Rheumatology  
Dr Nils Krone, Senior Clinical Research Fellow in Paediatric Endocrinology  
Dr Stephen Murphy, Senior Lecturer in Paediatric Gastroenterology  
Dr Janet McDonagh, Senior Lecturer in Paediatric Rheumatology  
Dr Andrew Peet, Reader in Paediatric Oncology  
Dr Pamela Kearns, Reader in Paediatric Oncology  
Dr Carole Cummins, Senior Lecturer in Clinical Trials  
Dr Andrew Ewer, Senior Research Fellow in Neonatology  
Dr Frank Mussai, Senior Lecturer in Paediatric Oncology

**Undergraduate medical education:**

Medical students attend The Children’s Hospital for 4th and 5th year ‘student selected activities’ attachments and their final year module in Paediatrics and Child Health. Teaching is delivered through lectures, small group clinical and classroom teaching, and by involving students in the clinical work of the hospital. The Trust has developed a paediatric clinical skills teaching session for all final year medical students and the Trust organises and hosts these sessions eight times a year. The teaching fellows and registrar are responsible for organising and teaching on the clinical skills teaching sessions. Facilities for students include an NHS Base library, student common room, on call rooms in student residencies, private study room and the Education Centre.

There are eight rotations of students each academic year. At any given time there are 25-30 final year students present at The Children’s Hospital, the students are, divided into one of five teaching teams and the remainder doing a 5 week Student Selected Activity. The teams rotate through week long ‘themed weeks’ in acute paediatrics, emergency paediatrics, paediatric surgery and paediatric intensive care/cardiology/cardiothoracic surgery.
Assessment is continuous and the trust is one of three sites which hosts the final year objective structured clinical examination (OSCE) three times a year (including the final year resit examination). The teaching fellows and Registrar in Medical Education play a major role in the running of these exams.

Medical educators in the trust have major interests in methods of mentoring, teaching and learning and assessment of clinical competence and are involved in research and development at local, regional and national levels.

There a number of elective placements available for students throughout the year and we receive requests from both national and international students.

**CLINICAL MANAGEMENT**

Clinical management in the Birmingham Children's Hospital NHS Foundation Trust is directed through five clinical directorates. The Chief Medical Officer is Dr Vinod Diwakar. The Chief Operating Officer is Mr Tim Atack and for the Directorate of Specialised Services the Clinical Services Director is Dr Gill Derrick and the Associate Service Director is Mrs Amanda Baugh. Each Directorate team has the support of an Assistant Directorate Manager, a Head of Nursing, a Finance Manager and an HR Manager.

There are regular Directorate Operational Management Team meetings, with the Clinical Service Directors holding monthly Directorate meetings for Clinical Leads who, in turn, are expected to arrange regular meetings (ideally, each month) for senior staff within the speciality (i.e. doctors, nurses and other staff as appropriate). The Clinical Leads for cardiac services are Mr David Barron and Dr Ashish Chikermane, who are responsible to the Clinical Director for the implementation of all aspects of Trust policy and Clinical Governance or Quality initiatives within the speciality.

**Clinical Governance**

The appointee will be expected to participate in all aspects of the Clinical Governance structure developed by the Trust to monitor, maintain and develop review and amendment according to the needs of the clinical area, changing circumstances and service development the quality and effectiveness of care. The Trust is committed to the development of medical staff through individual professional development a framework for which has been systematically introduced in 2001. There is an expectation that all staff are involved in audit of personal clinical practice as well as the involvement in departmental/speciality reviews; that they should meet the requirements for Continuing Medical Education defined by the relevant Royal College (and for which appropriate study leave support will be available); be aware of professional standards, the responsibility to undertake safe and ethical clinical practice and the importance of responding promptly to any circumstances which may result in increased clinical risk or adverse outcome. Funding is available for approved study leave as defined in the Trust’s study leave policy.

**Teaching**
The appointee will be expected to play a role in postgraduate medical education and the training of other relevant staff groups. An honorary University title may be offered in appropriate circumstances.

**Research**

The appointee will be expected to facilitate research undertaken within his/her department and elsewhere within the Trust, and to be aware of current Research and Development initiatives in relation to clinical service development.

**Management**

The appointee will be expected to take part in the delivery and development of clinical services within the Trust's Service and Financial Framework and in line with the Trust's clinical strategy.

Arrangements should be made to ensure that local and Trust wide matters are communicated and discussed via appropriate means i.e., team meetings, written briefings etc.

**Cardiac Services**

The Paediatric Cardiac Service comprises of the departments of Cardiology, Cardiac Surgery and its facilities. These include a dedicated Out-patient Department separate from the main hospital outpatient department, a non-invasive Heart Investigations Unit, two Wards (Wards 11& 12) with a total of up to 35 staffed in-patient beds, a Homograft Bank and offices with secretarial facilities. It works as an integrated unit and managerially forms part of Specialised Services.

There are advanced plans to develop additional capacity for outpatient facilities and Heart Investigation Unit in view of the increasing workload, along with a dedicated cardiac day-case unit in keeping with the modern changes to clinical practice.

**Staff**

**Consultant Paediatric Cardiologists**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Dr. O Stümper</td>
<td>Paediatric Cardiologist</td>
</tr>
<tr>
<td>Dr. P Miller</td>
<td>Paediatric Cardiologist</td>
</tr>
<tr>
<td>Dr. R Dhillon</td>
<td>Paediatric Cardiologist</td>
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<tr>
<td>Dr. A Chikermane</td>
<td>Paediatric Cardiologist</td>
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<tr>
<td>Dr. T Desai</td>
<td>Paediatric Cardiologist</td>
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<td>Dr. C Mehta</td>
<td>Paediatric Cardiologist</td>
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<tr>
<td>Dr. A Seale</td>
<td>Paediatric Cardiologist</td>
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<tr>
<td>Dr M Chaudhari</td>
<td>Paediatric Cardiologist</td>
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<tr>
<td>Dr V Bhole</td>
<td>Paediatric Cardiologist</td>
</tr>
</tbody>
</table>

**Consultant Paediatric cardiac surgeons**

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Mr. WJ Brawn</td>
<td>Paediatric Cardiac Surgeon</td>
</tr>
<tr>
<td>Mr. DJ Barron</td>
<td>Paediatric Cardiac Surgeon</td>
</tr>
<tr>
<td>Mr. TJ Jones</td>
<td>Paediatric Cardiac Surgeon</td>
</tr>
<tr>
<td>Ms. N Khan</td>
<td>Paediatric Cardiac Surgeon</td>
</tr>
<tr>
<td>Mr P Botha</td>
<td>Paediatric cardiac surgeon</td>
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</tbody>
</table>

**Junior Staff**
Cardiology

- 5 Specialist Registrars in Paediatric Cardiology
- 1 Specialist Registrar in General Paediatrics (Rotating)
- 2 Staff Grade/Specialists in Paediatric Cardiology
- 3 Clinical Fellow in Paediatric Cardiology

- 5 SHOs (based in Cardiac Services, in hospital@night shift system)

Cardiac Surgery:

- 4 Specialist Registrars
  - 2 on West Midlands rotation
  - 1 rotating with Great Ormond Street Hospital
  - 1 visiting Registrar
- 1 Research Registrar

Wards

There are two wards. One is for infants (Ward11) and is staffed for 16 beds and the other for older children and adolescents (Ward12) and is currently staffed for 18 beds. Occasionally patients from other services have access to these beds. Ward 12 has purpose built adolescent facilities. Both cardiac wards have areas designated as High Dependency Units for cardiac care with appropriately trained nursing staff.

Intensive Care Unit

The Hospital has a Multidisciplinary Intensive Care Unit which is currently funded for 31 beds with an expansion of HDU facilities. The Cardiac service utilizes approximately 50% of ICU days. A collaborative approach in the management of patients is expected and encouraged between Intensivists, Cardiologists and Cardiac Surgeons.

Cardiac Liaison Service

There is an excellent liaison service covered by four full time senior nurses, who help patients and families cope with the difficulties of congenital heart disease. They undertake Community visits, support the Fetal Cardiology Service and run a monthly pre-admission clinic with the outpatients’ staff. The service works closely with a dedicated social worker.

Homograft Bank

The bank is based at Birmingham Children’s Hospital and has two full time technicians. It provides valves for the West Midlands and beyond. The Trust has invested in new facilities that became operational in May 2004. The bank has a managerial team chaired by the Clinical Lead with a Consultant Surgeon acting as Medical Advisor.

Cardiac Catheter Theatre

The cardiac theatre complex provides the setting for state of the art invasive cardiology for which the department is acknowledged as a leading centre. It is situated in the main theatre complex. A new, state of the art biplane cardiac catheter laboratory was opened in April 2011. All the latest software including rotational angiography and CT overlay are incorporated. The room is designed to full theatre specs to enable biplane hybrid procedures such as the hybrid Norwood stage I. In Oct 2011 a specially designed single-plane angio cardiac surgical theatre with
laminar airflow system was opened, which now serves as the principal cardiac surgical theatre. This purpose built theatre will be instrumental in improving patient care by enabling the provision of pre/post-operative angiograms at the time of the surgery. There are currently 8 funded cardiac catheter sessions each with anaesthetic cover and dedicated theatre staff, and this is expected to increase, in keeping with the developments in catheter procedures. Procedures undertaken in the catheter theatre include diagnostic cardiac catheterisations and the full range of therapeutic interventions. These encompass balloon valvoplasty and angioplasty, insertion of occluding devices, stents, pacemakers and defibrillators, electro physiological studies and pacing. The catheter suites are supported by fully trained cardiac physiologists for the complete range of invasive work including invasive electrophysiological procedures, and pacing.

**Heart Investigation Unit**

The Heart Investigation Unit is adjacent to the heart outpatients department. Fully trained technical staff assist in providing a comprehensive range of non-invasive investigations such as ECG’s, exercise ECG’s, Holter monitoring and echocardiography to support the out-patient clinics (including regular pacing clinics), and inpatients – cardiac as well as from other departments. Cardiac physiologists based here also provide support to the cardiac catheter laboratory for a full complement of cardiac procedures. The department is also recognised for training.

**Electrophysiology and Pacing**

The centre is a recognised centre of excellence for electrophysiology and pacing. Dr V Bhole leads the service, with support from Dr. R Dhillon for pacing. The activity is supported by a team of cardiac physiologists trained in all aspects of EP and pacing. The department has also got the Carto® system to support ablation procedures. The department undertakes routine trans-venous pacemaker and ICD implantation and CRT devices.

**Fetal Cardiology**

Fetal cardiology clinics are held at Birmingham Women’s Hospital in collaboration with the University Department of Fetal Medicine. Diagnostic and therapeutic procedures are undertaken. Fully trained sonographers and nurses/midwives assist in supporting the scanning and counselling. A new position has been created to support the existing fetal cardiologists due to increasing workload. Dr P Miller leads the service and Dr T desai and A Seale are the fetal cardiologists who run the service with him. Low risk scans are undertaken by the fetal sonographers, which are then reviewed by the fetal cardiologists, and they currently scan, and counsel high risk patients. The department currently undertakes 1100 scans annually. We are currently supporting fetal activity in one of the level 3 obstetric units in the region, and there are plans to increase this activity across the region.

**Radiology**

There is a single plane angiographic suite in the radiology department to support the increasing interventional radiology workload and the lines lists. There is a Trust and region wide PACS system which allows review of radiology images throughout the Trust.

Within the Radiology Department are facilities for performing MRI and Spiral CT scans, as well as Radionuclide studies. There are two MRI scanners, with dedicated cardiac software for a full range of cardiac imaging. In addition, a new 3 Tesla
A magnet has been operational since April 2012 which is used for clinical diagnostic and research purposes.

**Cross sectional and non-invasive imaging**
In the last 7 years, we have established a cardiac MR programme and have regular sessions. We are have recently increased to 4 CMR sessions a week with one anaesthetic session a month, and are expecting both the CMR sessions, and the anaesthetic cover to increase. We currently use a Siemens 1.5T Magnet for clinical work in cardiology.

We work very closely with the radiologists to provide a seamless cover for cardiac MR, and the increased CMR activity is evenly split with 2 sessions being covered by cardiologists and the other two by radiologists. As a consequence of this increased activity, we have recently appointed a paediatric radiologist who started in September 2012 and will be a part of the cardiac MRI programme. This current position in cardiology is the second part of this expansion.

The department has a well-developed CT programme to supplement cardiac ultrasound, and cardiac MR for structural lesions. We currently limit this service for information regarding extra-cardiac structures only, and we are expecting this to change with the acquisition of a new generation CT scanner in the near future.

We have started a programme of assessing myocardial contractility using newer modalities such as doppler myocardial imaging (Tissue Doppler), and 3-dimensional reconstruction. The department has undergone a complete refurbishment of its ultrasound facilities with state of the art equipment acquired in the last 3 years. We have a fully digitalised service with dedicated workstations for a complete complement of analysis for advanced echocardiography, both structural (3D) & functional. With the development of non-invasive posts, we are aiming to support a consultant led TOE service for selected catheter interventional procedures.

Cross sectional imaging is supported by Dr A Chikermane and Dr S McGuirk, Consultant Paediatric Radiologist. Non-Invasive imaging is performed by Dr Chikermane who leads the service and supported by Dr A Seale.

### Adult Congenital Heart Service

**Full time consultants:**
Dr. S Thorne  
Dr. P Clift  
Dr L Hudsmith  
Dr S Bowater

Five consultants support the service for adults with congenital heart disease, based at the University Hospitals of Birmingham NHS Foundation Trust (UHB). Drs. Stümper and Mehta currently provide support for the interventional cardiology aspects of this service, and the cardiac surgeons from the Children's hospital provide the surgical services.

A seamless transition of care of these patients from Birmingham Children’s Hospital to UHB is being developed with the establishment of Adolescent/Young Adult clinics at Birmingham Children’s Hospital. The consultant(s) delivering the adult service have an honorary contract with Birmingham Children’s Hospital NHS Trust and they hold joint clinics at Birmingham Children’s Hospital. All cardiologists at the Children’s Hospital collaborate with the consultants in adult congenital heart disease in the management of adults with congenital heart disease at UHB.

Recently a dedicated cardiac liaison nurse (Ms. N Pope) has been appointed at UHB to promote and develop transition services.
**Telemedicine**
Trans-telephonic transmission of ultrasound images has recently been established with one of the major paediatric centres in the West Midlands region. It is envisaged that links will be developed with the major paediatric units over the next few years. Dr. Oliver Stümper is leading the development of this service.

We are also actively pursuing the development of transmission of data through PACS, and would envisage that this may well develop as the main source of data transmission.

**General Paediatric cardiology**
The department sees and admits patients from the West Midlands Region as well as the other parts of the U.K. Due to its clinical excellence the department also get referrals from Europe and Asia.

The Unit has a special interest in the management of children with Hypoplastic Left Heart Syndrome for which it has the largest cohort of patients in Europe. It is acknowledged as a leading international centre for treatment of this condition. It is also recognised as a leading international centre for the management of complex pulmonary atresia and congenitally corrected transposition of the great arteries.

The unit possesses specialised cardiac skills in fetal diagnosis and therapeutics, Trans-oesophageal and intra-operative echocardiography, electrophysiology and pacing. It continues to be involved in the assessment and development of interventional devices and the training of colleagues at other cardiac centres in their use.

**Annual figures:**
- Out-patient clinic attendance: 10,500
- Echocardiograms: 7000-8000
- Cardiac CT & MRI: 400-500
- Fetal studies: 1100+
- Cardiac catheters: 500 of which 2/3 are interventional. Although the number of procedures has not changed significantly, the overall complexity has increased.
- Bypass operations: 500, with a growing tendency to undertake more complex procedures on younger patients, with an additional 50 at the University Hospital where we provide the Adult Congenital Heart Service.

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**THE POST**
Introduction

This post based at the Birmingham Children’s Hospital, and is recognised for training.

Duties of Placement

General Clinical Work

The individual will be a part of a team of 10 middle grades in Paediatric Cardiology, and will have the opportunity to develop experience and exposure to a large variety of cardiac pathology at an inpatient and outpatient level. The successful candidate will provide a support to the daily running of the department, and will involve supervision of the daily medical care of all cardiology inpatients, outpatient services, supporting the Heart Investigation Unit, and providing an on-call service at the middle grade level. There is a daily PICU ward round with the Cardiothoracic Surgeons and Intensivists. The individual would be expected to undertake any other duties requested by any of the Consultant Cardiologists, should the need arise.

The post involves working in a 1:10 rota on a full shift system. This is constantly reviewed to make sure it is EWTD compliant and providing the required training needs.

Administration

The duties will include some administration of the cardiac catheterisation waiting lists, arranging admissions and cardiac catheterisation schedules, working closely with the consultant team. The responsibility also includes the organisation of cases for discussion at the weekly joint cardiac conference. There are routine letters resulting from clinics and discharges.

Provisional Weekly Programme for the Specialist Registrars

Based on the recommendations by the SAC for Paediatric Cardiology, we aim to support the overall development of the experience that trainees receive. We currently support a modular training programme with a 2 monthly rotation in specialist areas of training that we can offer within which inpatient & outpatient activity and on-call areas integrated.

Inpatient Activity: We would expect all trainees to undertake 2 weeks of inpatient activity every 2 months (i.e. one fortnight in every module). During this period, the trainee would be expected to support inpatient activity for all children requiring cardiac reviews. The trainee would work very closely with the on-call cardiology consultant, who has no other programmed activity during this period, and be responsible for leading the ward rounds, planning for the daily management and treatment of the patients on the wards, and being accountable to the on-call cardiologist & cardiac surgeon of the week.

Outpatient Activity: We would recommend that all trainees should be doing outpatient clinics regularly under Consultant supervision. The patients seen in the clinic should be discussed with the consultants as appropriate, and the pathology seen would be expected to be based on the seniority and experience of the trainee.

We also run nurse-led clinics, and the trainees would be expected to work closely with the advanced nurse practioner (ANP), other senior nursing staff, cardiac
physiologists, cardiac surgeons and dieticians to develop working within a multi-disciplinary team.

**On-call:** We currently support a 1:10 full shift with a resident son call system (currently under review). Working closely with the PICU and hospital@night teams, the trainee is expected to provide a cardiology cover with support from the senior cardiologist and the cardiac surgeons. It is expected that the trainee does a relevant night round with the SHO & nurse-in-charge of both the cardiology wards.

**Training/Exposure within specialist areas:** Within the modular system, we would aim to rotate trainees in various modules to facilitate their training and exposure to various specialist areas within paediatric cardiology. These are:

1. Cardiac catheterisation: diagnostic & interventional cardiology
2. Cross-sectional imaging
   a. Echocardiography
   b. CT/CMRI
3. Fetal Cardiology
4. Due to smaller numbers, we do not currently provide a modular training programme for EP/Pacing, and pulmonary hypertension; however we would support trainees getting some exposure to these dedicated specialties as appropriate to the level of training

Currently, we cannot provide training in cardiac transplant, and Adult Congenital Heart Programmes (GUCH), though the trainees may get limited exposure to discussion in the Cardiology Conferences during the weekly meeting where the GUCH team discusses their relevant cases. We also have transition clinics which would provide some exposure to trainees.

**Administrative:** As discussed above, the trainee would be expected to undertake certain administrative tasks within the department, which would be to include preparation of the cases for discussion in the Joint Cardiology Conferences after due discussion with the consultants. In addition, the cardiology trainees, depending on their level of experience would be expected to undertake reporting of investigations done by the Heart Investigation Unit (HIU). We would envisage to support a session for administrative/professional developmental activity.

**Regular weekly meetings:** There are regular departmental activities which are essential for training, and we would consider it mandatory for the trainees to be present for these unless there are valid reasons. A log book is maintained to account for presence, and these may be used to ensure that the trainee is participating in at least 75% of these activities.

- **Monday:**
  - 08:30 – 09:30 Audit/Morbidity & Mortality/Research/Guest Lecture
  - 10:00 – 12:00 Grand Round
  - 12:30 – 13:30 Echocardiography Meeting

- **Tuesday:**
  - 08:30 – 09:30 Cardiac Surgical teaching

- **Wednesday:**
  - 08:30 – 10:00 Joint Cardiology Conference
Thursday: 08:30 – 09:00 Journal Club

Friday: 08:30 – 10:00 Cardiac Surgical Conference
        13:00 – 14:00 Cardiology Registrar Teaching

We will also recommend that trainees to participate in the nationally held core training days. The expectation is that the full entitlement to study leave will be taken as study or research time.

**Teaching**

Dr. Bhole currently leads the organisation of educational supervision within the department, according to guidelines and standards set out by the Postgraduate Dean and the Royal Colleges of Physicians, and of Paediatrics and Child Health. The department has a newly created dedicated seminar room with full teaching and projection equipment. Good facilities exist for producing teaching materials such as illustrated guidelines and distance-learning packages in hard copy on electronic forms. The hospital library has Level 1 accreditation with distinction (1999).

The individual will be expected to contribute to undergraduate medical student teaching and to play a role in the training of other relevant staff groups.

**Undergraduate**

All medical students who are attached to the Children’s Hospital for paediatric teaching receive tuition in Paediatric Cardiology. The successful candidate will be involved in formal/informal teaching to the undergraduate students attached to the unit.

**Postgraduate**

The Cardiology Department participates with the other departments in the hospital in weekly case presentations. In addition, there are also weekly pathological conferences, some of which include cardiac cases. Each week there is a teaching session for the Heart Unit – alternating Journal Club, Research and Audit. The trainee would be encouraged to support teaching SHOs for the MRCPCH.

**Training**

The successful candidate will be encouraged to develop & maintain appropriate level of skills to support the individual’s role within the department, and his/her professional development. The candidate will have a supervising consultant with whom he/she would be expected to develop a training programme.

As with other members of the department, the candidate will be required to have annual appraisals in keeping with the guidelines of the General Medical Council.

**On-Call Commitments**

The successful candidate will be expected to undertake on-call commitments, currently arranged at a 1:8 partial shift system; providing a non-resident, 24-hour on-call commitment (this is currently under review). This will involve on-calls over the weekends also. The individual will be expected to undertake an out-of-hours commitment, which will vary depending on the duties of the post, but will not exceed
the limits defined in the Terms and Conditions of Service, paragraph twenty. Working patterns are in accordance with the New Deal on Junior Doctors’ Hours.

It is expected for the candidate to be present for the PICU rounds on the days that he/she is on-call, and the following day to ensure that there is an appropriate hand-over of clinical activities.

**Audit**

It is expected that the appointee will actively participate in departmental audit. The department has a full time Database and Audit Manager (John Stickley), who is also actively developing Service Line Reporting, as the Cardiac Services are spearheading this new pilot project. An updated computer system and data management system (Heartsuite®) has been installed throughout the offices, wards, outpatients and heart investigation unit. The Trust’s I.T. department supports this dedicated system, which also links to the hospital’s Patient Administration System.

Clinical Audit within the department is lead by Dr Rami Dhillon. In additional to monthly audit meetings of Cardiology and Cardiac Surgical activity, quarterly multidisciplinary Audit meetings involving one session are supported by the Trust with curtailment of clinical activity for these sessions.

**Research**

The post holder will be encouraged to pursue his/her research interests and is expected to remain aware of current Research and Development initiatives in relation to clinical service developments.

**Visiting Arrangements**

Interested applicants are invited to visit on an informal basis by arrangement with Dr. V Bhole, Consultant Paediatric Cardiologist & Programme Director (Tel. No.: 0121 333 9457) or Dr. Tarak Desai, Consultant Paediatric Cardiologist (Tel. No.: 0121 333 9459)
**Indicative Timetable**

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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<tbody>
<tr>
<td>08:00-08:30</td>
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<td>PICU Round</td>
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<tr>
<td>08:30-09:00</td>
<td>Business/</td>
<td>Cardiology/C</td>
<td>Joint Cardiac</td>
<td>Journal Club</td>
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<td>Cardiology</td>
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<td>09:30-10:00</td>
<td>/Clinical/</td>
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<td>10:00-11:30</td>
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<td>Teaching</td>
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<tr>
<td>11:30-12:30</td>
<td>Meeting</td>
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<td>12:30-13:30</td>
<td>Grand Round</td>
<td>Post-on call</td>
<td>Ward Round</td>
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<tr>
<td>13:30-14:30</td>
<td>Echo Meeting</td>
<td>Cross-</td>
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<td>Cardiology</td>
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<td>15:00-16:00</td>
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<td>Imaging</td>
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<td>(13:00 – 14:00)</td>
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<td>16:00-17:00</td>
<td>Clinic</td>
<td>Teaching/Ad</td>
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<td>17:00-18:00</td>
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<td>Wards/ICU/On-</td>
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<tr>
<td>18:00</td>
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**DIANA, PRINCESS OF WALES, BIRMINGHAM CHILDREN'S HOSPITAL NHS TRUST (Rotational post with Glenfield Hospital, Leicester)**

**Summary of Post**

This is a post to join seven other middle grade doctors (4 paediatric cardiology, 2 staff grade & 1 general paediatrics) as a part of the West Midlands Deanery Training for Paediatric Cardiology, and is as a part of rotation with Glenfield Hospital, Leicester. The candidate will rotate to Glenfield Hospital for 1 year during the Core Training period. The final 2 years of the 5 year training programme will be Special Interest training in a particular area of sub-speciality interest. This is an established centre of excellence and also acts as a supra regional and international referral centre for cardiology and cardiac surgery.

Applicants must have the relevant qualification, and experience as listed in personal specifications.

**Please refer to East Midlands Deanery programme description and West Midlands (Birmingham post only) programme description**