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Queen Alexandra Hospital, Portsmouth

Dorset County Hospital, Dorchester

Salisbury District Hospital, Salisbury

Basingstoke & North Hampshire Hospital, Basingstoke

Poole General Hospital & Royal Bournemouth Hospital

Southampton General Hospital, Southampton

Royal Hampshire County Hospital, Winchester
Department of Anaesthesia
Queen Alexandra Hospital, Portsmouth

Department:
Direct Dial Phone Number to secretaries: 02392 286298/6279
E-mail: Anaesthetics2@porthosp.nhs.uk

College Tutor:
Dr Ian Taylor ian.taylor@porthosp.nhs.uk
Dr Marie Nixon marie.nixon@porthosp.nhs.uk

Leave
Who to book annual/study leave though:
Cathie Harding: Cathie.harding@porthosp.nhs.uk
Eileen Perry: Eileen.perry@porthosp.nhs.uk

Is Annual leave for intensive care also booked through that person? No.
It is important to contact Dr Matthew Williams (Consultant) by emailing leave@dccq.co.uk. The rota is published on line at www.dccq.co.uk with the facility to try and swap on calls. The intensive care rota is ‘fixed’ but is published well in advance (six months!) and therefore there is ample opportunity to swap.

On-call
On call structure – who covers what (maternity/obs/theatres/pain)?
- ‘1st on call’ – usually CT/ST 1-4 responsible for theatres
- ‘2nd on call’ SpR or ST5 + - Co-coordinator, theatres & pain
- Obstetric on call – usually a CT/ST 2 – 4
- Critical Care – covered separately
- In and working consultant (until 2000 weekdays, 0800-1630 weekends)
- Consultant on call

**Long days:** 08:00 – 20:30

**Nights:** 20:00 – 08:30 – there is a full complement of team as above (apart from the ‘in and working’ consultant) over night.

**Consultant on call cover**

Extremely well supported. An ‘in and working consultant’ is present until 20:00 and there is also an ‘on call’ consultant who is readily available from 17:00 until 08:00.

**Who writes the on-call rota?**

Dr Geoff Higenbottam [geoffhigenbottam@hotmail.com](mailto:geoffhigenbottam@hotmail.com) (currently)

Supervised by Dr Mike Jackson

**Fixed rota / ability to request NOC?**

1 in 4 weekends and approximately 1 long day and night every 2 weeks. The Rota is flexible with a rota co-coordinator who is extremely conscientious at trying to honour ‘not on call’ requests and annual and study leave. However there are some basis rules that apply for ensuring a fair system for all:

- All annual and study leave requests must first be approved via Cathie Harding/Eileen Perry (see above)
- You **have to be available to work for 4 out of your 8 weekends** when requesting a ‘NOC’
- A ‘summary of availability’ form will be distributed by the leave co-ordinator. This must be completed and returned to that person before the deadline

**Who writes the daily rotas?**

Dr Anu Bali (Consultant) & Elisabeth King (Operational Manager)

**When and where are they published?**

Published week before and are emailed to each trainee, but these are written 4 weeks in advance.
Where do you get lists? Lists are available from theatre reception (usually by 16:30 – 17:00 on day before)

Department
Where is the anaesthetic department? E level along the corridor between theatres and wards E1 – 4. Please see http://www.porthosp.nhs.uk/finding-your-way-around-QAH.htm

Clinical Governance Meetings (M&M, audit etc): Monthly, with departmental meeting alternate months - rolling dates are published well in advance

Training
Are modules in blocks? Yes

Are there any sub-specialty training modules that you would recommend? Regional anaesthesia, critical care, paediatrics, obstetrics, upper GI surgery, head & neck, renovascular

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<td>Renal</td>
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<td>Vascular</td>
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Please feel free to contact Dr Ian Taylor before your arrival if you have specific module/unit requests and he will endeavour to help.
Any points about the job you would not recommend? No

Additional Hospital Information
Direct Dial phone numbers for:
1. Car Parking: 023 92222097        Car Parking - Group Mailbox
2. Medical Personnel: 023 92322000
3. Pay Role: 0303 123 1144 (you will need to state the Trust you work for and your pay number as they deal with 50 Trusts!)

Any additional Info:
This is a strong cohesive department, which offers supportive and valuable training opportunities. A consultant anaesthetist is directly involved in list allocation and a duty anaesthetist with no other commitments other than overseeing all solo lists is available each day. Enjoy your time at QA. You will be busy but will learn lots in a supportive training environment.
Department:  
Direct Dial Phone Number to secretaries: 01305 254414  
College tutor – Dr Jonathan Chambers  
Email: Jonathan.Chambers@dchft.nhs.uk

Leave  
Who to book annual/study leave though: Noelle Hutton, Admin Co-Ordinator  
e-mail: Noelle.Hutton@dchft.nhs.uk

Is Annual leave for intensive care or other attachments also booked through that person? Yes  
If not where/who to contact: n/a

On-call  
On call structure –  
The monthly on-call rota is based on a rolling template. There are 2 tiers:  
Senior Tier (ST3+): Maternity and theatre cover  
Co-ordinated by Dr. Knight(allknights@btinternet.com)  
Junior Tier: ITU cover  
Co-ordinated by Dr Chambers

Requesting “not on-call”: In practice, it is a fixed rota so On-Calls need to be swapped for periods of Leave. However, it is worth liaising with the above rota co-ordinators if essential periods of leave are known about several months in advance.

For the junior tier it is much easier to request “not on call” provided you ask in advance. The rota usually comes out 4-6 weeks before it starts and runs for 3 months at a time.

Consultant on call cover: Off-site consultant cover out-of-hours
Contactable through switch board

Who writes the daily rota?
Dr. Hough

When and where are they published?
Usually 2 weeks in advance. Distributed by e-mail and to pigeon holes.

Where do you get lists?
Theatre reception areas

**Department**

Where is the anesthetic department?
2nd Floor, South Wing, DCH

Department meetings held on:
Clinical Governance Meetings held monthly
(usually the first Friday of the month)

**Training**

Are modules in blocks?
CT1 ICU is run as a block, and CT2 Obstetrics is run as a block. All other units if training are run in parallel.

Are there any sub-specialty training modules that you would recommend?
Regional anaesthesia, Vascular anaesthesia,

The following modules are available at DCH for basic/intermed&higher training:

All of the “General duties” modules

Pain

Vascular Surgery

Ophthalmic Surgery

(Paediatrics). Intermediate training should be done at tertiary centre

The following modules have limited availability at DCH:

Obstetrics- just starting to run a “basic” training programme

ITU- only accredited for basic training
There is no plastic, neuro, or cardiac surgery at DCH.

Highlights of placement?

- Friendly/supportive department.
- Particularly good opportunities for gaining experience in:
  - regional anaesthetic techniques
  - anaesthesia for vascular surgery
  - anaesthesia for spinal surgery
- As a registrar, DCH is a useful place to develop the managerial skills required to co-ordinate theatres, obstetrics, and ITU when On-Call.
- At a junior level, opportunities to do solo lists at least once or twice a week
- Overall, DCH offers good training opportunities and is a very enjoyable place to work.

Any points about the job you would not recommend?

- Junior tier of the rota currently lacks out of hours anesthetic (theatre) experience: exclusively ICU cover unless quiet and you take the opportunity to get to theatre.

Additional Hospital Information

Direct Dial phone numbers for:

1. Car Parking     01305 253151 (General Office)
2. Medical Personnel: 01305 254657 (Carol Mogford)
3. Pay Roll:       01305 361403

Any additional Info:
Department: Salisbury District Hospital, Salisbury

Direct Dial Phone Number to secretaries: 01722 336262 x 2050

College tutor – name / email address  Dr Julie Onslow

julie.osnslow@salisbury.nhs.uk

Leave

Who to book annual/study leave though: Anaesthetic Office (number above or email administrator Sarah-Jane Long: sarah-jane.long@salisbury.nhs.uk) to request leave in the diary / check leave is available (usually a max 2 trainees per grade off at any one time, ie: 2 SHOs and 2 SpRs), there is also a formal pink form to complete to request A/L, or a yellow form to request S/L. The yellow form has to be submitted along with a copy of your “Learning Agreement” the first time you formally request study leave.

Regarding study leave: the Medical Education Dept want to see that your study leave plans meet your educational requirements, so it is wise to meet with your Educational Supervisor early on and get a Learning Agreement typed up which reflects the study leave you plan to take.

Is Annual leave for intensive care or other attachments also booked through that person? Yep, all through the anaesthetic office.

If not where/who to contact:

On-call

On call structure – who covers what (maternity/obs/theatres/pain):

*General for on calls:* SHO grade covers theatres with support from SpR grade, who covers ICU. Obs is covered by both – labour ward will bleep the SHO for epidurals first, if they are not Obs experienced (or if they are busy) they pass this up to the SpR. For all deliveries in theatre the Anaesth SpR is bleeped first. Category One AND Two sections trigger an emergency bleep on the SpR and SHO bleeps.
In the evenings there is an SpR covering ICU / labour ward and a Consultant from 17:00 – 20:00 in theatre.

For the nights there is an SHO covering theatres (+/- epidurals) and an SpR covering ICU and obstetrics and anything else. SpR takes a handover on ICU at 20.00 and attends the Hospital at Night team meeting (it’s next to CT scanner) at 20.30 if they are free. SHO takes a handover in emergency theatre (usually theatre 5).

At weekends it is similar to nights, there is an SHO covering theatres theatres (+/- epidurals) and an SpR covering ICU and labour ward. SpR takes a handover on ICU at the start of the shift. SHO takes a handover in emergency theatre (usually theatre 5). There is also an additional consultant in and working at the weekends.

Consultant on call cover
ICU is covered by a consultant – the ICU consultants work a 7 day on-call week Friday midday to Friday midday.
Everything else out of hours is covered by the general consultant.

Who writes the on-call rota? The hapless SpR who arrives at the time a new rota co-ordinator is required (ie: me!) It’s a rolling rota,

Contact details for on call rota requests: I am writing on cal rota til Jan 2010 (elizabethmread@hotmail.com) and the Clinical Head of Dept writes the day-to-day rota ian.wright@salisbury.nhs.uk. Administrator Sarah Jane Long types and distributes. sarah-jane.long@Salisbury.nhs.uk

Fixed rota / ability to request NOC Fixed rolling rota – you know what you’re doing months in advance, but you have to swap out of any lates / nights if you want a specific week off.

Who writes the daily rotas? Dr Ian Wright ian.wright@salisbury.nhs.uk
**When and where are they published?** On the Thursday before that week starts. Sarah-Jane Long emails them to everyone and puts a paper copy in the pigeon holes.

**Where do you get lists?** These are pinned to a notice board in the anaesthetic dept every evening for the next day. There is one copy per anaesthetist on that list; works very well.

**Department**

**Where is the anesthetic department?** Level 4 next to Theatres. Friendly anaesthetic dept coffee room, with newspapers, TV, 2 computers, a printer and photocopier.

**Department meetings held on (if regular set day):** CGM every other month and tutorials every Thursday morning (for FRCA primary teaching).

**Trainee Rep:** Liz Read

**Training**

**Are modules in blocks?** No

**Are there any sub-specialty training modules that you would recommend?** Yes, excellent for plastic and burns, cleft lists and other big MaxFax / ENT combined with plastics stuff.

**Highlights of placement?** A DGH which is friendly and very supportive. All the consultants are approachable, cohesive as a group and most really enjoy teaching. Clinically unique areas and the plastics and burns cases, the cleft palates in babies (Dr Pippa Swayne and Dr Duncan McCallum) and the major MaxFax reconstruction cases. Excellent tutorials are run by Steve Jukes (ICU Cons) for those working towards Primary FRCA every Thursday morning in the department coffee room. The ICU staff are very experienced and appreciate they share the anaesthetic Reg with the rest of the hospital, so they don’t expect you to be at their beck and call and are very competent at managing their patients. The departmental coffee room is right next to theatres, perfect for escaping for Thursday’s free lunch, or coffees with newspapers and a plasma screen TV. All the SHOs who have started off here have found it a great place to start training, and there’s plenty of Obs experience from early on.
**Any points about the job you would not recommend?** As with all DGHs there is a lot of out of hours ICU and labour ward cover for the SpR, which you may or may not relish, and you can get pulled in several directions. Labour ward and the Paeds ward (Sarum Ward) are quite a walk from theatres and ICU in the older part of the hospital. If there’s a sick child they are usually transferred to theatre for intubation etc.

**Additional Hospital Information**

Direct Dial phone numbers for:

1. **Car Parking**  
   Facilities Dept runs all of this, parking charges recently introduced, about £20 a month looks like the likely figure to be settled on. Mess fees are £15 a month.

2. **Medical Personnel:** Dawn Fenner ex 4784

3. **Pay Role:** Salaries and Wages: ex 2795.

**Any additional Info:**

The induction day includes form filling, getting your parking permit, photo badge (which they will activate for you the same day to enable access to everywhere) and all the usual mandatory IT and ALS. It’s usually over by 16:00.
Department of Anaesthesia
Basingstoke & North Hampshire Hospital, Basingstoke

Department:
Direct Dial Phone Number to secretaries:
  ● 01256 313461

College tutor – name / email address
  ● Dr John Bell
  ● dr.john.bell@googlemail.com

Leave
Who to book annual/study leave though:
  ● Contact either of the secretaries (there are 2 – Lorraine and Ann) by email:
    Ann.andrews@bnhft.nhs.uk
    Lorraine.cusworth@bnhft.nhs.uk
  ● They are very accommodating, given sufficient notice. Only certain numbers of different grades are allowed to be off at any one time, so it’s worth being organised.

Is Annual leave for intensive care or other attachments also booked through that person?
  ● All booked through the secretaries

On-call
On call structure – who covers what (maternity/obs/theatres/pain)

  ● There is one consultant on call for everything over night, and non-intensivists still cover the ITU.

  ● There is a 2 tier on call system; the first tier is staffed by staff grades and registrars and the second by SHOs.
• 1st tier: Carry the bleep for obstetrics and ITU (yes, you read that correctly!). ITU is 8 bedded, with occasional overspill into a separate HDU, which is usually managed by the medical / surgical teams responsible for the patient. The labour ward has 8 rooms and is on the other side of the hospital to ITU. Neither department is particularly hectic, but because you’re looking after both, the on calls are usually busy. In addition, you are expected to support the SHO in theatre; the impact of this obviously depends on their experience. You do not carry the cardiac arrest or trauma bleeps, but will be called by the SHO if they need help / ITU admission.

• On call commitment: 2 weekends in 8, which are worked consecutively on the rolling rota – a weekend of nights (Friday / Saturday / Sunday) followed by one of long days, then none for 6 weeks.

• You work nights (Mon / Tues / Wed) on week 4 of the rota. There is a staff grade who does every Thursday night, meaning this doesn’t need to be covered by trainees.

• You do, on average, 1 long day a week.

• Long days = 0800 – 2000 + half hour handover
• Nights = 2000 – 0800 + half hour handover

2nd Tier: Carry the theatre / cardiac arrest and trauma bleeps.

Who writes the on-call rota?
The rota is fixed and rolls over 8 weeks. We work 2 consecutive weekends in 8: 1 set days and the other nights which includes Friday, Saturday and Sunday, and 1 week of nights in 8: Monday – Thursday.
• You are allocated a slot when you arrive and so can work out your on calls for the whole year ahead. You are allowed to swap on calls as you wish with those in the same tier. You have to swap blocks of nights, so that the off-days afterwards don’t get messed up.

• It’s not that difficult to swap (long days are very easy, nights need a little more planning).

Contact details for on call rota requests:
Not applicable.

Who writes the daily rota?
• The CD, James Knight

When and where are they published?
• Emailed out on a Thursday afternoon the week before.

Where do you get lists?
• In the anaesthetic office / from theatre reception

SHO on call responsibilities are mediated via the SHO emergency bleep #1493. During the day someone will be assigned this bleep and will manage the usual calls ranging from cannula insertion to major trauma. We hand-over the bleep to the afternoon victim around 1pm. Out of hours the on call SHO primarily covers emergency cases in theatre with senior support if needed. If theatre is quiet, the SHO is expected to help in Intensive Care and or Obstetrics where possible.

CT1 and CT2 training comprises 3 month blocks in ITU, Obsetrics, General Surgery, Gynae and Orthopaedics to suit individual training needs. Each SHO will be assigned an Educational Supervisor and Dr John Bell is the College Tutor.
As trainees, SHO’s are entitled to 27 days annual leave with additional days added for worked bank holidays, and 15 days internal and 15 days external study leave. All leave must be formally applied for via Ann and Lorraine in the office.

**Department**

Where is the anesthetic department?

- 3rd floor – C level, next to theatres.

Department meetings held on (if regular set day):

- SHO teaching every Wednesday in term time
- M&M meetings once a month on Friday at 0730

**Training**

Are modules in blocks?

Sort of. You can request to do 6 week blocks of things when you arrive. On offer is:

- Pseudomyxomas
- Liver resections
- Paeds
- Eyes
- Orthopaedics
- Obstetrics
- ENT
- ITU – Basic training.

Are there any sub-specialty training modules that you would recommend?

- Pseudomyxomas (usually given to registrars)
- Liver resections (usually given to registrars)

Please state module and if known the clinical lead

Your clinical tutor and the secretaries will ask you what you want to do when you arrive. They are good at trying to get you on the correct lists.

Highlights of placement?
Pseudos and livers.
Very friendly hospital. It’s small and you’ll get to know everyone very quickly. The theatre staff and midwives are welcoming and it’s a lot of fun in theatre.

Any points about the job you would not recommend?
Some consultants are pretty hands-off. It’s easy to feel a bit on your own on call. The fact that ITU is covered by non-intensivists means that not all of the consultants are especially interested in new admissions etc. However, the flip side is that it requires you to make decisions, and allows you act as a senior reg, so is a great stepping stone towards the end of your training. The registrars seem to appreciate this, while the SHO’s don’t like it so much....

Additional Hospital Information
Direct Dial phone numbers for:
Hospital Switchboard: 01256 473202

1. Car Parking – it’s a small hospital and parking isn’t an issue! They give you a sticker in the window permit when you arrive for £10.

2. Medical Personnel: 3195
3. Pay Role: 3138

Any additional Info:
Department of Anaesthesia
Poole General & Royal Bournemouth Hospitals

Department:
Direct Dial Phone Number to secretaries:   Poole 01202 448728
                                           Bournemouth 01202 704194

College tutor –Dr Isabel Smith (ST3-7), drisabelsmith@btinternet.com
Dr Naeem Ahmed (ACCS, CT1/2), naeem.ahmed@poole.nhs.uk

Leave
Who to book annual/study leave though: no specific name, a consultant works on rota but all requests made via email to adminspr@gmail.com
Is Annual leave for intensive care or other attachments also booked through that person? yes

On-call
Out-of-hours anaesthetic and ICU cover is provided by 4 tiers at Poole:
1. An obstetric anaesthetist (bleep 0399)
2. 1st on call theatre anaesthetist (usually ACCS/CT1/CT2 grade) “A1” until midnight (bleep 0186)
3. “A2” dedicated ICU cover (bleep 0122)
4. 2nd on call theatre “A3” usually SpR3/4/5 or ST5/6/7 (bleep 0386). This anaesthetist is also back-up for the ITU and obstetric anaesthetist.

In addition to these resident anaesthetists there is one general consultant at home and one ITU consultant at home

Bournemouth: RBH on call is for ITU only, also carry arrest bleep (Bleep 2001). Not responsible for theatres except for initial resus of emergency AAA while awaiting oncall theatre anaesthetist

Theatres covered by non resident consultant or associate specialist
One general consultant at home and one ITU consultant at home
Who writes the on-call rota? Consultant: Tammy Dodd

Contact details for on call rota requests: adminspr@gmail.com

Fixed rota / ability to request NOC? can make NOC requests which are usually agreed so long as reasonable

Who writes the daily rotas? Two secretaries (Jackie and Vicky) but overseen by one or two consultants

When and where are they published? All rotas on the web:

https://rbph.clwrota.com Weekly rota published by previous Thursday at latest. On call rota in 8 week blocks usually six weeks prior to start of rota

Where do you get lists? Poole: theatre reception with some spare paper copies or can view ahead on computers in anaesthetic rooms. Bournemouth: theatre reception (known as ‘the fishbowl’), need to photocopy own list on machine here

Department

Where is the anesthetic department? 3rd floor C block in Poole, First floor next to theatres in Bournemouth

Department meetings:

Clinical Governance meeting bimonthly on Friday afternoon

ITU journal club monthly Wednesday afternoon Poole

General journal club bimonthly in evening and M+M bimonthly evening meeting – both linked with a social
Department:
Direct dial phone number to secretaries: 02380 796135
E-mail: AdminAnaes@SUHT.SWEST.NHS.UK

College Tutors:
Dr Hilary Swales
Dr Richard Heames
College Tutor Email Address: AnaestheticTutors@SUHT.SWEST.NHS.UK

Annual Leave/Study Leave:

Anaesthetics:
Forms are kept in the Anaesthetic Secretaries office and can be booked here or via AdminAnaes@SUHT.SWEST.NHS.UK
No more than 2 weeks leave can be taken in each 8-week module. Requests must be made at least 6 weeks in advance.

GICU:
Leave is on a fixed basis for GICU (15 days annual leave/15 days study leave per 6month period). Queries via Angela Richards: Tel: 02380 796116 or Angela.Richards@SUHT.SWEST.NHS.UK

Study Leave:
15 days external leave and 15 days internal leave per annum. Funding allowance is £600 for SpRs/ST doctors.
All study leave must be requested prospectively, signed by your educational supervisor and accompanied by your learning agreement. Expenses forms must be submitted within 6 weeks after completion. Private study leave is not permitted.

On-Call Structure:

Consultants on call:
Consultant for General (CEPOD/Trauma/Obstetrics etc.)
Consultant for Paediatric Anaesthesia
Consultant for Neuroanaesthesia/NITA
General Intensive Care Consultant
Consultant for Cardiac Anaesthesia and CITU
Named Consultant during the day for trainees on solo lists: Bleep 1646

Trainees on call:
Anaesthetic Co-coordinator:
Bleep: 2265
This bleep is help by a senior trainee. Their role is to co-ordinate the workload and
delegate to the other trainees as appropriate. All requests for consultant assistance
should be made through the co-coordinator.
Until 22:30 there is capacity to run 2 theatres, leaving one trainee ‘spare’ at any one
time.
At weekends a consultant or NCCG runs the trauma list
During the day the coordinator bleep is held by the most senior anaesthetist in
Theatre 12 (CEPOD).

Neuro/Paeds Anaesthetist:
Neuro bleep: 2510
Paeds bleep: 2210
The more junior trainee on call holds these bleeps. Often, junior trainees are not yet
competent to cover paed/neuro and in these situations the co-coordinator will
delegate as appropriate. Neurosurgical intensive care (NITA) is not staffed by
anaesthetists over night and therefore they often require assistance with airways
etc.

Trauma:
Bleep 2050
An additional trainee anaesthetist is available for the trauma list between 12:30 and
22:30. This is often a junior trainee and the co-coordinator will allocate cases
appropriately according to level of experience.

GICU:
Bleep: 2110
One anaesthetic trainee (ST3 or above) plus two junior trainees (often
ACCS/medicine/F2).
As the junior trainees are usually not anaesthetists, the co-coordinator should be
contacted for assistance in emergencies.

Cardiac:
Bleep: 2310
One anaesthetic trainee (ST3 or above) and one clinical fellow to cover CITU and
cardiac theatres.

Obstetrics:
Bleep: 2410
Usually a CT or ST3/4 trainee. The co-coordinator will contact this trainee at the start
of each shift so that the requirement of an ‘extra pair of hands’ can be anticipated in
advance.

Shifts:
Short Day: 0800-1800
Long Day: 0800-2030
Late Shift (trauma): 1230-2230
Nights: 2000-0830
GICU shifts may differ.

Handover:
General Handover is in theatre 12 where the handover book should be completed at the beginning of every shift. During the day the paeds bleep is allocated to a trainee on their paeds module and likewise the neuro bleep. Both bleeps should be collected before 08:30 am by the relevant trainee who will return them to theatre 12 at 1700. The late-shift trainee should collect the trauma bleep from theatre 12 by 1730. Other handovers occur in the relevant departments (Obs/CITU/GICU)

On-Call Rota:
This is written by the anaesthetic secretaries (Melanie/Penny/Annie) and ‘Not On Call’ requests are permitted providing they are made well in advance.
The on-call rota is sent out by email approximately 6 weeks in advance. Weekly rotas are usually emailed out on Fridays for the following week.

Theatres:

E-Level:
North Wing: Cardiac Theatres (A,B,C) and Cath Labs.
Centre Block: Theatres 1-7 (Thoracics, Hepatobiliary, General, Vascular Surgery)

F-Level:
North Wing: Paediatric Theatres (S, T)
Centre Block: Theatres 8-14, H and J (Orthopaedics, Trauma (J), Emergencies (12), Dental/Max Fax (13), ENT (13/14)
Princess Anne Hospital:
4 Operating Theatres
Eye Unit:
2 Operating Theatres
Neuro:
3 Operating Theatres (1, 2 and 3)
Neuro Barn:
Theatres NB 4 and 5 for elective orthopaedics

Theatre lists are available from the corresponding theatre reception or from the anaesthetic department from around 16:30 the day before.

The Anaesthetic Department:
The Shackleton Department of Anaesthetics is located on E-level, Centre Block opposite the E-level theatre reception entrance.
Departmental teaching occurs every Wednesday morning (subject to change) at 0730 and breakfast is provided.
Departmental meetings are on a monthly basis on Friday afternoons and details can be found on the coffee room notice boards.
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The General Unit includes (depending on level of trainee):
Airway Management, Day Surgery, Critical Incidents, General/Urology/Gynae, Hepatobiliary, ENT/MaxFax/Dental, ALS, Orthopaedics, Regional, Sedation, Transfer, Trauma, Vascular, Ophthalmic, Non-Theatre.

At the beginning of each module there is an information package available from the secretaries with essential reading and general advice about that module. Separate, protected teaching is provided for ACCS, ICM, Cardiac, Pre and post fellowship trainees

Useful Numbers:

Car Parking: Available on-site. Car Parking office (Travelwise) 02380 794133
Medical HR Department: Turn Right after main entrance – 02380 794246
Switchboard: 02380 777222

Other Information:

Southampton General is the biggest and busiest hospital in the Wessex region and at first, may seem like a daunting place to work. However, both day-work and out-of-hours work is extremely well supported and, even in the middle of the night, there is always another anaesthetist available for advice or in a crisis.
The general caseload is interesting, varied and often challenging and the sub-specialty modules are all very well run with excellent training opportunities. Southampton is a great place to work with a friendly, well run department and well-structured and supported training.
Department of Anaesthesia
Royal Hampshire County Hospital, Winchester

Anaesthetics Department:
Secretaries: For general department information and queries
Jessica Earley: jessica.earley@wehct.nhs.uk
Carolyn Tremlett: Carolyn.Tremlett@wehct.nhs.uk
01962 825042
01962 825044 (fax)

Business manager: Annette Reichenbach:
Annette.Reichenbach@wehct.nhs.uk
01962 825041

Address: Department of Anaesthesia
1st Floor
Queen’s Road Offices
Royal Hampshire County Hospital
Romsey Road
Winchester
Hampshire
SO22 5DG

Location: Separate building from main hospital, adjacent to Burrell Wing and up the path from Florence Portal Wing.
Seminar room recently refurbished with plasma TV.
Trainees room in department with well stocked library.

College tutor: Dr Richard Thomas: Richard.Thomas@wehct.nhs.uk

On-call:
- ‘1st on call’ (bleep 033) – usually CT1-2;
  - Responsible for trauma, pain, emergency calls 24 hours a day
  - Attends 08:30 trauma meeting, sees patients, usually does trauma that afternoon. Attends acute pain ward round. On call person on LDs does CEPOD from 17:00 (with general consultant on call).
  - Responsible for ICU from 20:30 to 08:30 when on nights
  - LDs: 13:00 – 21:00, Nights 20:30 – 08:30

- ‘2nd on call’ (bleep 031) – usually ST3+;
  - Responsible primarily for obstetrics, also assists in theatres and on ICU.
  - LDs: 17:00 – 20:00, Nights: 19:30 – 08:30

- ICU – separate rota (bleep 032) during 0800-20:30, 7 days a week
- All tiers have on-call rooms

**Consultant on call cover:**
Extremely well supported. During the week, the general consultant on call is present until all operating has finished and should be on site for all operating after 21:00hrs. Great support from ICU consultants, 24 hours a day.

**Leave:**
All annual and study leave must be booked through Annette Reichenbach:
anette.reichenbach@wehct.nhs.uk
  - Ist come first served basis but very accommodating if ample notice given.
  - All swaps made by trainees must be agreed with Annette first.

**Rotas and Lists:**
- Theatre lists available from theatre reception areas, usually by 16:30 the day before.
- Weekly rota: written by Dr Caroline Fairley (Chairman of department) & Annette Reichenbach (Business Manager)
- Published the week before and emailed to all anaesthetists on Wed/Thurs for the following week. Also, copy kept on the board in main theatre reception.

- 1st on call rota: written by Annette Reichenbach (business manager)
  - Rolling rota

- 2nd on call rota: written by SpR;
  - Currently Dr Joy Sanders: joysanders78@hotmail.com
  - 8 week rota, published 4-6 weeks in advance. During this period, you work 2 weekends, 4 LDs and 4 nights.
  - All study/annual leave/NOC requests must go via Annette first.

- ICU rota: written by Dr Martin (ICU Consultant), published approximately 1-3 months in advance.

Meetings

- Clinical Governance Rolling Half Days: Monthly - dates published well in advance. 1.5hr trainee session incorporated – variety of teaching opportunities presented (organised by one of SpRs); from laboratory and estates tours, to MRI, to prison visits!
  - Anaesthetics department M&M meetings: monthly
  - ICU M&M meetings: monthly
  - Weekly (Tuesday 12.15-13:00) anaesthetics department meetings: usually trainee presents a topic. Drug company sponsored lunch. Schedule organised by one of SpRs.

Training

- Modules not in blocks, except for ICU.

- Recommended sub-specialty areas include;
  - Regional, lower GI, oral surgery (asleep fibreoptics), paediatrics,
  - MRI, TIVA, use of ultrasound in anaesthetics.

- All basic level competencies accommodated (including obstetrics).
• Please contact Dr Richard Thomas before your arrival if you have specific specialty requests and he will try to help.
• Very good and well organised teaching schedule for FRCA with weekly tutorials every Wednesday morning. Mock OSCEs organised before each primary exam.
• Weekly ICU teaching.
• Regular exposure to simulation training.
• Excellent support around job applications and interview periods.

Additional Hospital Information:
Direct Dial phone numbers for:
1. Car Parking permits: 01962 824747
2. Medical Staffing: 01962 824313
3. Pay Roll: 0303 123 1144

Any additional Information:
Incredibly friendly, cohesive and supportive department and excellent college tutor.
There are many opportunities to be had in Winchester, from teaching and simulation, to audit, service improvement and risk management projects.