SINGLE SPECIALTY TRAINING PROGRAMME IN INTENSIVE CARE MEDICINE IN WESSEX DEANERY

The single speciality CCT programme for training in intensive care medicine (ICM) was approved by the Specialist Training Authority in 2011. For the first time it is now possible to train exclusively in ICM in addition to combining it with another specialty. Recruitment will be by competitive national interviews run by the West Midlands Deanery. Please note that applications are to the Wessex Deanery as a whole. This may mean that you may be allocated to any geographic location within the Wessex Deanery depending on training needs.

The ICM training programme runs from ST3 to ST7 and consists of 3 stages of training. Entrance to ST3 is from a number of defined core training routes. You will need to have completed one of the core training programs in addition to your Foundation years:

- Acute Care Common Stem (ACCS)
- Core Anaesthetic Training (CAT)
- Core Medical Training (CMT)

and obtained one of the following:

- FFICM (Primary) – Currently under development
- FRCA (Primary)
- MRCP UK (full)
- MCEM (full)

Stage 1 training

Stage 1 training encompasses the completion of one of the defined core programmes (see above) and the first two years of Higher Specialist Training (ST3 - 4). These two HST years aim to develop the core competencies that were not covered in your core training programme, in addition to extending ICM experience. For example, if you have undertaken CMT then you will gain further experience in anaesthesia during these years. Alternatively if you have completed CAT then you will undertake a period of basic medical training. You will also undertake a period of further intensive care training. At the end of this four year period you will have completed at least 1 year of intensive care training, 1 year of medical training and 1 year of anaesthetics training. The other year will vary depending on your background or requirements. Once you have been appointed to the program, you will meet with the Training Programme Director and Programme Manager who will finalise your programme with you. It is likely that you will rotate through different hospitals in our region. All training will take place in units recognised by the Faculty of Intensive Care Medicine.

The Wessex Deanery covers a geographical area from Basingstoke in North Hampshire to Dorchester in West Dorset and the Isle of Wight to the South; in addition some programmes rotate to Jersey and Chichester in West Sussex. This is a spread of approximately 65 miles North to South and 76 miles East to West. The Wessex Deanery serves a population of around 2.8 million people.
Hospitals in the Wessex Deanery which you may rotate to include:

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<tr>
<th>HOSPITAL</th>
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<td>The Royal Bournemouth Hospital</td>
<td>Bournemouth</td>
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<td>Poole Hospital</td>
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<td>Queen Alexandra Hospital</td>
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<td>University Hospital Southampton</td>
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<td>Salisbury District Hospital</td>
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Stage 2 training

Stage 2 training runs from ST5 to ST6. During these years you will gain experience of subspecialty ICM including cardiothoracic, neurosciences and paediatric ICM in addition to further general ICM experience. This will take place at the University Hospital Southampton. Stage 2 training also encompasses a ‘Special Skills’ year. This year allows you to develop an area of special interest; examples include academic ICM, management, pre-hospital medicine, education or echocardiography. During Stage 2 training you will be required to pass the Final FFICM in order to progress to the final year of training.

Stage 3 training

Stage 3 is the final year of training (ST7) which is spent exclusively in ICM. This year is aimed at developing higher level clinical and non-clinical skills in the run up to becoming a consultant. You will spend 6 months in the ICU at Queen Alexandra Hospital Portsmouth and 6 months at the University Hospital Southampton.

Study and Training

The primary aim of all posts is the training programme developed and there is a region wide syllabus and minimum standards of education agreed by all Trusts within the rotation.

The Deanery is committed to developing postgraduate training programmes as laid down by GMC, Colleges and Faculties and by COPMED - the Postgraduate Deans Network. At local level college/specialty tutors work with the Programme Director and Directors of Medical Education in supervising these programmes. Trainees will be expected to take part in these programmes (including audit) and to attend meetings with their nominated educational supervisor.

All posts within the training programme are recognised for postgraduate training by the General Medical Council (GMC) in accordance with their standards for training.

Study leave is granted in accordance with Deanery/Trust policy and are subject to the maintenance of the service.

All posts have a service element and the following covers the majority of duties. There will be minor variations in different hospitals but the list is aimed at covering the majority of duties:

Chair: Dr Geoffrey Harris  
Chief Executive: Sir Ian Carruthers OBE
1. Supervise, monitor and assist the House Officer (F1) in the day-to-day management of in-patients in posts with an attached F1.
2. Liaise between nurses, F1 and F2 Doctors, patients, relatives and senior medical staff.
3. Attend and participate in ward rounds as timetabled
4. Attend outpatient clinics.
5. Take part in rostered emergency work.
6. Dictate discharge summaries.
7. Study for higher examination and maintain continued professional development.
8. Attend weekly educational and multidisciplinary sessions.
9. Undertake audit at various times throughout the rotations.
10. Teach medical students as directed.
11. Cooperate with members of the personnel department when monitoring hours of work and other personnel issues.
12. Attend induction in each hospital or new department
13. Comply with all local policies including dress code, annual and study leave

**Trust Information**

- **Southampton General Hospital**

Trainees will be based in the General Intensive Care Unit which currently has twenty two beds and admits over 1200 patients per year. Approximately 18% of admissions are elective surgical patients and the remainder are critically ill emergency patients with a wide range of medical and surgical pathologies. A full range of invasive monitoring and all major forms of organ support are employed. The majority of patients require inotropic and vasopressor support, and pulmonary artery catheterisation is used when indicated. The Lithium-dilution technique for assessment of cardiac output is frequently employed and this is a particular research interest of one of the consultants. There is a growing research program, led by Professor Mike Grocott and the unit participates in many national and other studies.

Over 70% of patients require mechanical ventilation and the unit is also experienced in the use of high frequency oscillation.

The hospital is about to become a major trauma centre and has a newly built helipad which brings in work from all around the region.

Although patients remain nominally under the care of the referring consultant, the intensive care team undertake all day-to-day aspects of management, liaising and co-ordinating with all members of the multidisciplinary team. There is daily input from the microbiologists and weekly grand rounds

In addition to covering the General Intensive Care Unit, trainees will also have responsibility for assisting with resuscitation in the Emergency Department, attending cardiac arrests and supporting the intensive care ‘outreach’ service.
• **Queen Alexandra Hospital, Portsmouth**

Portsmouth Hospitals NHS Trust has recently consolidated on to one site at the Queen Alexandra Hospital (QAH) in Cosham. All critical care for the Trust is centralised in the Department of Critical Care (DCC) at QAH, which is the major acute care centre for the Trust. There are currently 15 funded critical care beds in two adjacent sub-units. All beds are used flexibly for both level 3 and level 2 patients. Approximately 1200 patients are admitted annually, from infants to the elderly, and there is capacity for future expansion. Patients have a mean age of 59 and a mean Apache II score of 19.0. The latest SMR is 0.7.

A full range of invasive monitoring and all major forms of organ support are employed, including access to high frequency oscillation. Virtually all patients receive some invasive haemodynamic monitoring during their admission and approximately two thirds require artificial ventilation. Renal replacement therapy is provided to approximately 12% of patients. Cardiac output monitoring (using PICCO, oesophageal Doppler and PA catheter) is used on about 12% of patients.

DCC operates the Queen Alexandra Retrieval and Transfer System (QUARTS), a mobile critical care service for patients who require stabilisation and retrieval from other sites or hospitals within the Trust, or transfer to other critical care units. DCC also provides a paediatric critical care resuscitation/stabilisation service, prior to retrieval of such patients by the regional PICU. Registrars actively participate in both these services.

There are three SHO’s on duty during the day (often with an F1 doctor) and two at night. Normally there are two registrars on duty during the day, Monday to Friday, and one at night and on weekends. Clinical supervision is currently provided by twelve critical care consultants, all of whom have specific training in critical care and who share equally in providing clinical cover for the DCC. As we attempt to move towards a two-team system, two consultants are on duty for approximately 70% of the time during days and at weekends, with a single consultant on duty at night. The critical care consultant is always available with no other clinical responsibilities while on call for the DCC.

A weekly educational session is provided each Friday at which consultants, registrars and other speakers regularly present. All juniors are expected to participate in an audit project during their time in the DCC. Regular joint education sessions are also held with some other departments (eg Paediatrics, Emergency Medicine, Renal Medicine and Cardiology). All junior doctors are assigned a consultant mentor who develops an educational plan with them at the start of the rotation and is responsible for a mid-term review and an exit appraisal of progress. There are opportunities to undertake non-clinical professional activities suitable for each individual trainee, be that education (including the use of simulation), audit or research. The department is involved in several multi-centre trials and is developing a wider research portfolio.

Registrar duties include the provision of direct clinical care and supervision of the junior ST and F1/2 doctors. The DCC registrar is a member of the trauma team and supports the other members of the QAH resuscitation / cardiac arrest team, and as part of the patient transfer/retrieval system. The latter role will involve the assessment and stabilisation of patients (including children).

• **Poole Hospital / Royal Bournemouth Hospital**

A three-month block split is spent either in Poole or Bournemouth Intensive Care Units. This may be undertaken as part of Step 1 training. This attachment offers a broad range of experience in two busy district general hospital intensive care units.
Poole Hospital:
The Poole critical care unit consists of 6 intensive care and 8 high dependency beds. The broad case mix includes critical illness arising from general medicine and general surgery. More specific areas are ENT and maxillo-facial surgery, giving rise to difficult airway problems along with a significant volume of major trauma. Poole is also the designated centre for paediatrics, and experience will be gained in the resuscitation and stabilisation of critically ill children, with those requiring level II and level III care being transferred to the Paediatric ICU at Southampton. Poole is also the lead centre for obstetrics, and a small number of critically ill obstetric patients are managed each year.

The unit admits approximately 450 patients per annum and the high dependency unit is now open to 8 beds and reflects the case mix of the hospital. A critical care outreach service is to be introduced from August 2002.

Formal teaching sessions are undertaken by the Intensive Care Consultants in addition to the frequent teaching opportunities on intensive care ward rounds. It may be possible to arrange secondment to relevant medical clinics e.g. bronchoscopy sessions.

Royal Bournemouth Hospital:
The Royal Bournemouth Hospital is an 800 bed acute hospital. It houses the regional vascular, upper gastrointestinal cancer and interventional cardiology units.

The unit is a 10 bedded mixed HDU/ICU. The unit admits approximately 800 patients per year, approximately 40% of these are ventilated, 6% require invasive renal support. We use a variety of cardiac output monitors, principally PiCCO but also pulmonary artery catheters and oesophageal Doppler.

The admissions are a mixture of acute medicine, emergency surgery and elective surgery.

There are six intensive care consultants who look after the unit in one week blocks with Tuesday and Thursday on call being undertaken by one of the other consultants. Daytime staffing consists of consultant, anaesthetic trainee and one or two medical F2 doctors. Out of hours consists of on call consultant, anaesthetic trainee and an F2 up to 23:00 on weekdays and 18:00 weekends.

There is a 24 hours a day 7 days a week outreach service which is supported by the critical care consultant and trainees.

We provide a high level of consultant supervision and bedside teaching as well as a weekly tutorial programme as well as six weekly journal club and mortality and morbidity meetings.

Curriculum

The curriculum as defined by the FICM is followed by all units. Trainees will have an Educational Supervisor who is familiar with all aspects of the curriculum.
Teaching

Individual units run their own in house teaching programs. A regional training program takes place every month and attendance is expected where possible.

Main Conditions of Service

The posts are whole-time and the appointments are subject to:

1. The Terms and Conditions of Service (TCS) for Hospital Medical and Dental Staff (England and Wales)
2. Satisfactory registration with the General Medical Council
3. Medical Fitness – You may be required to undergo a medical examination and chest x-ray. Potential applicants should be aware of the Department of Health and GMC/GDC requirements with regards to HIV/AIDS and Hepatitis viruses. Candidates must be immune to Hepatitis B. You will be required to provide, in advance of appointment, evidence of immunity or have a local blood test (as deemed necessary by the Occupational Health Department)
4. Right to work in the UK
5. Criminal Records Check/POCA check carried out by the Trust Medical HR department.
6. Pre-employment checks carried out by the Trust Medical HR department.

Hours

The working hours for junior doctors in training are now 48-hours (or 52-hours if working on a derogated rota) averaged over 26 weeks (six months). Doctors in training also have an individual right to opt-out if they choose to do so, but they cannot opt-out of rest break or leave requirements. However, the contracts for doctors in training make clear that overall hours must not exceed 56 hours in a week (New Deal Contract requirements) across all their employments and any locum work they do.

Pay

You should be paid monthly at the rates set out in the national terms and conditions of service for hospital medical and dental staff and doctors in public health medicine and the community health service (England and Wales), “the TCS”, as amended from time to time. The payscales are reviewed annually. Current rates of pay may be viewed at http://www.nhsemployers.org/PayAndContracts/Pay%20circulars/Pages/PayCircularsMedicalandDental.aspx

Part-time posts will be paid pro-rata.

Pay supplement

Depending upon the working pattern and hours of duty you are contracted to undertake by the employer you should be paid a monthly additional pay supplement at the rates set out in paragraph 22 of the TCS. The current payscales may be viewed at xx. The pay supplement is
not reckonable for NHS pension purposes. The pay supplement will be determined by the employer and should be made clear in their offer of employment and subject to monitoring.

**Pension**

You will be entitled to join or continue as a member of the NHS Pension Scheme, subject to its terms and rules, which may be amended from time to time.

**Annual leave**

Your entitlement to annual leave will be five or six weeks per annum depending upon your previous service/incremental point, as set out in paragraphs 205 – 206 of the TCS.

The TCS may be viewed at [http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/JuniorDoctorsDentistsGPReg/Pages/DoctorsInTraining-JuniorDoctorsTermsAndConditions150908.aspx](http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/JuniorDoctorsDentistsGPReg/Pages/DoctorsInTraining-JuniorDoctorsTermsAndConditions150908.aspx)

**Sick pay**

Entitlements are outlined in paragraphs 255-240 of the TCS.

**Notice**

You will be required to give your employer and entitled to receive from them notice in accordance with paragraphs 195 – 196 of the TCS.

**Study leave**

The employer is expected to offer study leave in accordance with paragraphs 250 – 254 of the TCS. Local policy and procedure will be explained at your induction.

**Travel expenses**

The employer is expected to offer travel expenses in accordance with paragraphs 277 – 308 of the TCS for journeys incurred in performing your duties. Local policy and procedure will be explained at induction.

**Subsistence expenses**

The employer is expected to offer subsistence expenses in accordance with paragraph 311 of the TCS. Local policy and procedure will be explained at induction.

**Relocation expenses**

The employer will have a local policy for relocation expenses based on paragraphs 314 – 315 of the TCS and national guidance at [http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/JuniorDoctorsDentistsGPReg/Pages/DoctorsInTraining-JuniorDoctorsTermsAndConditions150908.aspx](http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/JuniorDoctorsDentistsGPReg/Pages/DoctorsInTraining-JuniorDoctorsTermsAndConditions150908.aspx)
You are advised to check eligibility and confirm any entitlement with the employer before incurring any expenditure. In addition to local policy there is Deanery guidance which can be viewed on www.wessexdeanery.nhs.uk

**Pre-employment checks**

All NHS employers are required to undertake pre-employment checks. The employer will confirm their local arrangements expected to be in line with national guidance at http://www.nhsemployers.org/RecruitmentAndRetention/Employment-checks/Pages/Employment-checks.aspx

**Professional registration**

It will be a requirement of employment that you have professional registration with the GMC for the duration of your employment.

**Health and safety**

All employers have a duty to protect their workers from harm. You will be advised by the employer of local policies and procedures intended to protect your health and safety and to comply with these.

**Disciplinary and grievance procedures**

The employer will have local policies and procedures for dealing with any disciplinary concerns or grievances you may have. They will advise you how to access these, not later than eight weeks after commencement of employment.

**Educational supervisor**

The employer will confirm your supervisor on commencement.

**General information**

The Deanery’s management of Specialty Training programmes, including issues such as taking time out of programme and dealing with concerns or complaints, is available at www.wessexdeanery.nhs.uk and in the national ‘Gold guide’ to Specialty Training at http://www.mmc.nhs.uk/specialty_training_2010/gold_guide.aspx