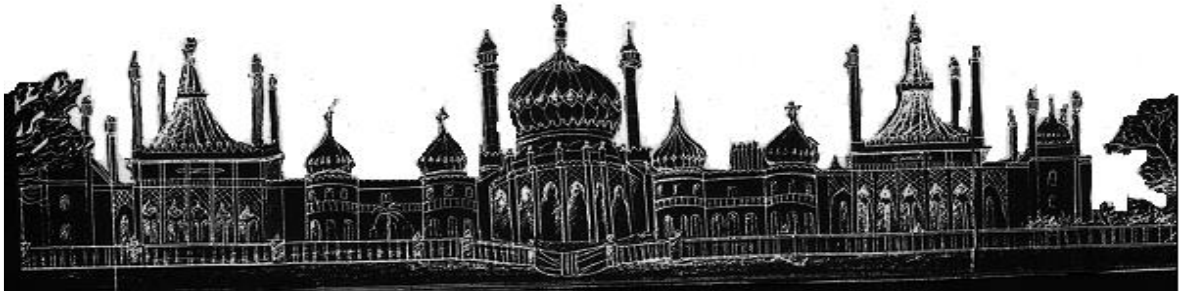
Brighton and Sussex University Hospitals NHS Trust

KENT SURREY AND SUSSEX POSTGRADUATE DEANERY FOR MEDICAL AND DENTAL EDUCATION

Intensive Care Medicine Handbook



INTENSIVE CARE MEDICINE FACULTY HANDBOOK
A GUIDE FOR POSTGRADUATE DOCTORS AND STAFF IN BSUH

Contents

This Handbook is mapped to the KSS Deanery's Graduate Education and Assessment Regulations [GEAR] for Local Faculty Groups

Introduction

Welcome to the Kent Surrey and Sussex (HEKSS) Postgraduate Deanery.

The Postgraduate Centre is in the Audrey Emerton Building (AEB) on the Brighton site.

This Faculty Handbook is written for you as a postgraduate doctor and all who will be working with you during your time here at BSUH Critical Care Department. Its purpose is to give you information about how your programme works, and who the key people are who will be working with you. This Handbook contains generic information, but is specifically written to support those of you who are on the Intensive Care Medicine Programme. It should be read in conjunction with your curriculum and your Specialty School Handbook.

Location

During your time with us you will be based at BSUH Intensive Care Units on the Brighton and Haywards Heath sites.

Induction

You will be inducted to the Trust, your Specialty Programme and your Specialty Department. Further Departmental Policies are given in the relevant section of the handbook.

Your induction to the Trust will occur normally on the first day (a.m.) of employment with BSUH. The same day (p.m.) and/or the following day you will have an induction meeting in the department. This will include an introduction to medical, nursing and other allied medical staff, visit to the hospital and ICU, duties and responsibilities, educational matters, infection control, clinical governance issues, hospital at night information, audit and research, and IT tuition to the ICU computerised records (ICS). Some of the above will be staggered during the initial weeks in the unit.

Local programme administrative arrangements

The administrative arrangements for your training programme are managed by the Medical Education Manager Nora Tester and the Academic Registrar Laura Innes. in conjunction with your Specialty Tutor. Some of you may have arrangements for the management of your programme in your e-portfolio (https://www.nhseportfolios.org and www.rcoa.ac.uk). If you experience any local admin issues your first point of contact is the Postgraduate Centre.

GMC Ethical Guidelines

http://www.gmc-uk.org/publications

How about Flexible Training?

http://www.ksseducation.hee.nhs.uk/specialty/support/ltft/

The ICM Curriculum

The curriculum for your ICM specialty can be found at www.ficm.ac.uk and a hard copy is available in the department. The Local Acute Care Faculty is responsible for ensuring that the ICM programme is such that it will enable you to meet specific competences required in any given year by the ICM curriculum. The local programme is thus mapped to the national ICM curriculum.

The ICM Curriculum also includes opportunities for you to work with other health care professionals such as Outreach, Cardiac and Neuro ICU/HDU, radiology and Infectious Diseases departments.

The aims and objectives of the ICM curriculum

The objectives of the programme are:

1) To produce high quality patient-centred doctors skilled in ICM as well as their specialty of primary appointment.
2) Appropriate knowledge, skills and attitudes to enable them to practise at consultant level in both ICM and their primary specialty.
3) The award of a CCT in Intensive Care Medicine

Intensive Care Medicine (ICM) is an exciting and dynamic specialty with the responsibility for caring for the most critically ill patients in hospital. Whilst other medical specialties deal exclusively with specific organs or body systems, ICM encompasses the entire spectrum of medical and surgical pathology. An ICM doctor is able to provide advanced organ support during critical illness and is responsible for coordinating the care of patients on the ICU. ICM is high tech, lifesaving care that underpins and interacts with all other areas of the hospital.

It is now possible to train exclusively in ICM (single CCT) or in addition to combining it with another specialty (dual CCT).

Single CCT training

The ICM training programme runs from ST3 to ST7 and consists of 3 stages of training. Entrance to ST3 is from a number of core training routes.

Core training/entry requirements:
Prior to starting dedicated ICM training you will need to have completed one of the following core training programmes in addition to your Foundation years:

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

Entrance to ST3 ICM is through competitive national interviews run by the West Midlands Deanery. In addition to completion of one of the identified ICM core training programmes you will need to have completed one of the following exams, as relevant to that core programme:

- MCEM (full)
- FRCA (primary)
- MRCP UK (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 are aimed at developing 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.

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. Stage 2 training also encompasses a 'Special Skills' year. This year is aimed at allowing 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 examination in order to progress to the final year.

Stage 3 training

Stage 3 is the final year of training (ST7) which is spent exclusively in ICM. This year is aimed at developing high-level clinical and non-clinical skills in the run up to becoming a consultant.

Dual CCT training

Prior to the introduction of single CCT ICM training, doctors training in ICM would do so in conjunction with a 'parent' specialty. Whilst this is no longer necessary, you may wish to undertake a Dual CCTs programme leading to a qualification in both ICM and a partner specialty. Dual CCTs programmes will inevitably extend your training; the length will depend on your previous experience and chosen partner specialty, though 8.5 years is the common indicative minimum duration.

Application to the partner specialty is through competitive national interviews. Dual programmes are available in:

- Acute Medicine
- Anaesthesia
- Emergency Medicine
- Renal Medicine
- Respiratory Medicine

For Dual CCTs trainees, training during your Special Skills year will be undertaken in your partner specialty. Any further agreed dual specialties will be announced by the Faculty.

How you complete the ICM curriculum

Training in ICM is governed by the 2011 ICM curriculum which can be found at www. ficm.ac.uk. Assessment of training will be through a number of mechanisms familiar to UK trainees including Workplace-Based Assessments and maintenance of a portfolio. In addition you will be required to write two

expanded case summaries each year during your Higher Specialist Training. Assessment of knowledge will take place through the Fellowship examination that you will be required to pass before entering Stage 3 training.

You will be supported during your time at BSUH Trust by your Programme Lead, an allocated Educational Supervisor and Clinical Supervisors, all of whom will give you regular feedback about your progress. You should never be in any doubt about your progress and what you can do to improve this.

The ICM Programme Structure

This Faculty Handbook gives you details of how the national curriculum for ICM is organised here at BSUH Trust. It gives you details of your local programme which has been devised to meet the requirements of the ICM curriculum and shows how this works locally. It will include, ward based, half day local teaching, regional study days, clinical audit and exposure to academic opportunities. The programme is structured to comply with the GMC's Standards of Training and the Gold Guide or Standards for Training in the Foundation Programme.

ICM Teaching and Assessment

While on the ICU there will be a number of educational opportunities;

1. Indirect teaching, as part of the ward rounds and clinical care
2. Formal bedside teaching (including procedural skills)
3. Protected teaching time. There is 2 hour protected teaching time each Tuesday afternoon during which a tutorial on various ICU related topics is given by a ICM trainee supervised by a Consultant.
4. Monthly journal clubs
5. Monthly M&M/audit meetings
6. Bimonthly clinical governance meetings
7. Echocardiography (FICE) training

The tutorial programme and journal club subjects are available on the G drive/Junior Rota/teaching.

All trainees should apply for study leave to attend their regional training days.

Assessment points

All trainees should be in possession of their training portfolio and must have and induction meeting with their educational and clinical supervisors, preferable in the first week of commencement; then, a midpoint review (if more than 3 months rotation) and an end of placement meeting to complete all the required documentation.

Your minimal assessment number depends on your seniority. However, you should do as many as possible, as Intensive Care offers a great opportunity for procedures and learning options from critically ill patients.

Please, make sure you have all the required assessments and forms from your educational supervisor well in advance of your end of placement appointment and your ARCP date.

We ask that all trainees complete a MSF during their time on the ICU.

Exams

Assessments of trainees will take place in the workplace and by examination, including specialty of primary appointment exams or equivalent national exams. ICM trainees should take the Fellowship of Intensive Care Medicine (FFICM) or the European Diploma in Intensive care Medicine as an additional indicator of specialist knowledge.

BSUH runs a FICM revision course and will support examination practise for the FRCA and MRCP.

Audit

All trainees are encouraged to participate in an audit or quality improvement project while on ICU. Dr Will Davies is the lead for audits and can be contacted for ideas on projects that need doing. Alternatively your supervisor may have suggestions for projects that need to be done.

Educational and Clinical Supervisor – roles and responsibilities

Your educational and clinical supervisors are responsible for overseeing your training and making sure that you are making the necessary clinical and educational progress. You should have regular feedback from your educational (or clinical) supervisor.

Your educational supervisor collates information about your progress from clinical supervisors, your assessments, and direct and indirect supervision from the floor. All trainees will have a named clinical supervisor that in many ways would have the function of the educational supervisor in relation to ICM. Please, take the opportunity to meet yours and discuss your professional development plan with his/her help. They will be responsible to supervise and sign off your ICM forms (WPBA and appraisal).

Your Role as a Learner

You are responsible for your own learning within the programme with the support of key people as above. You should ensure that you have regular meetings with your supervisors, that you maintain your portfolio, keep up to date with assessments as required and be signed off.

The Local Acute Care Faculty Group

The Acute Care Faculty Group's remit is threefold: to ensure that the local ICM programme is fit for purpose and in line with the FICM curriculum requirements, to quality control the local ICM programme and to ensure that trainee progression is tracked, supported and audited. The Local ICM Faculty meets three times a year. The Local Faculty's work is quality controlled by the Health Education Kent, Surrey and Sussex (HEKSS) Standards for the Local Faculty Graduate and Education Assessment Regulations.

Your Year Group

Each Specialty group needs to meet as a Year Group three times a year, to elect a Year Group Representative and to give feedback to the Faculty about the local programme.

Year Group Representative

This is key part of the feedback process. This is a member of your cohort who will undertake to meet with the whole cohort [either face to face or by e-mail] to gather feedback about the local programme and to give this feedback at the thrice yearly meetings of the Local ICM Faculty Group. The feedback loop must be closed as relevant information / responses from the Local Faculty Group needs to go back to the cohort. This is the responsibility of the Year Group Rep.

The Local Academic Board

There is a Local Academic Board in each Trust whose responsibility it is to ensure that postgraduate medical trainees receive education and training that meets local, national and professional standards. The LAB undertakes the quality control of postgraduate medical training programmes. It receives Annual Audit and Review Reports from Local Faculty Groups.

Specialty School

ICM specialty is under the umbrella of HEKSS School of Anaesthesia. The Anaesthetic School can be found at http://www.ksseducation.hee.nhs.uk/specialty/anae/.

How will you learn in this programme?

In this programme we adopt a variety of learning approaches (see above). However, there are some other components not mention above: e-learning, CDs, ward based clinical teaching, exposure to theatres, group learning, private study, courses, reflective practice, audit projects, regular teaching specific to specialty, but also multi-specialty if appropriate.

Feedback

This is a crucial aspect of your programme. You can expect to receive detailed feedback on your progress from your educational supervisor and/or from your clinical supervisor. This will happen during on going review meetings with your educational/clinical supervisor. You should have a clear idea of your progress in the programme at any given time and what you have to do to move to the next stage.

In addition, we expect to have feedback from you about our ICM programme as well as for individual clinical and educational supervisors. This feedback would help us to take our ICM programme forward.

Annual Appraisal

In this Trust the arrangements for annual appraisal is part of your educational supervisor role and your ARCP. If you are a clinical fellow, you will be assigned an appraiser yearly.

Learning Portfolio or E-Learning Portfolio

This is a key aspect of your learning in the programme. It is your responsibility to maintain a hard copy or e-portfolio on you basic specialty and for ICM. This is an essential mandatory requirement as it provides an audit of your progress and learning.

How are you assessed?

This programme is competency based. The assessment tools are DOPs, CbDs, CEXs, ACAT and MSF. Also, a Logbook is required of procedures and patients. It is your responsibility to undertake the assessment process in accordance with your specialty curriculum guidance.

What meetings should you know about re: assessment?

Your initial and end of placement meeting is compulsory for your ICM training.

What is the Appeals Process?

It is in accordance with the Gold Guide (sections 7.118 – 7.152) for Specialty Training.

What if you need help?

The Postgraduate Centre operate an 'Open Door' approach and here you can find information about local trust policies e.g. Grievance; Bullying and Harassment and Equal Opportunities http://nww.bsuh.nhs.uk/policies/

HEKSS Deanery also offers support for trainees in difficulty. Details of the HEKSS Deanery *Trainees in Difficulty Guide* can be found on the KSS Deanery website.

How can you access career support?

Information about the HEKSS Deanery Career Service can be accessed at http://www.ksseducation.hee.nhs.uk/about-careers/.

Locally careers information and support can be accessed by http://nww.bsuh.nhs.uk/working-here/learning-zone/postgraduate-education/.

ICM Consultants

There are several key people who will support you during you time with us:

ICU Lead clinician	Dr Owen Boyd	owen.boyd@bsuh.nhs.uk
ICU Faculty Tutor:	Dr Rebecca Gray	rebecca.gray@bsuh.nhs.uk
RA for FICM:	Dr C Barrera Groba	casiano.barrera-groba@nhs.uk
DME	Mr Varadarajan Kalidasan	varadarajan.kalidasan@bsuh.nhs.uk
ICU secretary	Pat Hall (ext 4274)	pat.hall@bsuh.nhs.uk

ICU Consultants:

Name	Role	Area of Interest
Dr Peter Anderson	ICM and Anaesthesia	Head of School of Anaesthesia HEKSS Educational supervisor Clinical Governance
Dr Fiona Baldwin	ICM and Anaesthesia	SECCN Network lead FICE mentor Chair of ICU standards committee Research Educational supervisor
Dr Cas Barrera-Groba	ICM and Anaesthesia	Regional advisor in ICM Educational Supervisor
Dr Owen Boyd	ICM and Anaesthesia	Principle lead consultant Research Educational Supervisor
Dr Steve Drage	ICM and Anaesthesia	Trust Chief of Safety and Quality Leadership Educational supervisor
Dr Andrew Elkins	ICM and Respiratory Medicine	Foundation school lead trainer Faculty tutor for CMT Educational supervisor
Dr Rakhee Hindocha	ICM and Anaesthesia	BSE and FICE Echo training Educational supervisor
Dr Ian Littlejohn	ICM and Anaesthesia	Lead for Neurosurgical ICU Educational supervisor
Dr Kate Regan	ICM and Anaesthesia	ICU Steps ICU Rehabilitation Lead for simulation Educational supervisor
Dr Renee van der Most	ICM and Anaesthesia	Clinical Lead for Organ Donation ICU rehabilitation FICE mentor Educational Supervisor ACCP Trainer
Dr James Yassin	ICM and Anaesthesia	Acute Care Directorate Lead Educational Supervisor
Dr John Kilic	ICM and Anaesthesia	Lead for ICU Simulation Infection control Educational supervisor
Dr Rebecca Gray	ICM and Acute Medicine	Faculty Tutor for ICM Medical Education

		Educational supervisor
Dr Claire Phillips	ICM and Anaesthesia	Echocardiography Educational Supervisor ACCP Trainer
Dr Will Davies	ICM and Anaesthesia	Clinical Governance Educational Supervisor
Dr Lynn Evans	ICM and Acute Medicine	NECOPD case note review Educational Supervisor ACCP Trainer
Dr Alex Harrison	ICM and Renal Medicine	Extracorporeal renal support FICE mentor Educational Supervisor

Personal ICU Job Description

The Consultants on call for Level 7, Level 5 and PRH are available at all times via Switchboard

08:30 Handover

This is typically trainees only and lasts 30 minutes in the seminar room followed by a more thorough bedside review of new admissions with the whole team, night shift staff to be finished by 09:30 at the latest. Please ensure at least 2 people go down to Level 5.

09:00 Ward Round

Depending on skill mix and staffing levels this may be as a whole team of all patients or split up. Typically the 'long day' rota B person does not carry the on-call bleep during the week enabling them to attend the whole ward round and another rota B team member will take referrals and attend MET calls.

Lunchtime micro ward round

Does not need to be whole team but must be documented on METAVISION.

17:30: Evening ward round

Time variable but usually attended by on-call consultant and on-call team only. A quick walk round to review morning plans and progress.

20:30 Handover

Day team to night team handover in ICU seminar room.

21:00 Night ward round

Night team to review all patients.

23:00 Telephone ward round with on call consultant

Time may be variable but typically the consultant on-call will phone in and run through problems/potential admissions with you.

07:30 Preparation for handover

Night team to update and print handover sheet, print and hole punch jobs list and patient daily sheets.

08:00 Daily team briefing at white board Level 7

Level 7 and 5 consultants, nurses in change for the ICUs, outreach and night Rota B doctor discuss any problems/admissions overnight, staffing issues and planned admissions for the day.

Level 5 ICU RSCH typical day

Things run very similarly to level 7. There are 2 joint ICU/Neurosurgical ward rounds a day morning and evening. Out of hours there is only one rota A person covering Level 5 but the level 7 team should provide support/advice as well as on-call consultant.

PRH ICU typical day

0800 Handover

This usually takes place in the anaesthetic department.

0900 Consultant ward round

Lunchtime micro ward round

1700 Evening consultant ward round

2000 Handover

The doctor on call for ICU should attend al MET calls and if free all cardiac arrest calls.

On Call Teams

There are two tiers to the Rota, A and B. These are not strictly SHO or Registrar only rotas because of the skill mix needed to cover the ICU out of hours.

Rota B is usually either a higher ICM trainee or someone with airway skills or ICU experience (typically ST4 Anaesthetic trainees). The Rota B doctor is nominally in charge and takes referrals but may be supported by equally or more experienced doctors on rota A and therefore the priority should be to work as a team.

Rota A is comprised of anaesthetic core trainees, medical core trainees, ACCS trainees, clinical fellows and medical registrars.

General Roles and responsibilities

ITU ward rounds are generally much more thorough than many other ward rounds you may have experienced and all patients should be examined daily head to toe (don't forget gloves and apron). Typically one person will examine, one review the computer data and one document on the daily sheets and job list, which are printed from metavision.

Jobs made on ward round may need to be completed urgently during the round or after. Specific tasks may include taking blood, placing lines, assisting with other invasive procedures, referring patients to and liaising with other specialties, organising scans and discussing patients with radiology, reviewing blood results, imaging or ECGS.

Paperwork. Admissions and Discharges are completed on the METAVISION computer system and then printed and filed in the notes. Daily Sheets are printed for each patient and annotated by hand at the bedside for each patient. Many of the consultants will also use a daily checklist for each patient, which is a sticker that is added to the notes. Communication with relatives should be documented on specific yellow-headed paper.

If asked to review a deteriorating patient by nursing staff, please do so promptly.

On-call Responsibilities

Those carrying on-call bleeps must attend MET calls (there is a red rucksack with emergency equipment on coat rack at staff entrance to the unit and a pink material lunch bag in the fridge with emergency drugs to take with you).

Respond all to referrals promptly.

Review outliers in recovery or other areas of the hospital.

Other duties include:

- Reviewing patients including their blood results, ECGs and CXRs. Discuss radiological studies with radiologist when ever necessary.
- Most blood results automatically appear on the CIS, but some results are available only on the ICE system.
- Adequate documentation.
- Documentation sheets for patient records are of three types; admission, daily continuation and discharge. They provide a daily record of the patient's care and progress throughout their stay. In addition, the discharge sheet summarises the ICU activity to facilitate continuity of patient's care by ward-based teams. It is most important to document that the ward based team has been liaised with regarding the patient's discharge, naming the person who will be responsible for that patient once have left the ICU. An eOASIS discharge form must be used if the patient is discharge home.
- Carrying out all routine requests made by ward nursing staff daily, such as prescribing drugs and reviewing the need to continue intravenous fluids and medications daily.
- See physiological deterioration of patients promptly at the request of nursing staff.
- Speak regularly to relatives of patients to keep them informed.
- All trainees are, on a rotational basis, responsible for presenting an interesting paper at the journal club. Dr Fiona Baldwin co-ordinates the journal club and will suggest a publication.

The role of a senior (most experience ICU) trainee

- One of the main roles is to support and assist the less experience junior in all aspects of patient management. To do that you will be expected to know about every detail of each patient's care and be a pro-active member of the team.
- You are expected to pay particular attention to the sickest patients and monitor their physiological progress throughout the day and also to assess new admissions personally.
- Essentially the role involves "running the floor" and ensures that patients are managed in a timely and appropriate way.
- You may also expect to work closely with the Outreach team and regularly join them in assessing unstable patients on the ward.
- To lead the ward round when requested.

Patient Management

All aspects of patient management are co-ordinated by the Intensive Care Unit staff. Contributions by other teams are welcomed, but all changes in management should be conducted through the ICU trainee(s). **Do**

not institute management suggested by visiting teams unless it has been discussed with the Consultant of the day.

On call duties

- All referrals should be seen and assessed as promptly as possible!
- All requests for acute admissions from within the hospital should be referred through the ICU trainee.
- All acute referrals will be assessed and the suitability for admission to ICU will be in consultation with the ICU Consultant.
- The on-call Consultant should be contacted with regard to **ALL** new admissions.
- The ICU consultant must be contacted for:
    a) Any doubt about suitability of admission
    b) Referrals from outside hospitals
    c) When the Intensive Care Unit is full
- Routine post-operative cases may be booked in advance with the nursing staff by the referring surgical team, but bed availability is not guaranteed and anaesthetic/surgical teams must check prior to starting the case. If there is any doubt contact the ICU Consultant.

Limitations of the role

You are not expected to manage complicated critically ill patients alone. If at any point you feel outside your expertise/comfort zone, you **must** ask the Consultant for advice or assistance.

Patients ventilated in Recovery

Occasionally patients may end up ventilated in the theatre Recovery area for a period of time. These patients are the responsibility of the ICU team in conjunction with the on call anaesthetic team.

The ICU and anaesthetic Consultants will liaise and identify who is most appropriate junior member of staff to directly manage a patient who is ventilated in Recovery. In circumstances where the patient is being managed by an anaesthetist the senior member of the ICU team would be expected to be available for advice and support until the patient reaches the ICU or is transferred (Appendix A).

The ICU Consultant would remain closely involved in management decisions during this time.

Communications

- It is vital that junior staff accurately hand over the complicated management plans and test results of our ICU patients.
- Communications with patients and relatives are very important. The majority of problems between staff and relatives are due to miscommunication.

- Liaison with radiology usually involves a face-to-face discussion with a Radiologist. A trouble shooting radiologist is available in Level 5 x ray.
- It is vital that results communicated on the daily microbiology ward round are entered into the Clinical Information System.
- There is a Patient Advocacy and Liaison Service (PALS) available by telephoning Andrew Harvey on 4588

Communication with the Medical Examiner (ME) and Coroner's Office

- Contact the ME to discuss any death previous to filling in a death certificate or reporting a death to the coroner's office.
- Any deaths to be reported to the Coroner **must** be reported promptly. There is a specific pathway to be followed, which is attached to the front of the Coroner's file in the Death and Bereavement drawer. Each referral to the Coroner must be documented on the sheets provided inside the file and, when applicable, the cause of death certificate must be entered in the **CIS** (PM page).

Using Educational Resources

A small library with books relating to ICU topics is available in the Consultant's office.

There are several folders on the G drive (itu$ on 'File & Print #3 (w2ksvr051)' (G:)) with electronic resources. There are also educational resources on the CIS system and PACT from ESICM (Login: NBsuh, Password: 7C9YB).

The hospital library is located in the Audrey Emerton Educational Centre across the road from the main building.

The hospital subscribes to "Up-to-date" which is accessible via the intranet.

How do you access other educational opportunities?

Other learning opportunities:

- Grand rounds: every Wed at 12:30. Lecture theatre Audrey Emerton Building.
- Thursday at 1300hrs medical 'hot topics' in the AEB.
- Friday 11:00 Emergency Medicine teaching in ED.

Leave

Annual Leave

Leave entitlement per six months: (please refer to your contract for your leave allocation). The leave entitlement is split into six month windows, therefore if you are here for a year you must take half your leave in your first six months and half in the following six months.

- 27 days p.a. if less than 5 years NHS service
- 32 days p.a. if over 5 years NHS service

- It is important to note that only two people are allowed away from Rota B and three from Rota A at any one time.
- Minimum 6 weeks notice required - last minute leave requests will not be accepted. Leave is granted on a first come first served basis, so please be organised and get your requests in early.
- We realise that with the on call pattern, swaps are likely to cause a few headaches! It is the responsibility of each of you to organise swaps in an equitable manner.

Important New Contract Rota Rules

- Locum work must be offered to BSUH in the first instant
- If doing locum work you can go up to 56hrs per week if you opt out of WTR
- Max 48hrs per week (average through rota cycle) unless opt out then max is 56hrs
- Maximum hours worked in 7 day period is 72hrs
- Maximum length of shift is 13hrs
- Maximum number of long days in a row is 5
- Maximum number of night shifts is 4 in row
- 30 min break if shift > 5hrs
- 2 x 30 min break if shift >9hrs
- At least 11hrs rest in between shifts

Study Leave

Leave entitlement per six months is 15 days. You can have up to 5 personal study leave days for exam preparation.

All leave forms are on the G drive or you can ask Pat (ICU secretary) for them. They should be given to/emailed to Dr Rebecca Gray who is on charge of the rota and leave.

Sick Leave

It is very important that you inform us as soon possible if you are unable to work (ideally by 8am), especially if you are on-call. You should let the consultant on call know if you are sick as well as Dr Rebecca Gray, Pat Hall and medical staffing.

If you are off sick for more than 7 working days a medical certificate 'Fit note' is required from your GP.

Useful names & numbers

KSS Deanery Website - https://www.hee.nhs.uk/hee-your-area/kent-surrey-sussex

KSS Deanery Careers -
https://www.ksseducation.hee.nhs.uk/about-careers

Gold Guide - http://www.gmc-uk.org/education/undergraduate/15_6_provisions_of_the_gold_guide.asp

Add Specialty Links –www - as appropriate

Faculty Group Educational Support

The KSS Deanery offers a range of educational support / programmes

For details please go to https://www.ksseducation.hee.nhs.uk/about-careers/careers-support-training/

TPD KSS ICM	Dr Peter Anderson	peter.anderson@bsuh.nhs.uk
RA ICM	Dr C Barrera	Casiano.Barrera-Groba@bsuh.nhs.uk
ICM LFG	Amelia Amon	amelia.amon@bsuh.nhs.uk
Medical education manager	Nora Tester	nora.tester@bsuh.nhs.uk
DME	Mr Varadarajan Kalidasan	varadarajan.kalidasan@bsuh.nhs.uk
ICU secretary	Pat Hall	pat.hall@bsuh.nhs.uk

Confidential independent personal counselling is available to all staff via your ED or Tutor, the Occupational Health Department by contacting 'Care First' which is an external organisation funded by the Trust to provide counselling, advice and information. Tel: 0800 174 3400.

Appendix A
Ventilated patients outside ICU-RSCH (CBG)