Trust	Imperial College Healthcare NHS Trust
Site	St Marys Hospital
NPN	LDN/RYJ01/FND/FY1/006
Placement details (i.e. the specialty and sub-specialty)	Acute Internal Medicine (Emergency Medicine)
The Department (Please provide a general overview)	
Type of work to expect and learning opportunities	The F1 will be working as part of the team in the Emergency Department across all the areas including the Resuscitation area, majors and downstream trolley area. The role will include undertaking duties in assessment and treatment of patients in the ED and will incorporate scribing at trauma calls, arranging investigations, initiating treatments, referral to specialty teams and contributing to the pathway for safe discharge for the range of patients attending the adult Emergency Department. The duties will involve liaison with the MDT, specialty teams and community services.
	Clinical notes will be completed on the Cerner-Firstnet system, including discharge summaries and electronic prescriptions.
	The F1 will work under the direct supervision of the 'Senior Decision Maker Team' on each shift. These are doctors who are working at ST4 or above level and Consultants.
	There are three Consultant-led board rounds per day which incorporate situational teaching and formal trust F1 teaching every Thursday.
	The F1 is encouraged to participate in a quality improvement project and complete ILS, PLS and a Skills Course as part of F1 curriculum.
	This post offers community experience in terms of :- Contact with GPs, therapies, social services, frailty services. Discharge planning and organisation for complex, elderly and vulnerable patients and liaison with alcohol support services, homeless services and the mental health team work within the emergency department depending on patient needs.
Clinical supervisor(s) for the placement	14 Emergency Medicine Consultants. The Educational Supervisor is Dr Patricia Ward.

Main duties of the placement	Working as part of the team in the Emergency Department in assessing, investigating, treating and providing on-going management, including onward referral and safe discharge for a wide variety of patients attending the ED at SMH. Practical skills such as IV access, venepuncture, ABG, catheterization, suturing and other ED specific treatments.  Manage patients on specific pathways.  Complete electronic notes and discharge summaries  Contribute to audit and performance monitoring.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	08:00-17:00 Monday to Friday direct patient care in ED Consultant led 'board' rounds at 08:00, 12:00 and 16:00. Teaching 12:30-14:00 Thursdays  On call requirements: None
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Charing Cross Hospital
NPN	LDN/RYJ02/FND/FY1/012
Placement details (i.e. the specialty and sub-specialty)	Cardiology
The Department (Please provide a general overview)	The department comprises 2 Consultant Cardiologists based at Charing Cross Hospital most of the time but who also have clinical commitments at Hammersmith & St Mary's Hospital. There is additional consultant support for ward rounds and clinics
Type of work to expect and learning opportunities	Cardiology referrals are made on a daily basis on the acute medical unit with additional patients on other medical wards
	During the normal working day the F1 is expected to deliver the supporting medical care of all the patients referred / partially managed by cardiology on the wards. During the late acute shift (5pm-9pm) the F1 is expected to help the 1st on acute medicine team, usually clerking patients in Emergency Medicine.  This placement will provide the F1 trainee with the knowledge, skills and attitudes to be able to:  Take a history and examine a patient Identify and synthesise problems Prescribe safely Keep an accurate and relevant medical record Manage time and clinical priorities effectively Communicate effectively with patients, relatives and colleagues Use evidence, guidelines and audit to benefit patient care Act in a professional manner at all times Cope with ethical and legal issues which occur during the
	management of patients with general medical problems  • Educate patients effectively  • Manage acutely ill patients
	Investigations carried out at Charing Cross; Echo, ETT, TOE, DSE  There is no Cardiac Catheter Lab at Charing Cross; patients are transferred to Hammersmith Hospital

Clinical supervisor(s) for the placement	The Foundation trainee will be assigned a clinical supervisor who they will work closely with during the rotation.
Main duties of the placement	The F1doctor is responsible with other staff for the ward care of patients and the maintenance of the patients' medical record. They will have opportunity to attend outpatient clinics, Echos, TOEs, ETTs and the cardiac catheter lab at Hammersmith Hospital.  The F1 will be responsible for such other specific clinical duties as allocated by consultants including performing other duties in occasional emergencies and unforeseen circumstances.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Daily: 08:00 Identify new patients (typically with SpR) 0900 Consultant Ward Round (Will vary depending on Consultant Commitments)  Mon: 13:00 ward cover Tues: Ward Cover Wed: 13:00 Grand Round Thurs: Ward cover Thurs 13:00 – 15:00 dedicated F1 teaching Fri: Ward cover Fri 13:00 Medical Meeting Weekdays finish at 16:00 to ensure EWTD compliance Sat: 09:00 – 21:00 1 in 4/5 Sun: 09:00 – 21:00 1 in 4/5 On call requirements: 1 in 7
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Charing Cross Hospital
NPN	LDN/RYJ02/FND/FY1/014 LDN/RYJ02/FND/FY1/017
Placement details (i.e. the specialty and sub-specialty)	Endocrinology & Diabetes Mellitus
The Department (Please provide a general overview)	Charing Cross is a specialist centre for Endocrinology and a regional Neurosciences centre. At CXH, you will be trained in the workup and perioperative management of pituitary patients as well as General Endocrinology and Diabetes and General Internal Medicine. There is a full timetable of clinics, post-clinic meetings, dynamic endocrine testing, multi-disciplinary meetings and teaching.
Type of work to expect and learning opportunities	All areas of the Endocrine and Diabetes curriculum will be covered.  Working with the multi-professional team including endocrine specialist nurses, diabetes specialist nurses, occupational therapists, physiotherapists, social workers and discharge coordinators.  There are weekly x-ray, multidisciplinary diabetes, specialist endocrine and endocrine results meetings.
Clinical supervisor(s) for the placement	Professor Karim Meeran is clinical supervisor for all.
Main duties of the placement	The FY1 doctor is responsible, with other staff, for the ward care of patients and the maintenance of the patient's medical record. They are expected to attend certain departmental meetings. In addition, they will be expected to attend the structured teaching programmes provided.  The FY1 doctor will be responsible for other specific clinical duties as allocated by the consultants, including performing other duties in occasional emergencies and unforeseen circumstances.

Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	General and specialist Diabetes and Endocrine clinics (3 clinics per week, SHOs encouraged to attend if possible).
	Grand Round takes place weekly on Wednesdays at 1pm-2pm and medical meetings on Fridays 1pm-2pm.
	Departmental team meeting every Thursday 12:30pm-2pm – includes mortality and morbidity meeting, clinical governance and journal club.
	FY1 teaching – 2 hours per week.
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Charing Cross Hospital
NPN	LDN/RYJ02/LDN/FY1/002 LDN/RYJ02/FND/FY1/052 LDN/RYJ02/FND/FY1/015
Placement details (i.e. the specialty and sub-specialty)	Gastroenterology
The Department (Please provide a general overview)	The Gastroenterology dept includes 6 Consultants who rotate through the wards every 2 weeks.  The junior team is composed of 3 SpRs, 1 CT1 or IMT, 1 FY2, and 2 FY1 trainees.  There are a maximum of 26 patients on the ward, and any Gastroenterology referrals made in the hospital are frequently moved onto the ward for specialist management, mainly liver disease and inflammatory bowel disease, however the ward does care for general medical patients as well.
Type of work to expect and learning opportunities	<ul> <li>Take a history and examine a patient</li> <li>Identify and synthesise problems</li> <li>Prescribe safely</li> <li>Keep an accurate and relevant medical record</li> <li>Manage time and clinical priorities effectively</li> <li>Communicate effectively with patients, relatives and colleagues</li> <li>Use evidence, guidelines and audit to benefit patient care</li> <li>Act in a professional manner at all times</li> <li>Cope with ethical and legal issues which occur during the management of patients with general medical problems</li> <li>Educate patients effectively</li> <li>Become life-long learners and teachers.</li> </ul>
Clinical supervisor(s) for the placement	The foundation trainee will be assigned a clinical supervisor who they will work closely with during their rotation.
Main duties of the placement	<ul> <li>Ward cover of General and gastro in-patients</li> <li>Organise patient admissions from outpatients.</li> <li>Weekly (Friday am) joint medical – surgical radiology meeting</li> </ul>

Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Mon: 8.30am-6.00pm Tues: 8.30am-6.00pm Wed: 8.30am-6.00pm Thurs: 8.30am-6.00pm Fri: 8.00am-6.00pm On call requirements:
Local education provider (LEP) / employer information	Weekends On call ward – 9.00am-9.00pm Acute Med – 7.30am – 7.00pm Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	St Mary's Hospital
NPN	LDN/RYJ01/FND/FY1/012
Placement details (i.e. the specialty and sub-specialty)	General Internal Medicine - (Acute Medicine)
The Department (Please provide a general overview)	St Mary's Hospital is an inner London teaching hospital. Firm 5 is a General Medical firm which comprises 6 WTE consultant physicians (5 geriatricians, 2 clinical pharmacologists and a rheumatologist.) The firm also includes a registrar, 1 ACCS trainee and an F2 doctor. It is the most general of the 5 medical firms in the hospital and the workload involves exposure to a wide range of medical conditions. Firm 5 doctors also staff the Same Day Emergency Care (SDEC) Acute medicine Hot Clinic.  The Firm currently has no downstream bed-base and is expected to manage all patients remaining on the acute floor that are not under any specific speciality. The Firm looks after medical outliers on Patterson ward.
Type of work to expect and learning opportunities	The post is ward-based and the F1 doctor has responsibility (under supervision) for both acute admissions and ongoing clinical care responsibilities for those patients once admitted. St Mary's still operates a team based on call system, so junior doctors remain responsible for the care of patient's admitted under their team until they are transferred to a specialist ward, or discharged.  The F1 doctor will undertake admission of emergencies and electives from the emergency department, clinic and community.  They will provide ongoing care of the patient on the ward, including completing comprehensive medical notes, prescribing and discharge summaries.  The F1 will respond to medical emergencies on the medical
	emergency team and will provide information for the medical response team as relevant to their patients.  The F1 will attend the local teaching and the F1 weekly teaching.  They will develop their own skills particularly in the care of medical emergencies.
	<ul> <li>The overall educational objectives of the F1 year are to provide the trainee with the knowledge, skills and attitudes to be able to:</li> <li>Take a history and examine a patient</li> <li>Learn to make accurate clinical diagnoses by synthesizing results from observation and investigation</li> <li>To expand the range of medical procedures in which the trainee is competent</li> <li>Prescribe safely</li> </ul>

	Keep an accurate and relevant medical record
	Manage time and clinical priorities effectively
	Communicate effectively with patients, relatives and
	colleagues
	Use evidence, guidelines and audit to benefit patient care
	Act in a professional manner at all times
	Cope with ethical and legal issues which occur during the
	management of patients with general medical problems
	Educate patients effectively
	Become life-long learners and teachers.
Clinical supervisor(s) for the placement	To be assigned
Main duties of the placement	The F1 doctor is responsible with other staff for the ward care of patients and the maintenance of the patient's medical record.
	They are expected to attend the structured teaching programmes provided by the hospital including the F1 dedicated teaching, Morning report (Tuesday 0800hrs) and Grand Round.  The doctor will be responsible for such other specific clinical duties as allocated by consultants including performing other duties in occasional emergencies and unforeseen circumstances.
Typical working pattern in this	Usual working day is 9am – 5pm
placement (e.g. ward rounds,	
clinics, theatre sessions)	Mon: Consultant-led ward round & ward work Tues: Morning report, Consultant-led ward round & ward work Wed: Consultant-led ward round & ward work, grand round Thurs: Consultant ward round & ward work Fri: Consultant-led ward round & ward work
	Daily consultant ward round / board round
	On call requirements: Long days, nights and weekend work
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	St Mary's Hospital
NPN	LDN/RYJ01/FND/FY1/007 LDN/RYJ01/FND/FY1/048
Placement details (i.e. the specialty and sub-specialty)	General Internal Medicine (Endocrinology and Diabetes)
The Department (Please provide a general overview)	The Dept of Metabolic Medicine covers general Diabetes and Endocrinology and has many special clinics covering interests including Endocrine complications of pregnancy, Diabetic foot disease, Diabetic Fatty Liver Disease, Diabetes in obesity, Bariatric Medicine, Metabolic Bone and Stone disease, Pituitary and Adrenal disease, Thyroid cancer, and Lipid disorders. There are active research programmes in many of these areas, including clinical trials.
Type of work to expect and learning opportunities	F1 Doctors in hospital posts are ward-based and expected to deliver the daily medical care of all the in-patients. These include mainly general medical admissions along with complicated diabetes and endocrine cases, especially those with diabetic foot disease. There are Consultant ward rounds every day. The ward team further includes a dedicated ST3+, one F2 and one CT1/CT2 doctors. Another 2 ST3+ cover specialist services (clinic/outpatient based).
	There are weekly X-ray, multi-disciplinary diabetes, multi-disciplinary diabetes foot, specialist endocrine, endocrine results and governance meetings. There is a central, weekly Grand Round and regular departmental journal club.
	When on-call for general Medicine the F1 will be involved with the generic clerking of patients being admitted and their on-going care on the Medical Admissions unit.
	St Mary's is a major teaching hospital, as part of Imperial College London, and medical students are often attached to our Department, leading to teaching opportunities for the F1 if desired.
Clinical supervisor(s) for the placement	
Main duties of the placement	The F1 doctor is responsible with other staff for the ward care of patients, the maintenance of the patients' medical record and updating the medical list. They will have the opportunity to attend a variety of specialist out-patients clinics with the consultants, when ward work allows. They are expected to attend certain departmental meetings, where they will often be required to present (eg. Mortality meeting, journal club, Xray MDT meeting) In addition, they will be expected to attend the structured teaching programme provided.

	The F1 doctor will be responsible for such other specific clinical duties as allocated by consultants, including performing other duties in occasional emergencies and unforeseen circumstances.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Daily: 0900 Ward round 1300 Ward Cover 1730 Handover  Thurs: 0830 – 0930 Radiology Meeting Fri: 1245 - 1345 Grand Round Sat: 0900 – 2100 on-call 1 in 5/6 Sun: 0900 – 2100 on-call 1 in 5/6  Weekly/monthly: Teaching programme  On call requirements:  1 in 5 (shift pattern)
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	St Mary's Hospital
NPN	LDN/RYJ01/FND/FY1/034 LDN/RYJ01/FND/FY1/032 LDN/RYJ01/FND/FY1/060 LDN/RYJ01/FND/FY1/033
Placement details (i.e. the specialty and sub-specialty)	General Internal Medicine (Respiratory Medicine)
The Department (Please provide a general overview)	The department has a mixture of clinicians, academics, nurse specialists, specialist physiotherapists, respiratory physiologists and administrative staff who work closely together. There are close links with the Infectious Diseases/HIV team and with the Radiology, Microbiology, Histopathology and Cytology departments.
	The hospital is part of the wider Imperial College Healthcare NHS Trust along with Hammersmith Hospital and Charing Cross Hospital. Some services operate across all sites and there are close links between the Respiratory physicians within the trust.
	There are 12 Consultant Chest Physicians and 1 honorary consultant/academic who lead the Acute Respiratory and general medical inpatient teams.
Type of work to expect and learning opportunities	There are two inpatient Respiratory teams, together forming one of five medical firms who participate in the acute medical take and manage admitted patients. Each team is staffed from a pool of 4 SpRs/IMT3; 4 SHO grade doctors (2 FY2, 2 IMT) and 4 FY1s. Staffing varies according to annual leave, study leave and on call commitments but each team will have a minimum of 1 SpR grade and 2 other staff members at all times.
	Both teams manage patients with acute and chronic respiratory disease along with patients with general medical problems. Team A takes responsibility for inpatients on the respiratory ward (Manvers), with conditions such as lung cancer, COPD, asthma, respiratory infections (e.g. pneumonia, TB, bronchiectasis), pleural disease (pneumothorax, effusions and empyaemas), respiratory failure, interstitial lung disease and other general medical conditions. Manvers also has bays for COVID patients, including a level 2 Acute Respiratory Unit with capacity to deliver non-invasive respiratory support. Team B is responsible for the acute take and the care of patients admitted to the medical assessment unit on the acute take, until they go home or to an appropriate ward.
	The weekly timetable differs slightly according to the team the F1 is assigned to. The F1 will rotate through both teams during their time in post.
	The F1 will also participate in the acute take (including night shifts) and in the ongoing care of patients admitted via the take until their discharge or triage to a different medical team. The F1 will also provide out-of-hours ward cover on an on-call rota.

	The overall educational objectives of the F1 year are to provide the trainee with the knowledge, skills and attitudes to be able to:
	<ul> <li>□ Take a history and examine a patient</li> <li>□ Identify and synthesise problems</li> <li>□ Prescribe safely</li> <li>□ Keep an accurate and relevant medical record</li> <li>□ Manage time and clinical priorities effectively</li> <li>□ Communicate effectively with patients, relatives and colleagues</li> <li>□ Use evidence, guidelines and audit to benefit patient care</li> <li>□ Act in a professional manner at all times</li> <li>□ Cope with ethical and legal issues which occur during the management of patients with general medical problems</li> <li>□ Educate patients effectively</li> <li>□ Become life-long learners and teachers</li> </ul>
	In addition, in this post the F1 will gain experience of interpreting thoracic radiology; performing procedures under supervision such as arterial cannulation, intercostal aspiration and drainage, lumbar puncture and the use of non-invasive ventilation.
	This is an Academic Respiratory unit and the F1 will be expected to take an active role in education and research. This will involve teaching medical students and completing one audit or research project. They will have opportunities to present at the weekly departmental educational meeting and potentially at the hospital grand round.
Clinical supervisor(s) for the	Dr Melissa Wickremasinghe and Dr Ernie Wong are the educational
placement	and clinical supervisor for the FY1s.  Dr Meg Coleman, Dr Hugo Farne, Dr Laura Martin, Prof Onn Min Kon, Dr Clare Ross, Dr Rudy Sinharay and Dr Melissa Wickremasinghe are the clinical supervisors on the chest team.  We have a senior trainee (name supplied at local induction) to facilitate feedback to consultant body.
Main duties of the placement	As part of the chest team, along with the FY2, CT1 and SpRs (STs), the FY1 will be responsible for the ward based care of patients with acute and chronic respiratory disease and patients with other general medical problems requiring inpatient care. They will be expected to ensure that the medical records of these patients are accurately maintained.
	The FY1 will be expected to attend the structured teaching programmes provided by the department and the weekly Foundation teaching. They will participate in the acute medical take and provide ward cover according to the on call rota.
	The FY1 will be responsible for other specific clinical duties as allocated by consultants including performing duties in occasional emergencies and unforeseen circumstances.

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#### Typical working pattern in this Timings of Consultant ward rounds will vary depending on which placement (e.g. ward rounds. team you are on and which Consultant is leading the ward team – full clinics, theatre sessions) details are provided in an induction pack. Team B will have a daily AM and PM consultant led ward round, with ward work in between. There is a consultant TB round on Tuesday and Thursday afternoons, alternating between Respiratory and Infectious Disease consultants, with juniors from both teams accompanying on a rotating basis. FY1s will also be expected to attend: Tuesday Morning Report (8-9am) Wednesday lunchtime departmental teaching (1230-130pm) or Trust Grand Round (1-2pm) Thursday lunchtime F1 teaching (12-2pm) or, if cancelled, Radiology meeting (1-2pm) A typical week for Team A is as follows: Mon: AM: board round and ward round: PM: ward work Tues: AM: morning report, board round and ward round; PM: ward Wed: AM: board round and ward round; Departmental teaching; PM: ward work Thurs: AM: board round and ward round; F1 teaching / Radiology meeting; PM: ward work Fri: AM: board round and ward round; Grand round, PM: ward work and weekend handover

On call requirements:

Acute medical take 1 in 10; ward cover approximately 1 in 20, night shifts approximately 1 in 20.

#### Local education provider (LEP) / employer information

Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust	
Site	St Mary's Hospital	
NPN	LDN/RYJ01/FND/FY1/001	
Placement details (i.e. the specialty and sub-specialty)	General Psychiatry (Liaison Psychiatry)	
The Department (Please provide a general overview)	The Psychological Medicine Department (Liaison Psychiatry) at St Mary's Hospital	
Type of work to expect and learning opportunities	This exciting and innovative F1 post in liaison psychiatry provides an introduction to psychiatry for junior doctors. It provides a foundation in the core competencies for psychiatric training such as psychiatric assessment and management, in addition, it also provides skills that are highly relevant to the interface between physical and mental health in primary care and hospital practice. These include how to integrate treatment for patients who have both mental and physical health problems, and how to work with complex patients where poor outcomes or complaints may be a particular risk. The FY1 will join the liaison psychiatry and perinatal psychiatry teams at St Mary's Hospital as well as a general psychiatry team (the Community Recovery Team).	
	The departments The Liaison Psychiatry Service receives referrals aged 16-65 from anywhere in the hospital. Presentations are often prompted by: • severe behavioral disturbance and mental illness • concerns about risk of suicide • medically unexplained symptoms • mental illness co-morbid with physical illness • advice regarding complex mental capacity assessments	
	The Perinatal Psychiatry Team specialises in referrals of pre-and post-natal women. St Mary's Maternity Unit oversees 5000 deliveries a year.  • Childbirth is the highest risk event for mental illness in a woman's life.  • Mental illness is the leading cause of death in mothers.  The team sees the full breadth of mental health presentations (most notably puerperal psychosis and affective disorders), collaborates closely with other services and carries out particularly eloquent risk management to ensure the safety of mother and child.	
	Both services also run outpatient clinics.  The Crisis Resolution Team provides psychiatric support to people with acute, severe mental illness in the community, as an alternative to inpatient admission, or during the period of high risk immediately following hospital discharge. Referrals include:  • Severe affective disorder e.g. bipolar affective disorder.	

	<ul> <li>Schizophrenia</li> <li>Schizoaffective disorder This multidisciplinary team carries out home visits daily has expertise in risk assessment and the management of severe psychiatric presentations. Supervised by a very senior forensic psychiatrist.</li> <li>The learning opportunities and objectives The post holder will be supported in learning psychiatric principles as well as 'integration' skills specific to the mental-physical interface. These include-</li> <li>Psychiatric assessment, cognitive assessment, mental state examination, assessing risk of self-harm, diagnosis of a broad range of psychiatric disorders.</li> <li>Management of psychiatric disorders including care planning, pharmacology and psychotherapy. To include common disorders often managed in primary care alone, e.g. adjustment disorder and anxiety disorders. Also to include managing co-morbidity of psychiatric and physical disorder.</li> </ul>		
	<ul> <li>Effective communication and documentation about psychiatric disorders and risk, including referral to other services.</li> <li>Presenting a psychiatric case.</li> <li>Collaborative working in multi-agency settings.</li> <li>Communication skills - talking with families, talking with patients who are in conflict about their treatment or diagnosis.</li> </ul>		
			discuss cases, then be able to carry
Clinical supervisor(s) for the placement	assessments and reviews under senior supervision.  To be assigned		
Main duties of the placement	The post holder will be expected to:  Participate in daily team handover meetings and case discussion  Carry out assessment and review of referred patients (with close support from consultant and senior trainee)  Create management plans for common psychiatric presentations.  Communicate with other services and document clearly.  Assist in teaching of medical students.  Attend weekly supervision with a consultant psychiatrist  Attend regular teaching and grand round.  Contribute to audit or consider a small project depending on their interest.  Liaison Psychiatry assessments include seeing new referrals from inpatient wards and in the Emergency Department, followed by senior review.		
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Monday	Liaison assessments	Liaison assessments
	Tuesday	Liaison/perinatal assessments	Team meeting/Liaison assessments
	Wednesday	Liaison assessments	Supervision
	Thursday	Liaison/perinatal assessments	F1 teaching and self-development
	Friday	Liaison assessments	Liaison assessments (Lunch – St Mary's Grand Round)

Local education provider	Imperial College Healthcare NHS Trust
(LEP) / employer information	

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Central & North West London NHS Foundation Trust, Amazon Ward, St Charles' Hospital
NPN	LDN/RYJ05/FND/FY1/002
Placement details (i.e. the specialty and sub-specialty)	General Psychiatry (General adult inpatient psychiatry)
The Department (Please provide a general overview)	This post is located on 17 bedded Amazon Treatment Ward, St Charles Hospital, Exmoor St, London W10 6DZ which receives admissions from North Westminster. The working environment is friendly and most junior doctors find that they settle in very quickly
	The Borough of Westminster (pop approx. 250000) is well known to have affluent areas however various pockets, particularly in the north of Westminster, house a substantial disadvantaged multi-ethnic population with consequent high demand on mental health services. Furthermore, due to the central nature of the borough, and the presence of businesses and cultural attractions, Westminster has high numbers of travellers and foreign nationals, as well as street homeless, which makes for an interesting and varied clinical intake.
	Central & North West London NHS Foundation Trust (CNWL) is one of the largest non-acute trusts in the UK, caring for people with a wide range of physical and mental health needs. CNWL has approximately 7,000 staff who provide healthcare to a third of London's population and across wider geographical areas, including Milton Keynes, Kent and Surrey. The catchment area spans diverse communities, with over 100 first languages spoken. It contains areas of affluence as well as sections with much deprivation.
Type of work to expect and learning opportunities	This is a Central London post which brings with it all the variety that one would expect from working in a major capital city. Admissions arrive via Triage. The whole range of psychiatric illnesses can present but the majority of patients are floridly psychotic and formally detained under the Mental Health Act. Many patients have complex social and risk issues. Most are known to Community Services in North Westminster but we also have a significant proportion of new presentations and foreign nationals.
	Management of patients is carried out by the multidisciplinary team including a ward pharmacist, psychologist, occupational therapist in liaison with a broad range of community services including Home Treatment Teams, Early Intervention Services, Community Forensic Teams to name a few.
	Teaching takes place during ward rounds and in direct supervision and there various other learning opportunities at the large St Charles Hospital site including attendance at the weekly academic programme, participation in a Balint group and psychotherapy supervision. A new library and knowledge hub opened at St Charles on 3rd December 2014. The Hub offers a welcoming and flexible 24/7 resource, study and social space to staff and placement students: a

	modern learning environment with online resources to meet the need of the next generation of health professionals and managers.
	Dr Tahira George, Consultant Psychiatrist, Educational Supervisor will provide regular weekly 1:1 supervision, in addition to ward round teaching. She is happy to be contacted at any time Mon-Thurs for advice and support.
	In addition the medical team includes input from two Specialist Registrars (4 sessions) and two Core Trainees (10 sessions), who between them ensure that there is daily cover for the ward. The FY1 will be expected to work alongside and have daily supervision and support from both the core and higher trainees
Clinical supervisor(s) for the placement	Dr Ashu Handa
Main duties of the placement	All the responsibilities and duties listed below will be undertaken under supervision and with appropriate support to ensure safe working within the expected FY1 competency level.  • Detailed clerking, history taking and initiation of necessary investigations and assessments for Treatment Ward patients.  • Establishing, initiating and evaluating treatment plans, risk assessments, capacity assessments in collaboration with the multidisciplinary team and under the supervision of the Consultant Psychiatrist.  • Interviewing relatives and informal carers of patients as required.  • Undertaking the relevant referrals to other disciplines and services both within the multi-disciplinary team as well as to services and resources external to the service  • Observation of Trust, Westminster MHS and local policies and procedures; including those related to medicines management and physical healthcare.  • The FY1 will be expected to provide support and teaching of medical students.  • The FY1 will be encouraged to participate in a Quality Improvement
Typical working pattern in this	Project.  Mon: 9.00am MDT white board meeting
placement (e.g. ward rounds,	9.30am Amazon ward round
clinics, theatre sessions)	2.00pm Ward work Tues: 9.00 am MDT white Board meeting 10.00am Supervision with Consultant 2.00pm Staff reflective practice with psychologist
	Wed: 9.00am MDT white board meeting  12.30 Academic meeting / FY1 teaching at St Mary's;
	Self-development time (2 hours)
	Thurs: 9.00 am MDT white board meeting 9.30am Amazon ward round
	Fri: 9.00am MDT white board meeting 10.00am ST/CT teaching
	There are no on call commitments in this post
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	St Mary's Hospital
NPN	LDN/RYJ01/FND/FY1/001
Placement details (i.e. the specialty and sub-specialty)	General Psychiatry (Liaison Psychiatry)
The Department (Please provide a general overview)	The Psychological Medicine Department (Liaison Psychiatry) at St Mary's Hospital.  The Liaison Psychiatry Service receives referrals aged 18+ from anywhere in the hospital. Presentations are often prompted by:  severe behavioral disturbance and mental illness  concerns about risk of suicide  medically unexplained symptoms  mental illness co-morbid with physical illness  dementia, delirium in elderly patients  advice regarding complex mental capacity assessments  The Perinatal Psychiatry Team specialises in referrals of pre-and post-natal women. St Mary's Maternity Unit oversees 5000 deliveries a year.  Childbirth is the highest risk event for mental illness in a woman's life.  Mental illness is the leading cause of death in mothers. The team sees the full breadth of mental health presentations (most notably puerperal psychosis and affective disorders), collaborates closely with other services and carries out particularly eloquent risk management to ensure the safety of mother and child. Both services also run outpatient clinics.
Type of work to expect and learning opportunities	This exciting F1 post in liaison psychiatry provides an introduction to psychiatry for junior doctors. It provides a foundation in the core competencies for psychiatric training such as psychiatric assessment and management. In addition, it also provides skills that are highly relevant to the interface between physical and mental health in primary care and hospital practice. These include how to integrate treatment for patients who have both mental and physical health problems, and how to work with complex patients where poor outcomes or complaints may be a particular risk.  The FY1 will join the liaison psychiatry and perinatal psychiatry teams at St Mary's Hospital  The post holder will be supported in learning psychiatric principles as well as 'integration' skills specific to the mental-physical interface.  These include-  Psychiatric assessment, cognitive assessment, mental state examination, assessing risk of self-harm, diagnosis of a broad range of psychiatric disorders.  Management of psychiatric disorders including care planning, pharmacology and psychotherapy. To include common disorders often managed in primary care alone, e.g. adjustment disorder

	psychiatric and p  Effective commu disorders and ris Presenting a psy Collaborative wo Communication s who are in conflict The FY1 will at first of assessments and recommunication services are recommunication of the following intended foundation professions.	nication and documentately, including referral to othe chiatric case.  rking in multi-agency sette skills - talking with familied to about their treatment of the county o	ion about psychiatric ner services.  tings. es, talking with patients r diagnosis. es, then be able to carry vision. es mapped to the relevant ndation curriculum,
Clinical supervisor(s) for the placement	Dr John Bainton		
Main duties of the placement	<ul> <li>The post holder will be expected to:</li> <li>Participate in daily team handover meetings and case discussion</li> <li>Carry out assessment and review of referred patients (with close support from consultant and senior trainee)</li> <li>Create management plans for common psychiatric presentations.</li> <li>Communicate with other services and document clearly.</li> <li>Assist in teaching of medical students.</li> <li>Attend weekly supervision with a consultant psychiatrist</li> <li>Attend regular teaching and grand round.</li> <li>Contribute to Quality Improvement</li> <li>Liaison Psychiatry assessments include seeing new referrals from inpatient wards, followed by a senior review.</li> <li>The clinical supervisors for this post are:</li> <li>Dr Bartlomiej Matras (Consultant in Liaison Psychiatry- lead for Older Adults)</li> <li>Dr John Bainton (Consultant in Liaison Psychiatry)</li> <li>Dr Steve Reid (Consultant in Liaison Psychiatry)</li> <li>Dr Maddalena Miele (Consultant in Perinatal Psychiatry)</li> </ul>		
Typical working pattern in this placement (e.g. ward rounds,	Monday Tuesday	Liaison assessments Liaison/perinatal	Liaison assessments Team
clinics, theatre sessions)	Tuosuay	assessments	meeting/Liaison assessments
	Wednesday	Liaison assessments	Supervision
	Thursday	Liaison/perinatal assessments	F1 teaching and self- development
	Friday	Liaison assessments	Liaison assessments (Lunch – St Mary's Grand Round)
Local education provider (LEP) / employer information	Imperial College Hea	althcare NHS Trust	

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust	
Site	Charing Cross Hospital	
NPN	LDN/RYJ02/FND/FY1/034	
Placement details (i.e. the specialty and sub-specialty)	General Psychiatry (Liaison Psychiatry)	
The Department (Please provide a general overview)	Liaison Psychiatry provides a foundation in the core competencies for psychiatric training such as psychiatric assessment and management. In addition, it also provides skills that are highly relevant to the interface between physical and mental health in primary care and hospital practice. These include how to integrate treatment for patients who have both mental and physical problems, and how to work with complex patients where poor outcomes or complaints may be a particular risk.	
Type of work to expect and learning opportunities	<ul> <li>The post-holder will be supported in learning psychiatric principles as well as 'interrogation' skills specific to the mental-physical interface. These include: <ul> <li>Psychiatric assessment, cognitive assessment, mental state examination, assessing risk of self-harm, diagnosis of a broad range of psychiatric disorders</li> <li>Management of psychiatric disorders including care planning, pharmacology and psychotherapy. To include common disorders often managed in primary care alone e.g. adjustment disorder and anxiety disorders. Also to include managing co-morbidity of psychiatric and physical disorder</li> <li>Effective communication and documentation about psychiatric disorders and risk, including referral to other services</li> <li>Presenting a psychiatric case</li> <li>Collaborative working in multi-agency settings</li> <li>Communication skills – talking with families, talking with patients who are in conflict about their treatment or diagnosis.</li> </ul> </li> <li>The FY1 will at first observe and discuss cases, then be able to carry assessments and reviews under senior supervision.</li> </ul>	
Clinical supervisor(s) for the placement		

Main duties of the placement	<ul> <li>The post-holder will be expected to: <ul> <li>Participate in daily team handover meetings and case discussion</li> <li>Carry out assessment and review of referred patients (with close support from consultant and senior trainee)</li> <li>Create management plans for common psychiatric presentations</li> <li>Communicate with other services and document clearly</li> <li>Assist in teaching of medical students</li> <li>Attend weekly supervision with a consultant psychiatrist</li> <li>Attend regular teaching and grand round</li> <li>Contribute to audit or consider a small project depending on their interest</li> </ul> </li> <li>Liaison Psychiatry assessments include seeing new referrals from inpatient wards and in the Emergency Department, followed by senior review.</li> </ul>
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	St Mary's Hospital
NPN	LDN/RYJ01/FND/FY1/043
Placement details (i.e. the specialty and sub-specialty)	General Psychiatry (Liaison – Perinatal Psychiatry)
The Department (Please provide a general overview)	The FY1 will join the liaison psychiatry and perinatal psychiatry teams at St Mary's Hospital as well as a general psychiatry team (the Community Recovery Team).
	The departments The Liaison Psychiatry Service receives referrals aged 16-65 from anywhere in the hospital. Presentations are often prompted by: • severe behavioral disturbance and mental illness • concerns about risk of suicide • medically unexplained symptoms • mental illness co-morbid with physical illness • advice regarding complex mental capacity assessments
Type of work to expect and learning opportunities	This exciting and innovative F1 post in liaison psychiatry provides an introduction to psychiatry for junior doctors. It provides a foundation in the core competencies for psychiatric training such as psychiatric assessment and management, in addition, it also provides skills that are highly relevant to the interface between physical and mental health in primary care and hospital practice. These include how to integrate treatment for patients who have both mental and physical health problems, and how to work with complex patients where poor outcomes or complaints may be a particular risk.
	The Perinatal Psychiatry Team specialises in referrals of pre-and post-natal women. St Mary's Maternity Unit oversees 5000 deliveries a year.  • Childbirth is the highest risk event for mental illness in a woman's life.  • Mental illness is the leading cause of death in mothers.  The team sees the full breadth of mental health presentations (most notably puerperal psychosis and affective disorders), collaborates closely with other services and carries out particularly eloquent risk management to ensure the safety of mother and child.
	Both services also run outpatient clinics.  The Crisis Resolution Team provides psychiatric support to people with acute, severe mental illness in the community, as an alternative to inpatient admission, or during the period of high risk immediately following hospital discharge. Referrals include:  • Severe affective disorder e.g. bipolar affective disorder.  • Schizophrenia  • Schizoaffective disorder

This multidisciplinary team carries out home visits daily has expertise in risk assessment and the management of severe psychiatric presentations. Supervised by a very senior forensic psychiatrist. The learning opportunities and objectives The post holder will be supported in learning psychiatric principles as well as 'integration' skills specific to the mental-physical interface. These include-• Psychiatric assessment, cognitive assessment, mental state examination, assessing risk of self-harm, diagnosis of a broad range of psychiatric disorders. • Management of psychiatric disorders including care planning. pharmacology and psychotherapy. To include common disorders often managed in primary care alone, e.g. adjustment disorder and anxiety disorders. Also to include managing co-morbidity of psychiatric and physical disorder. • Effective communication and documentation about psychiatric disorders and risk, including referral to other services. Presenting a psychiatric case. • Collaborative working in multi-agency settings. • Communication skills - talking with families, talking with patients who are in conflict about their treatment or diagnosis. The FY1 will at first observe and discuss cases, then be able to carry assessments and reviews under senior supervision. Clinical supervisor(s) for the placement Main duties of the placement The post holder will be expected to: • Participate in daily team handover meetings and case discussion • Carry out assessment and review of referred patients (with close support from consultant and senior trainee) • Create management plans for common psychiatric presentations. • Communicate with other services and document clearly. Assist in teaching of medical students. Attend weekly supervision with a consultant psychiatrist • Attend regular teaching and grand round. • Contribute to audit or consider a small project depending on their interest. Liaison Psychiatry assessments include seeing new referrals from inpatient wards and in the Emergency Department, followed by senior review. Typical working pattern in this placement (e.g. ward rounds, Liaison assessments Monday Liaison clinics, theatre sessions) assessments Team meeting/Liaison assessments Tuesday Liaison/perinatal assessments Wednesday Liaison Supervision assessments Thursday Liaison/perinatal F1 teaching and self-development assessments Friday Liaison Liaison assessments assessments (Lunch – St Mary's Grand Round) Local education provider Imperial College Healthcare NHS Trust (LEP) / employer information

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change

Trust	Imperial College Healthcare NHS Trust
Site	Central & North West London NHS Foundation Trust, Redwood Ward, St Charles' Hospital Clinical Supervisor – Dr Nicola Su-Han Ng who is the substantive consultant psychiatrist on Redwood ward
NPN	LDN/RV320/FND/FY1/001
Placement details (i.e. the specialty and sub-specialty)	Psychiatry – Older adults inpatient
The Department (Please provide a general overview)	Redwood Ward is a 17 bedded older adult inpatient unit at St Charles Hospital, Mental Health Unit. The ward accepts a wide range of referrals typically from the community mental health teams and integrated home treatment (crisis) teams but can include the acute local hospitals. Patients may be subject to detention under the mental health act (MHA) and if detained will be subject to Section 2 or 3 of the MHA. Cases often seen involve investigating cognitive impairments to the management of complex dementia cases as well as managing and treating a wide range of acute functional illnesses which include schizophrenia, depression, bipolar disorder and personality disorders. The team also care for a number of patients with multiple physical health comorbidities and frailty alongside their mental health illnesses.  The team is composed of doctors, nurses, occupational therapists, social workers, psychologists and support workers.  Medically, there is a full-time consultant, a higher trainee and a core
Type of work to expect and learning opportunities	The FY1 will benefit from a wide range of educational opportunities, including how to structure and conduct a psychiatric examination as well as attending the team MDT and CPA meetings. There are also opportunities to observe other parts of mental health services, such as Mental Health Act assessments, case conferences and Mental Capacity Act work. The ward hosts medical students and the FY1 would be expected to take part in providing educational experience to undergraduates. Psychological interventions and neuropsychological assessments can be observed with arrangement.  Other experiences may also be available dependent on interest, such as attending the in-patient unit MDTs, experience in older people liaison psychiatry and observing electroconvulsive therapy
Clinical supervisor(s) for the placement	sessions. Nicola Su-Han Ng (consultant psychiatrist)
Main duties of the placement	The FY1 will be closely supervised during the placement, ensuring that they are not expected to work outside their comfort or competence. However, it is envisaged that by the end of the placement, the FY1 will be a valuable part of the MDT, assisting with clinical reviews and completing initial clerking of the patient in the presence of their supervisor or another senior member of the team.

	The FY1 will be expected to contribute to all aspects of the team functions, including organising training sessions, providing medical		
	expertise and carrying out audit and service improvement depending on need and interest.		
	The FY1 will be expected to attend other educational activities,		
	including weekly teaching at the acute site and attendance at the		
	local academic psychiatry programme.		
Typical working pattern in this	Mon: 9.30am MDT Handover		
placement (e.g. ward rounds,	10.30am MDT reviews		
clinics, theatre sessions)	2.00pm Ward work		
	Tues: 9.30am MDT weekly ward round		
	2:00pm Ward work		
	4:00pm Supervision with Consultant		
	W. J. O.O. MRTH. J.		
	Wed: 9.30am MDT Handover		
	12.30am Academic meeting at St Charles 15:00pm Balint Group		
	Thurs: 9.30am MDT Handover		
	10.00am MDT Reviews		
	12:30-2:00pm – FY teaching		
	2.00pm Ward Work		
	Fri: 9.30am MDT Handover		
	10.00am ST/CT Teaching		
	11.00am MDT Reviews		
	2pm Ward work		
	There are no on call commitments in this post		
Local education provider	Imperial College Healthcare NHS Trust		
(LEP) / employer information	Importat Conogo Floatifloato 14110 1140t		

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Charing Cross Hospital
NPN	LDN/RYJ02/FND/FY1/013 LDN/RYJ02/FND/FY1/011 LDN/RYJ02/FND/FY1/010
Placement details (i.e. the specialty and sub-specialty)	General Surgery (Breast Surgery)
The Department (Please provide a general overview)	5 Consultants, four registrars, two fellows, one house officer and three FY1s.
	There is an operation list every day for malignant and benign disease, this includes a variety of reconstructive operations, a number of which are done in conjunction with the plastic surgery dept.
	The West London Breast Screening Unit is based at Charing Cross Hospital and 30% of patients are screening patients.
Type of work to expect and learning opportunities	There is - a great deal of the time is spent in theatre (1-2 days per week). There is a high turnover of patients but the firm has a doctor's assistant who helps with the organization of this.
	There are a few breast inpatients surgery patients who require looking after on the wards, on average 1-3 per day.
	As a result, there is plenty of opportunity for surgical development by being first assistant, learning to suture and other important aspects of operations including anesthetics.
	Time is also spent in breast and general surgery outpatient clinics - seeing both follow up and new patients. Outpatient clinics are an educational opportunity for the F1 to sit and observe the Consultant. The F1 has the opportunity to present patients to the Consultants helping them complete their mandatory assessment requirements such as CBDs. Skills in history taking, examination and understanding of common investigations such as mammograms and ultrasounds can also be developed.
	There is an arrangement with Urology allowing learning opportunities in Urology Outpatients and theatres.
	On call shifts covering breast and urology and enables one to see other patients with a variety of common surgical pathology and conditions, clerk patients in A&E, improve skills such as blood taking, cannulation and catheterization. There is also time spent in the emergency theatre during call shifts, in which F1s can be scrubbed in.
	There are also plenty of opportunities to complete quality improvement projects and audits, which are essential for career progression and earning points for CT application.

Clinical supervisor(s) for the placement	The Foundation Trainee will be assigned a clinical supervisor who they will work with closely whilst on this placement.
Main duties of the placement	<ul> <li>Theatre (assisting, suturing)</li> <li>Prospective compilation and presentation of the breast surgery department Morbidity and Mortality each month</li> <li>Contributing to and presenting in the MDT weekly</li> <li>Compilation a daily patient list</li> <li>Managing patients post operatively on the ward</li> <li>When on call in evenings there is daytime allocation for shadowing the on call surgical SHO</li> </ul>
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)  Local education provider  (LCD) to make a provider of the placement of the placement (LCD) to make a provider of the placement of the plac	Typical week: Between the three F1s the weekly timetable of their duties is allocated to consist of theatre/clinic/admin and ward work.  Mon: Review ward patients, pre-op clerkings for the week, admin and filling out paperwork for the week's lists, organizing investigations such as sentinel node injections. All day theatre list.  Tues: All day theatre list- assisting, suturing, requesting pathology, monitoring ward patients and post op patients.  Wed: AM half day theatre list Presenting the afternoon MDT meeting  Thurs: All day theatre list  Fri: All day theatre list.  Sat: General surgical on call Sun: General surgical on call Clinics run every day and these are attended when there is a full complement of house officers  On call requirements: Over a 4-month post: - 15 long days (approx. 1 per week) covering ward, urology and breast surgery inpatients - 3 weekends (approx. 1 in 5) Imperial College Healthcare NHS Trust
(LEP) / employer information	

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Hammersmith Hospital
NPN	LDN/RYJ03/FND/FY1/009
Placement details (i.e. the specialty and sub-specialty)	General Surgery (Hepatobiliary)
The Department (Please provide a general overview)	Tertiary academic centre with a mix of simple and complex patients. Often a lot of referrals from other hospitals. A lot of cutting edge procedures in pancreatic and liver cancer. Work closely with oncologists and radiologists. Also some benign cases. Hepatobiliary and Endocrine Surgery of the department of surgery and cancer consists of 6 teams. In this job the F1 is attached to a Professorial team throughout the placement.
Type of work to expect and learning opportunities	Ward work – Looking after patients with surgical problems; post- operative management
	Pre assessment clinic – Once a week for all the surgical teams seeing pre op patients and assessing fitness for surgery
	Acute surgical experience in A&E
	Theatre experience – opportunities to assist in procedures
	Academic activities for research and publications
Clinical supervisor(s) for the placement	Professor Long R Jiao
Main duties of the placement	<ul> <li>Clerking patients in pre-assessment clinics</li> <li>Updating patient lists</li> <li>Organising and following up investigations for patients</li> <li>Organising and handing in theatre list</li> <li>Assisting in theatre</li> </ul>

Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Daily: 8am handover followed by ward round. Official end of day 5pm  Weekly: One day every week on call 8am – 8pm Mon: Ward work, jobs, teaching at CXH 1pm – 2pm Tues: Ward work (Sometimes theatre list also) Teaching 1-2.30pm Post grad centre Ham House  Wed: All day theatre list (ward round earlier 7:15 – 7:30am) Jobs  Thurs: Ward work. Jobs Fri: Ward work, pre-assessment clinic 1pm Sat: N/A Sun: N/A  On call requirements: Once a week. Weekdays only. 8am to 8pm. Maybe on call on bank holidays
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Charing Cross Hospital
NPN	LDN/RYJ02/FND/FY1/020 – Integrated Care OPAL
Placement details (i.e. the specialty and sub-specialty)	Geriatric Medicine (Integrated Care OPAL)
The Department (Please provide a general overview)	The Department consists of 8 Consultants who manage the acute inpatient wards (8W and 8S), Lady Skinner Rehab ward, OPAL (Older Persons Acute Assessment and Liaison) and OPRAC (Older Persons Rapid Assessment Clinic) services. The consultants also work in the community including in nursing homes. The department is involved in the care of complex older patients at all stages – the acute admission, inpatient stay, rehabilitation and in the community.
Type of work to expect and learning opportunities	The F1 Doctor will be based on the acute medical ward and in the Older Persons Acute Assessment and Liaison team. They will join a team of healthcare professionals (including Consultant, therapists, specialist nurses).
	OPAL: This involves working with the multidisciplinary team in order to perform a comprehensive geriatric assessments on frail older patients admitted to the acute medical unit.
	There is a weekly opportunity to attend community sessions with a consultant geriatrician, which may involve home visits or MDT meetings. There is also a weekly additional take shift to enable the F1 to increase their acute medical exposure.
	The placement offers opportunities to work with and learn from colleagues in a multidisciplinary team environment. This placement offers the F1 the opportunity to widen their knowledge of core Elderly Medicine topics such as dementia, delirium and frailty.
	F1s will be expected to gain experience in independent assessment of patients under supervision. They will also gain experience with communicating with patients and relatives in challenging circumstances, for example in those with hearing problems or cognitive deficits. They will also learn about discharge planning, especially of complex patients.
	There may also be opportunities to attend OPRAC. This involves the review and clerking of up to 2 patients daily under consultant or registrar supervision and occasional phone clinic appointments. The clinic is available for GPs and ED to refer complex elderly patients for a full comprehensive assessment including investigations all undertaken the same day.
	F1s in Medicine for the Elderly get the opportunity to teach students (there are regular attachments of Undergraduates) and there are

	teaching/learning opportunities at weekly departmental educational meetings, weekly medical meetings and weekly X-ray meetings.
Clinical supervisor(s) for the placement	Dr Dar/ Wright
Main duties of the placement	The main duties of the placement are to carry out comprehensive geriatric assessments on older patients. This may include clinical and mobility assessments, ordering and following up investigations and liaising with the multidisciplinary team and families. F1s may be required to assess unwell patients under supervision and start preliminary treatment plans. The F1 is likely to attend MDT meetings and family meetings.
	Other duties include referring patients to other specialties.  The doctors are additionally expected to cross cover within the Medicine for the Elderly department in order to facilitate leave arrangements.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Mon: 09:00 - OPRAC or OPAL 13:00 - Medicine for the Elderly meeting 14:00 - OPRAC or OPAL
	Tues: 09:00 – On call take 14:00 14:00 – On call take
	Wed: 09:00 –Community 13:00 – Grand round 14:00 – Community
	Thurs: 09:00 – OPAL 13:00 – F1 Teaching 14:00 – OPAL
	Fri: 09:00 – OPAL 13:00 – Medical meeting 14:00 – OPAL
	Sat: Sun:
Local education provider (LEP) / employer information	On call requirements: None Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Charing Cross Hospital
NPN	LDN/RYJ02/FND/FY1/022 – Integrated Care Rehab
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Placement details (i.e. the specialty and sub-specialty)	Geriatric Medicine (Integrated Care Rehab)
The Department (Please provide a general overview)	The Department consists of 8 Consultants who manage the acute inpatient wards (8W and 8S), Lady Skinner Rehab ward, OPAL (Older Persons Acute Assessment and Liaison) and OPRAC (Older Persons Rapid Assessment Clinic) services. The consultants also work in the community including in nursing homes. The department is involved in the care of complex older patients at all stages – the acute admission, inpatient stay, rehabilitation and in the community.
Type of work to expect and learning opportunities	The F1 Doctor will be based on the acute medical ward and in the Older Persons Acute Assessment and Liaison team. They will join a team of healthcare professionals (including Consultant, therapists, specialist nurses).
	OPAL: This involves working with the multidisciplinary team in order to perform a comprehensive geriatric assessments on frail older patients admitted to the acute medical unit.
	There is a weekly opportunity to attend community sessions with a consultant geriatrician, which may involve home visits or MDT meetings. There is also a weekly additional take shift to enable the F1 to increase their acute medical exposure.
	The placement offers opportunities to work with and learn from colleagues in a multidisciplinary team environment. This placement offers the F1 the opportunity to widen their knowledge of core Elderly Medicine topics such as dementia, delirium and frailty.
	F1s will be expected to gain experience in independent assessment of patients under supervision. They will also gain experience with communicating with patients and relatives in challenging circumstances, for example in those with hearing problems or cognitive deficits. They will also learn about discharge planning, especially of complex patients.
	There may also be opportunities to attend OPRAC. This involves the review and clerking of up to 2 patients daily under consultant or registrar supervision and occasional phone clinic appointments. The clinic is available for GPs and ED to refer complex elderly patients for a full comprehensive assessment including investigations all undertaken the same day.
	F1s in Medicine for the Elderly get the opportunity to teach students (there are regular attachments of Undergraduates) and there are

	teaching/learning opportunities at weekly departmental educational meetings, weekly medical meetings and weekly X-ray meetings.
Clinical supervisor(s) for the placement	Dr Dar/ Wright
Main duties of the placement	The main duties of the placement are to carry out comprehensive geriatric assessments on older patients. This may include clinical and mobility assessments, ordering and following up investigations and liaising with the multidisciplinary team and families. F1s may be required to assess unwell patients under supervision and start preliminary treatment plans. The F1 is likely to attend MDT meetings and family meetings.
	Other duties include referring patients to other specialties.  The doctors are additionally expected to cross cover within the Medicine for the Elderly department in order to facilitate leave arrangements.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Mon: 09:00 - OPRAC or OPAL 13:00 - Medicine for the Elderly meeting 14:00 - OPRAC or OPAL
	Tues: 09:00 – On call take 14:00 14:00 – On call take
	Wed: 09:00 –Community 13:00 – Grand round 14:00 – Community
	Thurs: 09:00 – OPAL 13:00 – F1 Teaching 14:00 – OPAL
	Fri: 09:00 – OPAL 13:00 – Medical meeting 14:00 – OPAL
	Sat: Sun:
Local education provider (LEP) / employer information	On call requirements: None Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust	
Site	St Mary's Hospital	
NPN	LDN/RYJ01/FND/FY1/056	
Placement details (i.e. the specialty and sub-specialty)	Geriatric Medicine (acute frailty)	
The Department (Please provide a general overview)	The Department of Elderly Medicine runs a range of services for frail older people in Northwest London. These include inpatient acute elderly Medicine beds, rehabilitation units, multidisciplinary outpatient clinics, surgical liaison, dedicated phone and email lines for GPs, and community work.	
	The acute frailty team looks after frail older people coming to hospital with presentations typical of frailty such as falls and delirium. The work is focused on preventing admissions or getting people home as quickly as possible.	
	The Foundation doctor will work with other members of the team to perform Comprehensive Geriatric Assessment, and implement the plan created as a result of this assessment. There is a daily consultant ward round. Other members of the team include other junior doctors, senior nursing staff, therapists and acute frailty practitioners.	
	There are also three wards for geriatric medicine and the post holder may occasionally be asked to provide cover to the wards.	
Type of work to expect and learning opportunities	The F1 will be based on the acute medicine wards, gaining experience in the acute assessment of older people as well as discharge planning and managing risk in the community.	
	They will learn how to assess and manage patients with complex problems common in frailty including dementia, delirium, falls, polypharmacy and incontinence, along with a wide variety of acute medical problems and comorbidities. In particular they will learn how to work as part of a specialist geriatric multidisciplinary team.	
	The F1 will also participate in the acute medical take (including night shifts) and in the ongoing care of patients admitted via the take when post-take. They will provide out-of-hours ward cover on an on-call rota.	
	The F1 will be expected to take an active role in education and quality improvement. This will involve teaching medical students and completing one or more quality improvement / research projects. They will have opportunities to present at our departmental education meetings and morning report (Weekly case based learning in medicine).	

Clinical supervisor(s) for the placement	Dr Claire Solomon, Dr Rosie Belcher
Main duties of the placement	Typical duties include reviewing patients to present to the consultant, establishing collateral histories, liaising with the GP, families and carers, therapists and community partners, arranging diagnostic investigations, performing procedures with appropriate training and supervision (eg catheterisation), and maintaining accurate and timely clinical records. The F1 doctor will be under daily consultant supervision.
	The doctor will be responsible for such other specific clinical duties as allocated by consultants including performing other duties in occasional emergencies and unforeseen circumstances.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	The working pattern in these posts will be 9am-5pm, with on-calls including evening work, weekends and night shifts. In addition, the trainees will be expected to attend weekly teaching sessions including dedicated F1 teaching.
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Charing Cross Hospital
NPN	LDN/RYJ02/FND/FY1/032
Placement details (i.e. the specialty and sub-specialty)	Geriatric Medicine (Stroke)
The Department (Please provide a general overview)	The department of Stroke Medicine comprises 9 Specialist Stroke Consultants.
	6 of the 9 Stroke Consultants have a background in General Internal Medicine and Geriatric Medicine; 2 in Neurology; and 1 in General Internal Medicine.
	The Charing Cross site provides a 24/7 IV thrombolysis service and an extended-hours 7-day thrombectomy service, all consultant-led. Acute care is provided in the 24-bed Hyper-Acute Stroke Unit (HASU) and a 23-bed Acute Stroke Unit (ASU). There is a 7-day TIA service and TIA and Stroke follow-up clinics, and other new specialist stroke clinics in development.
	The department has a very strong portfolio of clinical research, with RCTs and observational studies that aim to answer important questions regarding patient care from the hyper-acute period to rehabilitation and prevention.
	The department's aim is to a leader in patient-centered stroke care, clinical research and education.
Type of work to expect and learning opportunities	This post will cover key areas to the educational objectives of the F1 year. It will provide the trainee with the knowledge, skills required in their continued development. The following competencies will be covered:
	Take a history and examine a patient
	Identify and synthesize problems
	Prescribe safely
	<ul> <li>Keep an accurate and relevant medical record</li> <li>Manage time and clinical priorities effectively</li> </ul>
	Communicate effectively with patients, relatives and
	colleagues
	Use evidence, guidelines and audit to benefit patient care
	Act in a professional manner at all times  Cope with othical and local increase which occur during the
	<ul> <li>Cope with ethical and legal issues which occur during the management of patients with general medical problems</li> </ul>
	Educate patients effectively
	Become life-long learners and teachers
	The F1 will have attachment periods to the HASU (Hyper-Acute Stroke Unit), ASU (Acute Stroke Unit) and on call thrombolysis team.

Additional opportunity to gain exposure to TIA assessment and management will also be provided as well as exposure to stroke clinical research. Whilst in the attachment the F1 will be involved with The generic clerking of suspected stroke patients being admitted to the stroke service. Currently approximately 40% of patients presenting with a suspected stroke are in fact stroke "mimics" (common conditions being; seizures, delirium, headache, Todd's paresis, syncope, vestibular complaints and encephalopathy). Thus the post will not only provide a good grounding in stroke diagnosis and care but also other acute medical and neurological conditions. The complications that occur in stroke sufferers will allow the F1 to practice supervised assessment and management of important medical emergencies; such as sepsis, respiratory and haemodynamic instability, acute confusion states, and reduced level of consciousness. The care provided in the HASU is consultant-led with 3 times a day board round and twice a day ward rounds, giving a supported platform for trainees to learn and practice medicine. The period of ASU attachment will provide the F1 trainee with the opportunity to develop communication and team playing skills. Exposure to the holistic needs of chronic ill health and disability. Experience and opportunity to develop competency in MDT team working, leadership, rehabilitation goal setting and discharge planning Acute medical on-call F1 rota commitments Clinical supervisor(s) for the The Foundation trainee will be assigned a clinical supervisor who placement they will work closely with during the placement. The F1 doctor is responsible with other staff for the ward care of Main duties of the placement patients and the maintenance of the patient's medical record. They will take part in the FY1 on call (GIM) rota and will work on both HASU and ASU. They are expected to attend the weekly F1 teaching program, weekly stroke juniors' teaching and medical grand rounds. Demonstrate competencies by carrying out WBAs and also take part in audit or a care improvement project. Typical working pattern in this Daily placement (e.g. ward rounds, Normal working day 0900 to 1700 0900/1230/1600 - Consultant-led HASU Board Round clinics, theatre sessions) Consultant-led am ward round on HASU and ASU **Additional Weekly Events** Mon: 1300 ASU MDT meeting Tues: 1300 Stroke Academic meeting Wed: 1130 Neuroradiology meeting & 1230 Medical Grand Round Thur: 1300 Mandatory F1 teaching

	On call requirements: equates to approx. 10 evening on- calls and 4 weekends per 4 month rotation
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Charing Cross Hospital
NPN  Placement details (i.e. the	LDN/RYJ02/FND/FY1/018 LDN/RYJ02/FND/FY1/027 LDN/RYJ02/FND/FY1/019 Geriatric Medicine
specialty and sub-specialty)  The Department (Please provide a general overview)	The Department consists of 8 Consultants who manage the acute inpatient wards (8W and 8S), Lady Skinner Rehab ward, OPAL (Older Persons Acute Assessment and Liaison) and OPRAC (Older Persons Rapid Assessment Clinic) services. The consultants also work in the community including in nursing homes. The department is involved in the care of complex older patients at all stages – the acute admission, inpatient stay, rehabilitation and in the community.
Type of work to expect and learning opportunities	The F1 Doctor will be based on one of the acute Medicine for the Elderly Wards. They will form part of a team of doctors (including Consultant, registar, GP trainee or IMT and foundation doctors).  Work involves the day-to-day management of patients on the ward. In the morning there is a senior led board followed by a ward round with a range of team members, in which the FY1 is encouraged to assess patients independently. There are twice weekly consultant led ward rounds. After the patients have been assessed, the F1 is expected to work with other team members to prioritise and complete tasks that were generated on the ward round. These tasks range from ordering routine investigations, to doing procedures. Another key area of the job is communicating with relatives and carers in addition to other healthcare professionals.  As it is a general medical ward, this placement offers the F1 the opportunity to widen their knowledge of common medical conditions, including care of acute and chronic conditions. They will gain an understanding of core Elderly Medicine topics such as dementia, delirium and frailty.  F1s will be expected to gain experience in independent assessment of patients under supervision. They will also gain experience with communicating with patients and relatives in challenging circumstances, for example in those with hearing problems or cognitive deficits.  F1s in Medicine for the Elderly get the opportunity to teach students (there are regular attachments of Undergraduates) and there are teaching/learning opportunities at weekly departmental educational meetings, weekly medical meetings and weekly X-ray meetings.  There are also opportunities to attend Out Patient Clinics and join one of the Consultants visiting local Care Homes.

Clinical supervisor(s) for the	Dr Brice/ Dr Ehsanullah/ Dr Hodgkinson/ Dr Phillips / Dr Shukla
placement	
Main duties of the placement	The main duties of the placement are to ensure the day-to-day well being of the patients, including clinical assessments, ordering and following up investigations and liaising with the multidisciplinary team and families. F1s would be required to assess unwell patients under supervision and start preliminary treatment plans. The F1 is likely to attend MDT meetings and family meetings.  Other duties include referring patients to other specialties.
	The doctors are expected to cross cover within the Medicine for the Elderly department in order to facilitate leave arrangements.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Mon: 09:00 – Ward round 13:00 - Medicine for the Elderly meeting 14:00 – Jobs in the afternoon
	Tues: 09:00 – Consultant Ward round 14:00 – MDT meeting 15:00 - Finish ward round/jobs
	Wed: 09:00 – Ward round and email subjects for X-ray meeting 13:00 – Grand round 14:00 – Jobs
	Thurs: 09:00 – Consultant Ward round 12:00 – X-ray meeting 13:00 – F1 Teaching 15:00 - Jobs
	Fri: 09:00 – Ward round 13:00 – Medical meeting 14:00 – Jobs
	Sat: Sun:
	On call requirements: As per on call rota, including weekend ward 9-9 cover and late acute shifts (5-9)
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	St Mary's Hospital
NPN	LDN/RYJ01/FND/FY1/058 LDN/RYJ01/FND/FY1/057 LDN/RYJ01/FND/FY1/052 LDN/RYJ01/FND/FY1/055 LDN/RYJ01/FND/FY1/051 (1 of these NPNs is integrated geriatrics/ acute frailty)
Placement details (i.e. the specialty and sub-specialty)	Geriatric Medicine
The Department (Please provide a general overview)	The Department of Elderly Medicine runs a range of services for frail older people in Northwest London. These include inpatient acute elderly Medicine beds, rehabilitation units, multidisciplinary outpatient clinics, surgical liaison, dedicated phone and email lines for GPs, and community work.
	There are three wards for geriatric medicine, each led by a consultant geriatricians. The Foundation doctor will work closely with our multidisciplinary teams to provide a high quality, comprehensive geriatric service for older medical inpatients living with frailty. There is also an acute frailty team, caring for frail older people at the front door (ED and acute medical wards).
Type of work to expect and learning opportunities	The F1 will be based on one of our specialist medicine for the elderly wards, gaining experience of the acute assessment of older people as well as ongoing ward care and complex discharge planning.
	They will learn how to assess and manage patients with complex problems common in frailty including dementia, delirium, falls, polypharmacy and incontinence, along with a wide variety of acute medical problems and comorbidities. In particular they will learn how to work as part of a specialist geriatric multidisciplinary team.
	The F1 will also participate in the acute medical take (including night shifts) and in the ongoing care of patients admitted via the take when post-take. They will provide out-of-hours ward cover on an on-call rota.
	The F1 will be expected to take an active role in education and quality improvement. This will involve teaching medical students and completing one or more quality improvement / research projects. They will have opportunities to present at our departmental education meetings and morning report (Weekly case based learning in medicine).
Clinical supervisor(s) for the placement	Dr Susy Long, Dr Colin Mitchell, Dr David James.

Main duties of the placement	Typical duties include reviewing patients to present to the consultant, establishing collateral histories, liaising with the GP, families and carers, therapists and community partners, arranging diagnostic investigations, performing procedures with appropriate training and supervision (eg catheterisation), and maintaining accurate and timely clinical records.  The doctor will be responsible for such other specific clinical duties as allocated by consultants including performing other duties in
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	occasional emergencies and unforeseen circumstances.  The working pattern in these posts will be 9am-5pm, with on-calls including evening work, weekends and night shifts. In addition, the trainees will be expected to attend weekly teaching sessions including dedicated F1 teaching.
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Queen Charlotte's and Chelsea Hospital
NPN	LDN/RYJ04/FND/FY1/002 LDN/RYJ04/FND/FY1/001
Placement details (i.e. the specialty and sub-specialty)	Obstetrics & Gynaecology
The Department (Please provide a general overview)	Queen Charlotte's and Chelsea Hospital is a maternity, women's and neonatal care hospital. It is a tertiary referral centre and looks after women with high-risk, complicated pregnancies, early pregnancy complications, complex benign gynaecological conditions and gynaecological cancers.
Type of work to expect and learning opportunities	This post involves a combination of typical F1 ward jobs and numerous opportunities to learn about this senior-led specialty. As it is supernumerary, there in onus on the F1 to make the most of their time, and create and use all opportunities possible.  There is ample opportunity to learn and practice the core F1 competencies such as history taking, examination, decision making, vascular access, working in a team, basic surgical skills and surgical assessment.  In addition, there is opportunity to do O&G specific histories and examinations, such as speculum, VE, US scanning, assisting with deliveries and perineal repair.
Clinical supervisor(s) for the placement	Miss Sabrina Das, Consultant Obstetrician and Gynaecologist
Main duties of the placement	This is a supernumerary position, so there is ample opportunity to take part in learning as well as standard service delivery, particularly on obstetric placements.  In Obstetrics, main duties;  Assist in seeing and managing post-natal and ante-natal patients on the ward  Assist in assessing and managing patients on the Day Assessment Unit  Spend time on labour ward, helping with clerking, vascular access and assisting in theatre.  Sit in on ante-natal clinics and then see patients in clinic  Presenting perinatal MDT  Gynaecology:

	Attend ward rounds daily
	Help STs with ward jobs
	Pre-clerking pre-op patients (1-2x/week)
	Prepare gynaecology oncology MDT on Fridays and present in meeting
	Help to prepare theatre lists for submission
	Assist in theatre
	Assist in assessing and scanning patients on the Early
	Pregnancy and Acute Gynaecology Assessment Unit
	Attend and assist in Outpatient clinics
	Attend and assist in Outpatient clinics
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Officially 8am-4pm Gynae Oncology 7.30am – 5pm
	Obstetrics Daily: 0800 Postnatal ward round/labour ward handover Sat: Off Sun: Off
	Gynaecology Daily: 0800 ward rounds (0730 Gynae Oncology on Tu,We,Th) Mon: 1330 Departmental Gynae Onc MDT Fri: 1400 Gynae oncology MDT Sat: Off Sun: Off
	On call requirements: Nil
	In addition to the above duties there is ample opportunity to attend daily teaching sessions and rota'ed MDT teaching sessions.
	Hours are calculated and compliant, and where excess hours are worked (eg: during a gynaeoncology day) these are compensated in another part of the rota
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	St Mary's Hospital & David Harvey Ambulatory Unit, Hammersmith Hospital
NPN	LDN/RYJ01/FND/FY1/030 LDN/RYJ01/FND/FY1/031
Placement details (i.e. the specialty and sub-specialty)	Paediatrics (Integrated Paediatrics)
The Department (Please provide a general overview)	The Paediatric service at Imperial is based at St Mary's and the Hammersmith hospitals. St Mary's is a busy and dynamic department that runs acute, ambulatory, specialist, intensive care, out-patient and community-based services for children and young people in North West London. The David Harvey Unit at the Hammersmith Hospital is made up of the Children's Ambulatory Unit, seeing GP referrals during the working week, and Children's Outpatients with general, specialty and neonatal clinics.
	This F1 placement is largely community based and will be with the Imperial Integrated Child Health team which consists of consultant Paediatricians, Paediatric and GPVTS trainees and a strong multiprofessional team including GPs, health visitors, community therapists, colleagues from CAMHS and social care. There will be opportunities for both clinical and project work with strong support from senior colleagues. This post would suit enthusiastic and proactive trainees with a keen interest in Paediatrics, primary care, integrated working practices or project design.
	Imperial is well recognized nationally as a centre for innovation for exploring models of training in integrated child health, such as the PICH project - Programme for Integrated Child Health (www.pich.org.uk). The department has also developed an exciting, award winning programme of integrated child health called Connecting Care for Children (www.cc4c.imperial.nhs.uk).
	The post is supernumerary and trainees typically work Monday to Friday, 0830-1700. This post is unbanded with no out of hours or weekend shifts.
Type of work to expect and learning opportunities	Trainees will work in a number of different clinical environments across primary and secondary care settings. The F1 doctor will have opportunities to develop competencies in:  Recognition and treatment of mild, moderate and severe illness in children in the context of primary care, ambulatory and secondary care settings  Management of chronic paediatric long-term conditions in community based settings  Prescribing safely for children  Effective communication with children, young people, relatives and colleagues  Coping with ethical and legal issues including child protection and medico-legal issues around children and young people
	Team-based working with medical, nursing and multi-disciplinary teams

- · Managing time and clinical priorities effectively
- · Using evidence, guidelines and audit to benefit patient care
- Project planning and implementation
- The use of data to drive changes in healthcare provision
- The delivery of safe and effective integrated child health across primary and secondary care
- Taking preventative, whole-population approaches to the delivery of health care
- Experience of co-production work with children, young people and their families

These posts encompass a broad range of training opportunities which should allow the trainees in these posts to achieve core FY1 competencies as some equivalent to level 1 General Paediatric competencies in the RCPCH curriculum.

The role has undergone significant redesign due to COVID restrictions. As of December 2022, the post includes:

- Child Health GP Hubs and integrated child health work –
  preparation for and attendance at Hub MDTs and clinics;
  collaboration with primary and secondary healthcare professionals
  and social care, whole population work on practice-level data;
  support of Practice Champion activities
- Clinical sessions these will be tailored to make the most of available opportunities and maximize experience. This has included sessions at the Hammersmith Children's Ambulatory Unit, seeing urgent referrals, newborn reviews and day patients; work with the Paediatric Diabetes team; and Looked After Children Medicals in the Woodfield Road Community Paediatrics service.
- Participation in department-wide meetings and teaching sessions.

#### Education programme

Foundation trainees are released from duties to attend the Trust FY1 teaching programme.

In addition, trainees are also invited to join the dedicated 2 hour protected teaching sessions on Thursday afternoons, 3-5pm, organised by the Education Registrars.

There are weekly simulation drills for FYs/SHOs and numerous clinical and educational meetings open to all.

The FY doctor will also be given formal training in Level 3 Safeguarding Children.

#### **Quality Improvement**

- Opportunities to participate in ICS-wide quality improvement training programmes
- Opportunity to develop new or collaborate on existing projects
- Dedicated project time and support from CC4C team
- Regular audit meetings
- Development of guidelines

#### Regular MDT/clinical meetings

- Regular CC4C Huddles and weekly Lab Meeting
- Paediatric Grand round
- Hospital Grand Round

# Multidisciplinary Complex Patient Meeting Safeguarding supervision meeting Radiology MDT and Neuroradiology meetings Adolescent Big Room

Managerial/leadership/education

- Participation in regular meetings e.g. Children's Directorate committee, Patient Experience committee, Guidelines Group, Quality and Safety meeting
- Attend Junior Doctors Forums

#### Teaching

• Teaching 5th year Imperial medical students

### Clinical supervisor(s) for the placement

Clinical Supervision is provided by the Imperial General Paediatric team.

#### Main duties of the placement

Within the Connecting Care for Children Hubs, hospital paediatricians and GPs run monthly joint outreach clinics, together reviewing children who would otherwise have been referred to hospital. Through the paediatrician's specialist knowledge and the GP's extensive knowledge of the child's background, a comprehensive and long term management plan can be put in place, to be led by the GP. Cases are also discussed at the monthly hub multidisciplinary team (MDT) meetings, attended by a wide variety of specialists such as doctors, health visitors, dieticians and children's social workers. Through collaborative working and sharing knowledge, the care provided in both primary and secondary care can be greatly improved.

The clinics and meetings provide excellent learning opportunities for trainees. Child health GP hub weeks will involve:

- Preparation for, attendance at, and debrief & evaluation of multiprofessional MDT meetings and joint GP-consultant clinics. These will be spread across different sets of GP practices in Hammersmith & Fulham, West London and Central London CCGs.
- Whole practice population data work that takes a preventative public health approach to the management of care for children within the practice.
- Involvement in Practice Champion (i.e. patient and carer) activities.
- Experience of planning and facilitating (with consultant support) the integrated child health lab meeting.

The trainee will be involved in preparation for, and attendance at hub MDTs and clinics, with whole population work on practice-level data.

Throughout the placement, trainees have the opportunity to develop their own projects, perform audits or participate in research. Past projects have included:

- developing a paediatric ECG pathway for GPs
- developing a pathway for teenage pregnancy
- setting up regular dental trainee visits to GP hubs to help promote good dental health
- developing management articles about menstruation in young girls with disabilities
- working with local CCG to commission paediatric pulse oximeters for GP practices
- collaborating with colleagues from Paediatric Emergency Medicine to successfully bid for funding to trial new acute community nursing posts

	Additional duties will depend on clinical opportunities tailored to the trainee's needs.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Within these posts the F1 doctor is supernumerary, working from 8.30am until 5pm alongside a rotating team of consultants and other multi-professional colleagues.
	In addition the trainees would have opportunities to get involved with any number of the weekly teaching sessions that happen in the paediatric department on the St Mary's site. Current teaching opportunities include:
	Monday: 1230-1330 Paediatric Grand Round 1400-1500 Safeguarding Supervision Meeting
	Tuesday: 0830-0900 Radiology MDT meeting 1230-1330 Neuroradiology meeting 1500-1630 Infectious Diseases meeting (optional)
	Wednesday: 1000-1100 Young People at Imperial Big Room
	Thursday: 1130-1300 Complex patients meeting 1500-1700 Paediatric teaching
	Friday: 0830-0900 Simulation training in A&E 1230-1400 Integrated Care Lab meeting
	There are no weekend commitments & no on-call.
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	St Mary's Hospital
NPN	LDN/RYJ01/FND/FY1/020 LDN/RYJ01/FND/FY1/021
Placement details (i.e. the specialty and sub-specialty)	Paediatrics
The Department (Please provide a general overview)	The Paediatric service at Imperial is based at St Mary's and the Hammersmith hospitals. St Mary's Hospital has a busy and dynamic Paediatric department that runs acute, ambulatory, specialist, intensive care, out-patient and community-based services for children and young people in North West London.
	In-patient care for General Paediatric patients is provided on Great Western Ward. Sub-specialty care includes Nephrology, Neurology, Neurodisability and Allergy as well as surgical specialities (including General Paediatric Surgery, Orthopaedics and trauma, ophthalmology, ENT, Urology). There are close links with the child and adolescent mental health service. St Mary's is a Major Trauma Centre and the General Paediatric team share care for all trauma patients with the appropriate surgical teams.
	The General Paediatric Consultants at St Mary's deliver two consultant led ward rounds, 7 days per week. Clinical supervision is provided by the General Paediatric consultants. There is a strong MDT ethos and the team work closely with colleagues in Physiotherapy, Occupational Therapy, Speech and Language Therapy, Dietetics and Play.
	The main role of this FY1 post in General Paediatrics is the general organisation of the day to day running of the ward (clerking patients, arranging and collating investigations, ensuring safe and efficient discharge and note keeping). Trainees will gain experience of managing more complex or long stay patients, as well as short stay or ambulating patients. The FY1 will also support pre-assessment for elective surgical cases.
	The post is supernumerary. There are no out of hours or weekend responsibilities and the post is unbanded.

## Type of work to expect and learning opportunities

The FY1 doctor will have opportunities to develop competencies in:

- Recognition and treatment of mild, moderate and severe illness in children
- Management of chronic paediatric long-term conditions
- Prescribing safely for children
- Presenting at weekly MDT meetings to discuss complex patients.
- Effective communication with children, young people, relatives and colleagues
- Using evidence, guidelines and audit to benefit patient care
- Coping with ethical and legal issues including child protection and medico-legal issues around children and young people
- Team-based working with medical, nursing and multi-disciplinary teams
- Managing time and clinical priorities effectively
- Close liaison with community services around complex discharges and ongoing community care

These posts have a broad range of day to day training opportunities which should allow the trainees in these posts to achieve core FY1 competencies as some equivalent to level 1 General Paediatric competencies in the RCPCH curriculum.

#### Formal teaching

Foundation trainees are released from clinical duties to attend the Trust FY1 teaching programme.

In addition, trainees working in Paediatrics have a dedicated 2 hour protected teaching session on Thursday afternoons, 3-5pm, organised by the Education Registrars.

There are weekly simulation drills for FYs/SHOs and numerous clinical and educational meetings open to all.

#### Regular MDT/clinical meetings

- Paediatric Grand round
- · Hospital Grand Round, weekly
- Multidisciplinary Complex Patient Meeting
- Safeguarding supervision meeting
- Ward safety huddle
- Radiology MDT and Neuroradiology meetings
- Antibiotic stewardship ward round
- Adolescent Big Room

#### Clinical opportunities

- Formal level 3 Child Protection training
- Collaboration with Connecting Care for Children team on Integrated Care projects
- Management of surgical patients ENT, ophthalmology, orthopaedics/trauma, general surgery as part of shared care with surgical specialties.

#### **Quality Improvement**

- Opportunity to collaborate on QI project
- Regular audit meetings
- Development of guidelines
- Participate in Trust wise quality improvement training programmes

#### Managerial/leadership

	Participation in regular meetings e.g. Children's Directorate committee, Patient Experience committee, Guidelines Group, Quality and Safety meeting     Attend Junior Doctors Forums  Teaching     Teaching 5th year Imperial medical students
Clinical supervisor(s) for the placement	Clinical supervision is provided by the General Paediatric team.
Main duties of the placement	The FY1 doctor participates in the twice-daily consultant ward rounds, undertakes patient reviews, facilitates patient flow through effective discharge and supports day-case admissions and ambulatory patients. They will present patients at the weekly MDT meeting and help create ongoing management plans. They will take part in all daily handovers and safety huddles.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	The FY1 doctor will typically work Monday to Friday, 0830 to 1730, with no out of hours or weekend work.  Daily: 0830-0915 Handover/Teaching/Meeting 0915-1230 Ward Round 1645-1730 Handover  Monday: 1230-1330 Paediatric Grand Round
	Tuesday: 0830-0900 Radiology MDT meeting 1230-1330 Neuroradiology meeting 1500-1630 Infectious Diseases meeting (optional)  Wednesday: 1000-1100 Young People at Imperial Big Room 1100-1130 Antibiotic stewardship ward round  Thursday: 1130-1230 Complex Patients meeting 1500-1700 Protected Paediatric teaching  Friday:
Local education provider (LEP) / employer information	0830-0900 Simulation training 1230-1400 Integrated Care Lab meeting Imperial College Healthcare NHS Trust

t is important to note that this description is a typical example of the placement and may be subject thange.	to

Trust	Imperial College Healthcare NHS Trust
Site	St Mary's Hospital
Site	St Wary S Flospital
NPN	LDN/RYJ01/FND/FY1/040
	LDN/RYJ01/FND/FY1/042 LDN/RYJ01/FND/FY1/041
Placement details (i.e. the	Rehabilitation Medicine
specialty and sub-specialty)	
The Department (Please provide a general	The department of surgery at St Mary's is a busy and dynamic department that runs emergency and elective services covering a
overview)	range of surgical sub-specialties including orthopaedic,
	neurosurgery, trauma, vascular and GI cancer.
	The department also has a community rehabilitation unit. This unit is
	located a short walk away from the main hospital site, and was this
	year a finalist in the HSJ awards for innovative care.
	Patients who are recovering from surgery are able to undergo
	rehabilitation in this unit. The unit is nurse and therapy led, with daily
	physician input from a team of consultant, SpR, internal medicine trainee and foundation Level posts.
	·
	The unit is part of the growing specialty of surgical liaison and post- operative rehabilitation. The team currently consists of 6 consultants
	based at St Mary's, two SpRs, three IMTs and five Foundation level
	posts.
	Trainees working in this unit will have the opportunity to work in an
	interfacing role between hospital and community, with dedicated
Type of work to expect and	training sessions with community clinicians and therapists.  • Management of chronic long-term conditions in community based
learning opportunities	settings
	Recognition and treatment of mild, moderate and severe illness in
	<ul><li>older people</li><li>Effective communication with patients who may have dementia and</li></ul>
	their relatives,
	Coping with ethical and medico-legal issues around vulnerable
	<ul><li>adults</li><li>Team-based working with medical, nursing and multi-disciplinary</li></ul>
	teams
	<ul> <li>Managing time and clinical priorities effectively</li> <li>Using evidence, guidelines and audit to benefit patient care</li> </ul>
	Prescribing safely in the elderly
	Project planning and implementation
	<ul> <li>The use of data to drive changes in healthcare provision</li> <li>The delivery of safe and effective integrated care across primary</li> </ul>
	and secondary care
	• Taking preventative, whole-population approaches to the delivery of
	<ul><li>health care</li><li>On call duties in acute surgery (Trauma &amp; Orthopedic surgery)</li></ul>
L	21. Jan. dance in additionally (Traditio & Orthopodio Salgery)

Clinical supervisor(s) for the	Dr Michael Fertleman
placement	Dr Louis Koizia
•	Dr Cerys Morgan
	Dr George Peck
	Dr Ganan Sritharan
	Dr Murray Hudson
Main duties of the placement	The FY doctor will be responsible with other staff for care of patients on the surgical rehabilitation unit. This will include the maintenance of the patient's medical record and providing day-to-day medical care. They are expected to attend the structured teaching programmes provided by the department. The doctor will be responsible for such other specific clinical duties as allocated by consultants including performing other duties in occasional emergencies and unforeseen circumstances.
	Outside of the community rehab unit the FY doctor will be expected to attend home/care home visits with the community teams, attend community clinics and experience new developments in community interfacing services, such as the virtual ward round. The doctor will also attend care planning meetings and MDT meetings.
Typical working pattern in this	There are six settings within which we would expect these trainees to
placement (e.g. ward rounds, clinics, theatre sessions)	gain significant community-based experience: (1) GP clinic and visits (2) Home visits with community pharmacist to elderly patients with polypharmacy
	<ul> <li>(3) Attendance at MDT and care planning meetings</li> <li>(4) Clinical work as part of medical team based on community surgical rehabilitation unit.</li> </ul>
	(5) Attendance at community rehabilitation clinics, e.g. amputee rehab.
	(6) Nursing home visits with community geriatrician
	Sample timetable: - Monday
	09:00 -09:15 – Board round
	09:00 – 12:00 – Registrar WR CSRU
	13:00 -1400 – Departmental teaching 14:00 – 17:00 – Ward work CSRU
	Tuesday 09:00 – 11:30 – Consultant ward round 11:30 – 12:30 – MDT CSRU 14:00 – 17:00 – CSRU meeting relatives
	Wednesday 09:00 -09:15 – Board round 09:00 – 12:00 – Registrar WR CSRU 09:00 – 12:00 – Community Activities 12:00 – 13:00 – Community MDT & care planning 13:30 – 17:00 – Inpatient rehab reviews and family meetings
	Thursday 09:00 – 11:30 – Consultant ward round 11:30 – 12:30 – MDT CSRU 12:00 - 13;30 – FY1 teaching
	Friday 09:00 -09:15 – Board round 09:00 – 12:00 – Registrar WR CSRU

	09:00 – 12:00 – Consultant WR CSRU 12:30 – 13:30 – Grand Round 14:00 – 17:00 – Ward work CSRU
	Weekend commitments & on-call – Part of SMH surgical on call rota (evening & weekend) This role will not involve working at night. Rota personal development time – during twilight shift
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Hammersmith Hospital
NPN Placement details (i.e. the	LDN/RYJ03/FND/FY1/006 LDN/RYJ03/FND/FY1/005 Renal Medicine
specialty and sub-specialty)	Trend Modifie
The Department (Please provide a general overview)	We are a regional unit dealing with all aspects of renal and transplant medicine.
Type of work to expect and learning opportunities	Twice daily consultant ward rounds then ward jobs. The F1 should attend renal teaching and weekly F1 teaching arranged by the postgraduate department.  The F1 also works closely with the renal and transplant surgeons who are useful for feedback and are often willing to explain things as are the dialysis nurses.  The F1 will usually be working with a specialist registrar and core or F2 trainee providing excellent clinical supervision and learning.  There is a renal drug handbook that is a useful reference for prescribing and a dedicated renal pharmacist, though the F1 will not often be prescribing to renal patients themselves.
Clinical supervisor(s) for the placement	To be assigned
Main duties of the placement	08.15 departmental meeting then consultant ward round lasting 1-2 hours.  Ward jobs – ordering investigations, making referrals to other specialties, discharges and arranging outpatient follow-up/further admissions for procedures/drug charts on dialysis for discharge patients.  Review and discussion around blood results new radiology with team.  Clerking new admissions  Request 8am bloods for all patients including specialist blood such as donor specific antibodies and immunosuppression levels, and 2am bloods for sick patients.

	17.00 evening ward round starts. Urgent jobs; leave others for next day. Update the list. The SHOs rotate but work until 21.15 so they should do handover to night staff.
Typical working pattern in this placement (e.g. ward rounds,	Mon: 8am-9.15pm ward cover (1 in2)
clinics, theatre sessions)	Tues: 8am-9.15pm ward cover
	Wed: 8am-9.15pm ward cover
	<b>Thurs</b> : 8am-9.15pm ward cover
	Fri: 8am-9.15pm ward cover
	Sat: off
	Sun: off
	Mon: Clinics 9am-4pm
	Tues: Clinics 9am-4pm
	Wed: Clinics 9am-4pm
	Thurs: Clinics 9am-4pm, Meeting 4-6pm
	Fri: Clinics 9am-4pm
	Sat: 8am-9.15pm ward cover
	<b>Sun</b> : 8am-9.15pm ward cover (1 in 3-4)
	On call requirements: 2.5 weeks of sets of nights (each 13 hours shifts) in 4 month rotation.
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Charing Cross Hospital
NPN	LDN/RYJ02/FND/FY1/025
Placement details (i.e. the specialty and sub-specialty)	Respiratory Medicine (Infectious Diseases)
The Department (Please provide a general overview)	
Type of work to expect and learning opportunities	
Clinical supervisor(s) for the placement	
Main duties of the placement	

Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Charing Cross Hospital
NPN	LDN/RYJ02/FND/FY1/026
Placement details (i.e. the specialty and sub-specialty)	Respiratory Medicine
The Department (Please provide a general overview)	The department involves 5 Consultants who rotate ward duties every three weeks, 2 Respiratory SpRs, 1 acute medicine Spr, 1 IMT3, 1 IMT1/2, 2 F2s and 2 F1s. Although the ward takes primarily respiratory cases there are many general medical admissions that come to 4 South.
Type of work to expect and learning opportunities	F1 doctors are based on the ward. The day starts with a MDT review of potential ward discharges. Patient-orientated tasks arise from the ward round. F1s are given the opportunity to present the new patients. The rest of the day is spent continuing the care of the patients on the ward, completing specific tasks from the ward round and dealing with acutely unwell patients.  Learning opportunities include the development of:  History taking and examination  Managing patients using evidence based practice  Prioritising  Accurate record keeping  Safe prescribing  Communicating effectively  Team working within the respiratory team and other healthcare workers and other medical teams  Communicating with family members  Act in a professional manner  Deal with ethical and legal issues  Educate patients regarding their illness and management  Develop skills in practical procedures  Care of patients with tracheostomies  On the job learning about patients on Acute NIV/CPAP/High Flow Nasal Oxygen
Clinical supervisor(s) for the placement	The foundation trainee will be assigned a clinical supervisor who they will work closely with during the placement.

Main duties of the placement	During a normal day on the ward the F1 will summarise the new patients on the ward and update the list of patients. They will be given the opportunity to present on the ward round and prioritise any tasks created during the round. After the ward round the F1 will continue to complete tasks and deal with unpredictable events such as deteriorating patients. They will also be involved in discussions with family members and continue to care for the patients on the wards.  The F1 will also attend the F1 teaching programme alongside other meetings and teaching opportunities available.  One hour per week is protected time for e-portfolio work.
Typical working pattern in this	Mon: 09.00 SPR ward round
placement (e.g. ward rounds, clinics, theatre sessions)	17.00 Handover Tues: 08.00-09.00 Lung Cancer MDT
	09.30 Consultant ward round
	13.00 x-ray meeting
	17.00 Handover
	Wed: 09.00 CMT/F1 ward round or respiratory ward round
	Thurs: 09.00 CMT/F1 ward round
	or respiratory ward round
	13.00 Mandatory F1 teaching
	17.00 Handover
	Fri: 09.30 Consultant ward round
	13.00 Medical meeting 17.00 Handover
	17.50 Handovel
	On call requirements:
	1 in 4 weekends
	1 evening/1.5 weeks late acute cover from
	5-8pm One weekend is 9-9 on ward cover
	Another weekend is 7.45-7.00 on acute cover
Local education provider	Imperial College Healthcare NHS Trust
(LEP) / employer information	1

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	St Mary's Hospital
NPN	LDN/RYJ01/FND/FY1/035
Placement details (i.e. the specialty and sub-specialty)	Trauma and Orthopaedic Surgery (Major Trauma)
The Department (Please provide a general overview)	The Major Trauma Department looks after all trauma patients with an ISS >15 within North-West London and includes working with the London Ambulance Service, HEMS, ED, Anaesthesia, all surgical disciplines (including off site departments such as cardiothoracic, ENT, urology and maxfax), ICU, paediatrics, PICU, psychology etc. We specialize in complex neurotrauma and polytrauma patients.
Type of work to expect and learning opportunities	The FY1 is mainly responsible for ward work, including pre-, peri- and post-operative care of all the major trauma and neurosurgery inpatients at St Mary's Hospital (mainly on Major Trauma Ward and Valentine Ellis Ward). They are not expected at trauma calls but are encouraged to attend for their own learning.
	They do not have any overnight on-call duties but do have twilight shifts to improve their trauma exposure, as many high severity polytrauma cases arrive in the hospital out-of-hours.
	The day starts with a Major Trauma meeting at 08.30 with discussion of all admissions and all inpatients, jointly with the wider MDT including therapists, nurses, geriatricians and complex discharge team. The ward rounds are conducted with the consultant and fellow, who are both on site and often on the ward during the day to support the junior team.
	We expect the FY1 to participate in our audits and QIPs, both within the department but also for the Trauma Network. There are bi-annual regional trauma network audit days where they would be expected to present their projects.
	They are timetabled to be off the ward for their mandatory teaching, as well as attending the Major Trauma teaching program on the ward. They are encouraged to attend theatres and clinics whenever possible.
Clinical supervisor(s) for the placement	Kevin Tsang George Peck Cerys Morgan
Main duties of the placement	As above
placement	team. The ward rounds are conducted with the consultant and fellow, who are both on site and often on the ward during the day to support the junior team.  We expect the FY1 to participate in our audits and QIPs, both within the department but also for the Trauma Network. There are bi-annua regional trauma network audit days where they would be expected to present their projects.  They are timetabled to be off the ward for their mandatory teaching, as well as attending the Major Trauma teaching program on the ward. They are encouraged to attend theatres and clinics whenever possible.  Kevin Tsang George Peck Cerys Morgan

Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	They are supernumerary on our rota. They have assigned standard days (8am-5pm) as well as some twilight shifts (3pm-11pm). There are a few weekend on-calls for their own experience (once again, supernumerary to the 2 rostered SHOs on shift).
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Charing Cross Hospital
NPN	LDN/RYJ02/FND/FY1/030 LDN/RYJ02/FND/FY1/029 LDN/RYJ02/FND/FY1/031
Placement details (i.e. the specialty and sub-specialty)	Urology
The Department (Please provide a general overview)	The Urology Department at Imperial College NHS Trust is based in Charing Cross Hospital and is a major tertiary referral centre for sub specialities in urology.
	Our urology department offers training and exposure to; - robotic prostatectomy for prostate cancer
	- open, robotic and laparoscopic radical nephrectomy or partial nephrectomy for kidney
	- robotic and open cystectomy for bladder cancer
	- full range of endoscopic and percutaneous procedures for the management of stones
	- one-stop lower urinary tract symptoms clinic and a full range of surgical options for the management of benign prostatic hyperplasia
	- functional urology service with on-site uroflowmetry and urodynamics and local anaesthetic intra-vesical botox
	- rapid access diagnostic clinics for haematuria and raised PSA including same day flexible cystoscopy, prostate biopsy (TRUS biopsy in outpatients, transperineal in theatre under general anaesthetic)
	- andrology services including infertility clinics
	FY1s predominately cover wards relating to the care of patients who have had surgery or who are admitted via the emergency department as an acute admission. FY1s may also gain exposure to outpatient activity and operating theatres.
Type of work to expect and learning opportunities	4 FY1's covering wards
loaning opportunities	Normal ward work
	Day-to-day responsibility for the clinical care of patients under the Urology team, delivering:
	Pre-op and post op care
	<ul><li>Work up of acute admissions</li><li>Assist in theatre when needed</li></ul>
	Assist in theatre when needed     Discharge planning
	Opportunities to assist in theatre and in flexible cystoscopy.
	Working in surgery at Charing Cross Hospital is a good opportunity for FY1 doctors to gain core competencies and improve their medical knowledge, whilst developing skills in working with the multidisciplinary team.

	They will attend foundation program and departmental weekly teaching, and have many opportunities to teach medical students and participate in audit/quality improvement projects. They will also be expected to attend the departmental weekly teaching sessions.  Opportunities to assist in theatre and in flexible cystoscopy.
Clinical supervisor(s) for the placement	Mr Tamer El-Husseiny
Main duties of the placement	Pre-op and post op care Work up of acute admissions Assist in theatre when needed Discharge planning
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Mon: 8.00 – Prepare list 8.30 – Ward Round 10.00 -13.00 – Ward jobs 13.00-14.00 Teaching/lunch 14.00 - Prepare list, update bloods 14.30 – 15:30 Admin 15.30- 17.00 – Afternoon ward jobs  Tues: 8.00 – Prepare list 8.30 – Ward Round
	10.00- 13.00 – Ward jobs 13.00 - 14.00 Teaching/lunch 14.00 - Prepare list, update bloods 14.30 – Afternoon Ward Round 15.30- 17.00 – Afternoon ward jobs
	Wed: 8.00 – Prepare list 8.30 – Ward Round 10.00 -13.00 – Ward jobs 1.00- 14.00 Teaching/lunch 14.00 - Prepare list, update bloods 14.00- 16.00 – Departmental education meeting and M&M 16.00 – 17.00 - Afternoon ward jobs
	Thurs: 8.00 – Prepare list 8.30 – Ward Round 10.00 -13.00 – Ward jobs 13.00- 14.00 Weekly FY1 Teaching/lunch 14.00 - Prepare list, update bloods

	14.30 – Afternoon Ward Round
	15.30- 17.00 – Afternoon ward jobs
	Fri:
	8.00 – Prepare list
	8.30 – Ward Round
	10.00-13.00 – Ward jobs
	13.00 -14.00 Teaching/lunch
	14.00- Prepare list, update bloods
	14.30 – Afternoon Ward Round
	15.30- 17.00 – Afternoon ward jobs
	0
	On call requirements:
	In a 4 months placement $\rightarrow$ 3 short weekends (07.00 - 15.00) and 14
	long weekdays (08.00 – 20.30) (approximate figures)
Local education provider	Imperial College Healthcare NHS Trust
(LEP) / employer information	

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	St Mary's Hospital
NPN	LDN/RYJ01/FND/FY1/004 LDN/RYJ01/FND/FY1/003 LDN/RYJ01/FND/FY1/002
Placement details (i.e. the specialty and sub-specialty)	Vascular Surgery
The Department (Please provide a general overview)	The ICHT Vascular Department is a specialised tertiary centre and the Vascular hub for Northwest London; a National referral centre for specialist conditions such as thoraco-abdominal aortic aneurysms, carotid disease and arteriovenous malformations making the environment ideal for trainees at all levels but especially for those who are pursuing a career in the specialty. The department is staffed by 9 Consultant Vascular Surgeons:
	Mr Richard Gibbs (Clinical Director of Surgery) Mr Colin Bicknell (Clinical Lead) Professor Alun Davies Mr Usman Jaffer Mr Michael Jenkins
	Professor David Nott Miss Celia Riga (Unit Training Lead & Head of School, London) Mr Joseph Shalhoub Mr Simon Glasgow
	Dr Ganan Sritharan – Vascular Physician
	There are 6 higher specialist trainees (ST4-ST8), 3 research registrars and 1 overseas/post CCT fellow, 2 core trainees (CT), 1FY2 and 6 further CT-grade doctors. There are 3F1 doctors and 4 AVNPs.
Type of work to expect and learning opportunities	The department has a specialist interest in aneurysm surgery, carotid surgery, diabetic foot disease and venous disease.
	In particular the department receives patients to be considered for thoracoabdominal aneurysm surgery from around the UK.
	In research the department is internationally renowned for its clinical and research based publications on technology, simulation and error in surgery.
	The department is strongly involved in the teaching programme of undergraduates and hosts a number of postgraduate specialist courses
	The overall educational objectives of the F1 year are to provide the trainee with the knowledge, skills and attitudes to be able to : -
	Take a history and examine a patient in the elective and emergency setting     Gain experience in an HDU setting

	Identify and synthesise problems
	Prescribe safely
	Keep an accurate and relevant medical record
	Manage time and clinical priorities effectively
	Communicate effectively with patients, relatives and colleagues
	Use evidence, guidelines and audit to benefit patient care
	Act in a professional manner at all times
	Cope with ethical and legal issues which occur during the
	management of patients with general medical problems
	Educate patients effectively
	Regularly attend outpatient and theatre sessions
	Psychiatry experience through weekly liaison psychiatry sessions.
Clinical supervisor(s) for the	Clinical supervision is provided by all Consultants and led at FY1
placement	level by Dr Ganan Sritharan
Main duties of the placement	To manage elective and emergency patients on the ward with the
mani datios of the placement	support of senior staff
	Support of Scinior Stain
	F1s are expected to attend the structured teaching programmes
	provided by the department.
	F1s will be responsible for such other specific clinical duties as
	allocated by consultants including performing other duties in
	occasional emergencies and unforeseen circumstances.
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Typical working pattern in this	Mon-Fri: 08:00 CoW and team ward round
placement (e.g. ward rounds,	Mon-Fri: Daily arterial theatre lists (SMH)
clinics, theatre sessions)	Mon-Wed: Day Surgery Veins lists (CX/SMH)
	Wed: 14:00 Pre-assessment clinic
	1400 Clinical Teaching
	Mon-Fri: Outpatient clinics (SMH/CX/HH, WMH)
	Fri: 9.30 Multidisciplinary meeting
	Fri: 14:00 Interactive teaching/Simulation training
	1 11. 14.00 interactive teaching/Simulation training
	PM: Simulation/Education session
	On call requirements:
	Long days, twilight and weekends – no nights
Local education provider	Imperial College Healthcare NHS Trust
(LEP) / employer information	1

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Hammersmith Hospital
NPN	LDN/RYJ03/FND/FY2/037 LDN/RYJ03/FND/FY2/032
Placement details (i.e. the specialty and sub-specialty)	Cardiology
The Department (Please provide a general overview)	The Cardiology Department on the Hammersmith site is the main Cardiology service at Imperial. It therefore encompasses an acute ward, a coronary care unit, a heart attack centre and a novel ward for elderly patients with cardiovascular disease. The department runs a very busy 24 hour primary coronary intervention service but also accepts referrals from the London Ambulance Service of patients with primary arrhythmia problems.
Type of work to expect and learning opportunities	All F2 Doctors in hospital posts will generally be ward based during the 'normal' working day and expected to deliver the daily medical care of all the patients on their ward. The overall educational objectives of the F2 year are to provide the trainee with the knowledge, skills and attitudes to be able to: -
	<ul> <li>Take a history and examine a patient including assessing acutely unwell cases</li> <li>Identify and synthesize problems and develop management plans including relevant investigations</li> <li>Prescribe safely</li> <li>Keep an accurate and relevant medical record</li> <li>Manage time and clinical priorities effectively</li> <li>Communicate effectively with patients, relatives and colleagues</li> <li>Use evidence, guidelines and audit to benefit patient care</li> <li>Act in a professional manner at all times</li> <li>Cope with ethical and legal issues which occur during the management of patients with general medical problems</li> <li>Educate patients effectively</li> <li>Become life-long learners and teachers.</li> </ul>
Clinical supervisor(s) for the placement	The foundation trainee will be assigned a clinical supervisor who they will work closely with during the placement.
Main duties of the placement	The F2 doctor is responsible with other staff for the ward care of patients and the maintenance of the patients' medical records. They will have the opportunity to work with the consultants in outpatients, admitting patients from the Heart Attack Assessment Centre at Hammersmith as well as making initial assessment of problems on the ward, supervised by the resident Cardiology registrar.

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	They are expected to attend the structured teaching programmes provided by the department and the Imperial Foundation programme. The doctor will be responsible for such other specific clinical duties as allocated by consultants including performing other duties in occasional emergencies and unforeseen circumstances.
	They will experience the full range of cardiological disease
Typical working pattern in this	Mon: 8am WR Teaching 1pm followed by ward work
placement (e.g. ward rounds,	Tues: 8am WR
clinics, theatre sessions)	Wed: 8am JCC. 9am ward round Grand round
	Thurs: 8am ward round Teaching 8am
	Fri: 8am ward round
	Sat: 8 – 8 1 in 5/6
	Sun: 8-8 1 in 5/6
	On call requirements:
	10 person rota
	Clinic days are built into the rota.
Local education provider	Imperial College Healthcare NHS Trust
(LEP) / employer information	

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Charing Cross Hospital
NPN	LDN/RYJ02/FND/FY2/016 LDN/RYJ02/FND/FY2/008 LDN/RYJ02/FND/FY2/013 LDN/RYJ02/FND/FY2/009 LDN/RYJ02/FND/FY2/007 LDN/RYJ02/FND/FY2/014 LDN/RYJ02/FND/FY2/010 LDN/RYJ02/FND/FY2/011
Placement details (i.e. the	Emergency Medicine
specialty and sub-specialty)  The Department (Please provide a general overview)	The Department comprises 16 Consultants, 16 Registrars, and 20 Trust SHOs, ST1-2 doctors and FY2s. Minor injuries/illnesses are seen by GPs and EPs in the adjoining Urgent Treatment Centre. There is also a Sports & Exercise Medicine ST3. One of the consultants has dual EM / ICM accreditation, one has dual EM / SEM accreditation, and two regularly practise pre-hospital care.
	After a £7m rebuild of the ED, we now have a 14 bedded majors department and a large 8 bedded resus room. FY2s work in majors and resus. There was also a clinical decisions unit (CDU) which has been transformed into the low-medium risk ED East, and the main ED designated medium-high risk ED West. CDU was relaunched as a four-bed Emergency Observation Unit (EOU) in January 2023. There is an 8-bay Resus room. The overall bed base has therefore increased to 24, not including about 20 in both waiting rooms. Known as the Type 1 ED, it manages about 150 attendances a day.
	There is also a busy Same-Day Emergency Care unit (SDEC), with separate staffing but working closely with the ED, UTC and primary care partners, to deliver on the SDEC strategy for the sector.
	There is no paediatric ED at Charing Cross and the F2 will likely only see single limb trauma.
Type of work to expect and learning opportunities	There is excellent clinical supervision as Consultants are present 16 hours a day, seven days a week and two registrars overnight.
	A range of acute medical and surgical presentations will be seen with excellent opportunity to learn and develop critical care skills including the chance to undertake procedures such as acute fracture/dislocation reduction, arterial line and chest drain insertion.
	Charing Cross provides a tertiary Neurosurgery, ENT and an Acute Oncology service for NW Thames. The FY2 can expect to see patients with medical emergencies such as cauda equina and neutropenic sepsis before admission under the relevant specialty.
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	Charing Cross ED has a number of learning opportunities. These include:
	Shopfloor teaching opportunities
	Weekly teaching programme: 3 hours a week, including 1 hour of sim. This also includes monthly M&M
	,
	Option also to join Trust FY2 teaching and Grand Round if the rota allows
	Dedicated Resus SHO shift which allows 1 to 1 consultant teaching
	and supervision with critically ill patients
	Ultrasound training, including cannulation, bladder scanning and
	basic point of care US should the trainee be interested
	There are also opportunities to be involved in quality improvement and
	research. In the last 12 months doctors in this department have
	participated in national audits and have had abstracts accepted for oral and poster presentations at national and international
	conferences. There is a prolific QI programme, with usually in excess
	of 15 projects live at any one time. It is expected that FY2 doctors will
	work on a QIP, using their allocated Self-Development Time.
Clinical supervisor(s) for the	The Foundation trainee will be assigned a clinical supervisor who
placement	they will work closely with during the rotation.
Main duties of the placement	Assess patients presenting to the emergency department
	Recognise acute emergency cases and manage a variety of
	complaints that present in the emergency setting.
	Deliver emergency medical care to these patients
	Involvement in the safeguarding framework for patients when
Typical working pattern in this	indicated. Typical working pattern in this post:
placement (e.g. ward rounds,	Typical working pattern in this post.
clinics, theatre sessions)	Shift pattern on a weekly basis being on shop floor, shifts vary-higher
	banding so more often working weekends and night shifts
	SDT, at an average of 2 hours a week, will not be allocated in the rota,
	but lieu days will be given based on the total number of hours of SDT
	across the four months. This ensures that there is flexibility in how the
	trainees take their SDT and guarantees the full entitlement of hours
	during the placement. SDT activities should therefore take place
	outside of clinical shift hours.
	Typical shifts include the following and they change weekly: 8-4/8-5/8-
	6/11-9/1-10/3-11/15-1am/8pm-6 and 22-0830. Trainees receive at
	least five days' break after a run of night shifts. Weekend shifts take
	place at a 1 in 3 frequency.
	Annual leave is by request. Study leave is by request, as long as the
Landada (	activity falls in line with the HEE recommended courses.
Local education provider	Imperial College Healthcare NHS Trust
(LEP) / employer information	

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Charing Cross Hospital
NPN	LDN/RYJ02/FND/FY2/002
Placement details (i.e. the specialty and sub-specialty)	Gastroenterology
The Department (Please provide a general overview)	The Gastroenterology dept includes 6 Consultants who rotate through the wards every 2 weeks. The junior team is composed of 3 SpRs, 1 CT1 or IMT, 1 FY2, and 2 FY1 trainees.  There are a maximum of 26 patients on the ward, and any Gastroenterology referrals made in the hospital are frequently moved onto the ward for specialist management, mainly liver disease and inflammatory bowel disease, however the ward does care for general medical patients as well.
Type of work to expect and learning opportunities	<ul> <li>Take a history and examine a patient</li> <li>Identify and synthesise problems</li> <li>Prescribe safely</li> <li>Keep an accurate and relevant medical record</li> <li>Manage time and clinical priorities effectively</li> <li>Communicate effectively with patients, relatives and colleagues</li> <li>Use evidence, guidelines and audit to benefit patient care</li> <li>Act in a professional manner at all times</li> <li>Cope with ethical and legal issues which occur during the management of patients with general medical problems</li> <li>Educate patients effectively</li> <li>Become life-long learners and teachers.</li> </ul>
Clinical supervisor(s) for the placement	
Main duties of the placement	<ul> <li>Ward cover of General and gastro in-patients</li> <li>Organise patient admissions from outpatients.</li> <li>Weekly (Friday am) joint medical – surgical radiology meeting</li> </ul>

Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Mon: 8.30am-6.00pm Tues: 8.30am-6.00pm Wed: 8.30am-6.00pm Thurs: 8.30am-6.00pm Fri: 8.00am-6.00pm On call requirements:
Local education provider (LEP) / employer information	Weekends On call ward – 9.00am-9.00pm Acute Med – 7.30am – 7.00pm Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust				
Site	St Mary's Hospital				
NPN	LDN/RYJ01/FND/FY2/011				
Placement details (i.e. the specialty and sub-specialty)	General Internal Medicine – (Acute Medicine)				
The Department (Please provide a general overview)	St Mary's Hospital is an inner London teaching hospital. Firm 5 is a General Medical firm which comprises 6 WTE consultant physicians (5 geriatricians, 2 clinical pharmacologists and a rheumatologist.)				
	The firm also includes a registrar, 1 ACCS trainee and an F1 doctor. It is the most general of the 5 medical firms in the hospital and the workload involves exposure to a wide range of medical conditions. Firm 5 doctors also staff the Same Day Emergency Care (SDEC) Acute medicine Hot Clinic.				
	The Firm currently has no downstream bed-base and is expected manage all patients remaining on the acute floor that are not under any specific speciality. The Firm looks after medical outliers on Patterson ward.				
Type of work to expect and learning opportunities	The F2 doctor has responsibility for both acute admissions and ongoing clinical care responsibilities for those patients once admitted. St Mary's still operates a team based on call system, so junior doctors remain responsible for the care of patient's admitted under their team until they are transferred to a specialist ward or discharged. The F2 doctor is not routinely expected to attend clinics, but there are opportunities for the interested to be involved with the Same Day Emergency Care (SDEC) Acute Medicine Hot clinics.				
	The overall educational objectives of the F2 year are to further the skills attained in the F1 year and to provide the trainee with the knowledge, skills and attitudes to be able to: -				
	<ul> <li>Take a history and examine a patient</li> <li>Learn to make accurate clinical diagnoses by synthesizing results from observation and investigation</li> <li>To expand the range of medical procedures in which the trainee is competent</li> <li>Prescribe safely</li> <li>Keep an accurate and relevant medical record</li> <li>Manage time and clinical priorities effectively</li> <li>Communicate effectively with patients, relatives and colleagues</li> <li>Use evidence, guidelines and audit to benefit patient care</li> <li>Act in a professional manner at all times</li> <li>Cope with ethical and legal issues which occur during the management of patients with general medical problems</li> <li>Educate patients effectively</li> <li>Become life-long learners and teachers.</li> </ul>				

Clinical supervisor(s) for the placement		
Main duties of the placement  Typical working pattern in this	patients and the maintenance of the patient's medical record.  They are expected to attend the structured teaching programmes provided by the hospital including the F2 dedicated teaching, Morning report (Tuesday 0800hrs) and Grand Round.  The doctor will be responsible for such other specific clinical duties as allocated by consultants including performing other duties in occasional emergencies and unforeseen circumstances.  ttern in this  Usual working day is 9am - 5pm	
placement (e.g. ward rounds, clinics, theatre sessions)	Mon: Consultant-led ward round & ward work Tues: Morning report, Consultant-led ward round & ward work Wed: Consultant-led ward round & ward work, grand round Thurs: Consultant ward round & ward work Fri: Consultant-led ward round & ward work  Daily consultant ward round / board round On call requirements: Long days, nights and weekend work.	
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust	

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Imperial College Healthcare NHS Trust			
St Mary's Hospital			
LDN/RYJ01/FND/FY2/047			
General Internal Medicine – Endocrinology and Diabetes Mellitus			
The Dept. of Metabolic Medicine covers general Diabetes and Endocrinology and has many special clinics covering interests including Endocrine complications of pregnancy, Diabetic foot disease, Diabetic Fatty Liver Disease, Diabetes in obesity, Bariatric Medicine, Metabolic Bone and Stone disease, Pituitary and Adrenal disease, Thyroid cancer, and Lipid disorders. There are active research programmes in many of these areas, including clinical trials.			
F2 Doctors in hospital posts are ward-based and expected to deliver the daily medical care of all the in-patients. These include mainly general medical admissions along with complicated diabetes and endocrine cases, especially those with diabetic foot disease. There are Consultant ward rounds every day. The ward team further includes a dedicated ST3+, two F1 and one CT1/CT2 doctors. Another 2 ST3+ cover specialist services (clinic/outpatient based).			
There are weekly X-ray, multi-disciplinary diabetes, multi-disciplinary diabetes foot, specialist endocrine, endocrine results and governance meetings. There is a central, weekly Grand Round and regular departmental journal club.			
When on-call for general Medicine the F2 will be involved with the generic clerking of patients being admitted and their on-going care on the Medical Admissions unit.			
St Mary's is a major teaching hospital, as part of Imperial College London, and medical students are often attached to our Department, leading to teaching opportunities for the F2 if desired.  There are four Endocrine & Diabetes consultants who are involved in			
the Foundation year/ Core Training supervision: one of these individuals will supervise the F2.			
The F2 doctor is responsible with other staff for the ward care of patients, the maintenance of the patients' medical record and updating the medical list. They will have the opportunity to attend a variety of specialist outpatient's clinics with the consultants, when ward work allows. They are expected to attend certain departmental meetings, where they will often be required to present (e.g. X-ray MDT meeting) In addition, they will be expected to attend the structured teaching programmes provided.			

	The F2 doctor will be responsible for such other specific clinical duties as allocated by consultants, including performing other duties in occasional emergencies and unforeseen circumstances.		
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Daily: 0900 Ward round 1200 Ward MDT Board round 1300 Ward Cover		
	Tue	0800 – 0900 Mortality meeting (once per month) 0800 – 0900 Morning report (F2/CT teaching) (when mortality meeting is not on) 0900-1045 : F2 Teaching 0830 – 1130 Diabetes MDT Foot WR	
	Thurs: Fri:	0830 – 0930 Radiology Meeting 1600 – 1700 Diabetes Foot MDT 1245 - 1345 Grand Round	
	Sat: Sun:	0900 – 2100 on-call 1 in 5/6 0900 – 2100 on-call 1 in 5/6	
	Weekly/monthly: Teaching programme		
		quirements: ift pattern)	
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust		

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust		
Site	St Mary's Hospital		
NPN	LDN/RYJ01/FND/FY2/007		
Placement details (i.e. the specialty and sub-specialty)	General Internal Medicine – Hepatology		
The Department (Please provide a general overview)	The Dept. of Hepatology comprises 12 Consultants of whom 5 do acute General Adult Medical on-call. There is a strong academic component to the Team (which has four ICSM Professors) Academic Clinical Fellows, 4-5 SpRs and several Clinical Research Fellows. Our department's special interests include Cirrhosis, Viral Hepatitis, Liver Cancer, Fatty Liver Disease and Alcohol related Hepatitis with active research programmes in all these areas, including a Clinical Trials Unit.		
Type of work to expect and learning opportunities	The Hepatology Team has one IMT, one F2 and four F1 doctors, in addition to the SpRs.  All F2 doctors will generally be ward based during the 'normal' working day and expected to deliver the daily medical care of all the patients currently under the care of the Hepatology team, which includes general medical patients in addition to liver patients. There are daily consultant ward rounds. When on-call for general medicine, F2s will be involved with the clerking of patients being admitted and the on-going care of newly admitted patients. FY2 doctors also have the opportunity to learn paracentesis and to perform this on day case patients on the liver treatment unit under supervision.  St Mary's is a major teaching hospital, as part of Imperial College London, and medical students are often attached to this department, leading to teaching opportunities for the F2 if desired.  The overall educational objectives of the F2 year are to provide the trainee with the knowledge, skills and attitudes to enhance their ability to: -		
	<ul> <li>Take a history and examine a patient</li> <li>Identify and approach problems logically</li> <li>Offer and implement initial management plans</li> <li>Prescribe safely</li> <li>Perform basic procedures safely</li> <li>Keep accurate &amp; relevant medical records</li> <li>Manage time &amp; clinical priorities effectively</li> <li>Communicate effectively with patients, relatives and colleagues</li> <li>Use evidence, guidelines and audit to benefit patient care and understand the issues of Clinical Governance</li> <li>Act in a professional manner at all times</li> </ul>		

Clinical supervisor(s) for the placement	Cope with ethical and legal issues which occur during the management of patients with general medical problems     Educate patients effectively     Become life-long learners and teachers.  To be assigned		
Main duties of the placement	The F2 doctor is responsible with other staff for the ward care of patients and the maintenance of the patient's medical record. They will have opportunity to attend a variety of specialist outpatient's clinics with the consultants when the ward work allows. They are expected to attend the departmental meetings; including Radiology, ESC and cirrhosis MDTs, Histology, Research presentations, and the weekly Grand Round. In addition, they will be expected to attend the structured teaching programmes provided.  The F2 doctor will be responsible for such other specific clinical duties as allocated by consultants, including performing other duties in occasional emergencies and unforeseen circumstances.		
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Daily: 0900 FY1s update list 09:15 Board Round 0930 Ward round Remainder of Day: Jobs 1700 Handover to On-Call  Mon: Fortnightly: 8-9 am Cirrhosis MDT 1200 – 1300 Research in Progress Meeting/ M&M  Tues: 0800-0900 Morning Report 1300-1400 FY2 teaching  Weds: 1230 – 1330 Grand Round  Thurs: 08:30-09:30: ESC MDT 12:30 – 13:30 Radiology MDT  Fri: 0930 – 1000 Histology Meeting 12:30-13:30 Clinical Teaching  Team's GIM On call requirements:  1 in 5 (shift pattern) 0900-2100, as well as nights and weekends		
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust		

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust		
Site	St Mary's Hospital		
NPN	LDN/RYJ01/FND/FY2/003 LDN/RYJ01/FND/FY2/017 General Internal Medicine – Respiratory Medicine		
Placement details (i.e. the specialty and sub-specialty)	General Internal Medicine – Respiratory Medicine		
The Department (Please provide a general overview)	The department has a mixture of clinicians, academics, nurse specialists, specialist physiotherapists, Respiratory physiologists and administrative staff who work closely together. There are close links with the Infectious disease /HIV team and with the radiology, microbiology, histopathology and cytology departments.		
	The hospital is part of the wider Imperial College Healthcare NHS Trust along with the Hammersmith Hospital and Charing Cross Hospital. Some services operate across all sites and there are close links between the Respiratory physicians within the trust. There are 12 Consultant Chest physicians and 1 honorary consultant/academic who lead the acute respiratory and general medical inpatient teams at St Mary's.		
Type of work to expect and learning opportunities	There are two inpatient Respiratory teams, together forming one of five medical firms who participate in the acute medical take and manage admitted patients. Each team is staffed from a pool of 4 SpRs/IMT3; 4 SHO grade doctors (2 FY2, 2 IMT) and 4 FY1s. Staffing varies according to annual leave, study leave and on call commitments but each team will have a minimum of 1 SpR grade and 2 other members at any one time.		
	Both teams manage patients with acute and chronic respiratory disease along with patients with general medical problems. Team A takes responsibility for inpatients on Manvers ward, with conditions such as lung cancer, COPD, asthma, respiratory infections (e.g. pneumonia, TB, bronchiectasis), pleural disease (pneumothorax, effusions and empyaemas), respiratory failure, interstitial lung disease and other general medical conditions. Manvers also has bays for COVID patients, including a level 2 Acute Respiratory Unit with capacity to deliver non-invasive respiratory support. Team B is responsible for the acute take and the care of patients admitted to the medical assessment unit on the acute take, until they go home or to an appropriate ward.		
	The weekly timetable differs slightly according to the team the F2 is assigned to. The F2 will rotate through both teams during their time in post.		
	The F2 will participate in the acute take (including night shifts) and in the ongoing care of patients admitted via the take until their discharge or triage to a different medical team. The F2 will also provide out-of-hours ward cover on an on-call rota.		

The F2 will also undertake a weekly community respiratory clinic, under supervision from Dr Elkin & Dr Wong in rotation with other F2 and IMT.

The overall educational objectives of the F2 year are to provide the trainee with the knowledge, skills and attitudes to be able to:

- Take a history and examine a patient
- Identify and synthesise problems
- Prescribe safely
- Keep an accurate and relevant medical record
- · Manage time and clinical priorities effectively
- Communicate effectively with patients, relatives and colleagues
- Use evidence, guidelines and audit to benefit patient care
- Act in a professional manner at all times
- Cope with ethical and legal issues which occur during the management of patients with general medical problems
- Educate patients effectively
- Become life-long learners and teachers

In this post the F2 will have opportunities to build on skills and experiences developed in their F1 year and will lead independent ward rounds and be supported in the transition into a more senior medical role.

In addition, in this post the F2 will gain experience of interpreting thoracic radiology; performing procedures under supervision such as arterial cannulation, intercostal aspiration and drainage, lumbar puncture; and the use of non-invasive ventilation.

This is an Academic respiratory unit and the F2 will be expected to take an active role in education and research. This will involve teaching medical students and completing one audit or research project. They will have opportunities to present at the weekly departmental educational meeting, morning report and potentially at the hospital grand round.

### Clinical supervisor(s) for the placement

Dr Meg Coleman, Dr Hugo Farne, Dr Laura Martin, Prof Onn Min Kon, Dr Clare Ross, Dr Rudy Sinharay and Dr Melissa Wickremasinghe are the educational and clinical supervisors on the chest team.

We have a senior trainee (name supplied at local induction) to facilitate feedback to consultant body.

#### Main duties of the placement

As part of the chest team, along with the F1s, other SHOs and SpRs, the F2 will be responsible for the ward based care of patients with acute and chronic respiratory disease and patients with other general medical problems requiring inpatient care. They will be expected to ensure that the medical records of these patients are accurately maintained.

The F2 will be expected to attend the structured teaching programmes provided by the department and the weekly Foundation teaching. They will participate in the acute medical take and provide ward cover according to the on call rota.

The F2 will be responsible for other specific clinical duties as allocated by consultants including performing duties in occasional emergencies and unforeseen circumstances.

Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Timings of Consultant ward rounds will vary depending on which team the F2 is on and which Consultant is leading the ward team – full details are provided in an induction pack.  F2s will also be expected to attend:  - Tuesday Morning Report (8-9am), F2 teaching  - Wednesday lunchtime departmental teaching (1230-130pm) or Trust Grand Round (1-2pm)  - Respiratory Radiology meeting (1-2pm)	
	Team A Mon: AM: board round and ward round; PM: ward work or community SHO clinic Tues: AM: 8-9am Morning report, board round and ward round; PI ward work Wed: AM: board round and ward round; 1230-130pm Department teaching; PM: ward work Thurs: AM: board round and ward round; 12-2pm F1 teaching / 1- 2pm Radiology meeting; PM: ward work Fri: AM: board round and ward round; Grand round, PM: ward word and 430pm weekend handover	
	Team B Twice daily consultant ward round on the acute first floor patients Tues: 8-9am Morning Report, F2 teaching, TB consultant PM round Wed: 1230-130pm Departmental teaching Thurs: 1-2pm Radiology meeting, TB consultant PM round Fri: 430pm weekend handover	
	On call requirements: Acute medical takes 1 in 10. Ward cover approximately 1 in 20, night shifts approximately 1 in 20.	
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust	

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust		
Site	Central & North West London NHS Foundation Trust, Thames Ward, St Charles' Hospital		
NPN	LDN/RYJ05/FND/FY2/001		
Placement details (i.e. the specialty and sub-specialty)	General Psychiatry (Adult Inpatient)		
The Department (Please provide a general overview)	Thames ward is based at the Adult Mental Health Unit in St Charles Hospital.  Kensington and Chelsea and Westminster adult mental health services provides a range of mental health services for adults across the age range within the community and in hospital settings. These are integrated health and social care services. These are based at:  • St Charles Hospital with 8 inpatient wards; two adult PICUs, four adult acute wards and two older adult wards  • South Kensington and Chelsea Mental Health Centre, next to Chelsea and Westminster Hospital with the liaison service, health psychology, therapies team, memory service, older and younger adult psychiatric liaison services  • Beatrice Place with the continuing care unit.  • Early intervention in psychosis service based at Woodfield road.  • Community team bases for adult CMHTs and Psychotherapy services.  • A well-developed Primary Care Mental Health team that is now working in partnership with 3rd sector organisations to offer a broader service to patients with enduring mental illness in primary care.  Thames ward is a mixed 17 bedded ward for adults. It caters for patients from the boroughs of Westminster and Kensington and Chelsea. Thames ward consists of one full time consultant psychiatrist, two Core Trainees, a foundation year doctor and an MDT comprising of band 6 psychiatric nurses, an OT, HCA's, an advanced nurse practitioner and a band 8 team manager. The aim of the service is to ensure evidence-based care for people with mental health problems, working in conjunction with partner services.  Patients admitted to Thames ward suffer from a wide spectrum of both acute and chronic mental health conditions ranging from psychotic disorders and mood disorders to personality disorders, mental disorders induced by alcohol/ drugs and organic brain syndromes.		

### Type of work to expect and learning opportunities

The F2 doctor will be ward based. The overall educational objectives of the F2 post are to provide the trainee with the knowledge, skills and attitudes to be able to:

- Take a history and examine a patient, including a full mental state examination
- Formulate presentations to reach a diagnosis
- Devising comprehensive biological, psychological and social treatment plans
- · Advise GP on appropriate prescribing
- · Keep an accurate and relevant medical record
- Manage time and clinical priorities effectively
- Communicate effectively with patients, relatives and colleagues
- Use evidence, guidelines and audit to benefit patient care
- Involvement in QI projects
- · Act in a professional manner at all times
- Cope with ethical and legal issues which occur during the management of patients with general medical problems
- Educate patients effectively
- · Become life-long learners and teachers

### Clinical supervisor(s) for the placement

Dr John Bainton

#### Main duties of the placement

The F2 doctor is responsible for assisting in the assessment and treatment of patients referred to the team, including updating and maintenance of the patient's medical record.

They have the opportunity to attend MDT ward rounds with the Consultant routinely as well as involvement with other members of the team (but would not be expected to lead these assessments or devise treatment plans independently)

They are expected to attend the structured weekly teaching programmes provided by the department.

The doctor will be responsible for such other specific clinical duties as allocated by consultants including performing other duties in occasional emergencies and unforeseen circumstances but this will always be conducted with appropriate clinical supervision

There is an expectation that the FY2 doctor will use the placement to engage in an audit, a service development project and/or teaching. There will be active encouragement of attending other mental health services to gain additional clinical experience.

The following intended learning outcomes, as mapped to the relevant foundation professional capabilities in the foundation curriculum should be achievable within a psychiatric post at both F1 and F2 level, in any service setting.

Typical working pattern in this		
placement (e.g. ward rounds,	Mon	AM – MDT handover and Ward rounds
clinics, theatre sessions)		PM – Ward rounds / Ward work
	Tues	AM – MDT handover / Psychological Team Formulation
		PM – FY2 Teaching / Ward work
	Wed	AM – MDT Handover/ Ward work
		PM - Local Teaching and Self Development Time
	Thurs	AM – MDT Handover and Ward rounds
		PM - Ward rounds / Ward work
	Fri	AM – MDT Handover and Ward rounds
		PM - Ward rounds / Ward work
Local education provider	Imperial Co	ollege Healthcare NHS Trust
(LEP) / employer information		

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Central & North West London NHS Foundation Trust, Brent South Community Mental Health Services
NPN	LDN/RV3JR/052/FY2/001
Placement details (i.e. the specialty and sub-specialty)	General Psychiatry (Adult & Rehabilitation Psychiatry)
The Department (Please provide a general overview)	The Brent Community Mental Health Teams (CMHTs) are commissioned to provide a streamlined, seamless Community Mental Health service across Health and Social Care boundaries to adults of working age experiencing mental ill health and who are ordinarily resident in the Borough of Brent. The current organization of the CMHTs is around three separate localities; Kilburn, Harness and Kingsbury &Willesden. This post is attached to Harness Locality. The Teams will include staff from both CNWL NHS Foundation Trust and Brent Council, with a devolved management arrangement whereby all staff are managed by CNWL Managers. The Teams will work according to principles of recovery to enable individuals using services and their carers to maximize their independence, achieve identified goals and maintain wellbeing. The CMHTs will support people with severe and enduring mental illness to lead independent lives in the community, but at the same time reducing dependence on secondary mental health service services and working more closely with primary care services and the voluntary sector to deliver alternative service models with recovery as their main focus.
	Brent has a total population of approximately 312,000 people. Jarman indices for the area range from below 5 to 48 reflecting pockets of high morbidity with all the features of an inner-city area. There are high levels of deprivation in some parts of the borough, as well as more suburban and affluent areas. The deprived areas are characterized by poor housing stock, unemployment, single parent families, high crime rates and homelessness with attendant substance misuse and mental illness. In some areas, most people live in rented accommodation and the population is predominantly young and transient; in others, there are above average numbers of older people, many living alone.
	Brent has a rich mix of different cultures, with the total black and minority ethnic communities making up more than 60% of the population. There are well-established Asian, African-Caribbean and Irish communities, and more recently asylum seekers and refugee communities from a number of countries, such as Somalia.
	The teams are commissioned to carry an overall caseload of 1602 service users, and to carry out 2000 new assessments per year. The CMHTs will provide a period of outcome focused intervention, and will not keep cases open indefinitely. There will need to be a robust management overview of the length of time cases are open: while every case will be different, the expectation is that services will be in place for up to two years whilst the service user recovers. Staff will need to ensure that service users and their carers understand this model of intervention and support at the first stage of their engagement with services.

Type of work to expect and learning opportunities	The FY2 will gain invaluable experience of working in the community with clinics on site as well as ample opportunity for joint home and placement visits.  The trainee will be responsible for a small caseload of his/her own, formulating and implementing management plans and review, with supervision.  The FY2 will be expected to carry out assessments of common mental health conditions, including taking a history and mental state examination, and initiate a management plan, whilst working in a comprehensive multidisciplinary team.  There is also an expectation for the doctor to assess the impact of physical health conditions which arise or are co-morbid with mental health. Equally, they are expected to identify common substance misuse problems and psycho-educate patients.  Additionally, there is expectation to liaise with other professionals and staff that work with patients on supported placements and facilitating discharges from the inpatient unit		
Clinical supervisor(s) for the placement	Dr Massimo B	Bernini	
Main duties of the placement	<ul> <li>Joint assessments and management of referred patients, together with experienced multidisciplinary team members.</li> <li>Liaison with other professionals within and external to the service, voluntary agencies and carers, including primary care</li> <li>Annual physical and lifestyle reviews of patients on clozapine, linking with the clozapine clinic</li> <li>Initial assessments under supervision</li> <li>Assessing patients in an acute psychiatric emergency under supervision</li> <li>Participation in CPA meetings and learning about the relevant documentation</li> <li>Carrying out regular joint visits to supported homes to review patient's mental health in response to concerns from staff</li> <li>Provision of support and psychoeducation to staff, careers and patients</li> </ul>		
Typical working pattern in this placement (e.g. ward rounds,		AM	PM
clinics, theatre sessions)	Mon Tues	Clinic: reviews Teaching	Clinic: assessment and reviews  Clinic: assessment and reviews
	Wed	Admin Academic programme	Balint group / CPD
	Thurs	MDT team meeting	Clinic – Home visits
	Fri	Supervision Admin	Aduit
Local education provider (LEP) / employer information	Imperial Colle	ge Healthcare NHS Trus	t

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust		
Site	Central & North West London NHS Foundation Trust, South Westminster Home Treatment Team		
NPN	LDN/RV3GJ/052/FY2/003		
Placement details (i.e. the specialty and sub-specialty)	General Psychiatry (Adult, home treatment)		
The Department (Please provide a general overview)	South Westminster Home Treatment Team is a community-based team that provides a home-based alternative to inpatient admission. The team is staffed 24 hours and provides care for patients either as an alternative to admission or to facilitate early discharge from hospital. The catchment area is diverse, covering Soho, the West End, Victoria and Belgravia.		
Type of work to expect and learning opportunities	SWHTT provides a home-based treatment as an alternative to admission for people who are requiring inpatient psychiatric admission and living in South Westminster.  The F2 Dr would work alongside other members of the multidisciplinary team, which includes nurses, OT, SW, support workers, part-time Consultant Psychiatrist, part-time Speciality Dr in Psychiatry and full time GP trainee doctor.  The F2 Dr would be based in the team office 190 Vauxhall Bridge Road, but clinical care would be delivered in the community. Learning opportunities would include:		
	<ul> <li>Develop skills in psychiatric history taking</li> <li>Develop skills assessing Mental State</li> <li>Develop formulation skills</li> <li>Risk assessments</li> <li>Safe and effective prescribing</li> <li>Keeping accurate records</li> <li>Time management</li> <li>Multidisciplinary working</li> <li>Develop awareness of legal and ethical issues in management of complex cases</li> </ul>		
Clinical supervisor(s) for the placement	Develop communication skills with both patients and colleagues  Dr Elizabeth Jackson		
Main duties of the placement	The F2 doctor is responsible with other staff for the medical and psychiatric care of the patients on the caseload. They will have opportunities to work alongside all members of the MDT, including the specialty doctor, the GP trainee and the Consultant. Clinical work will be undertaken mainly in the community in patients own homes.  They will be expected to take responsibility for the physical care and ongoing psychiatric assessment of patients on the caseload. They		

Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	are expected to attend the local academic programme one afternoon a week, provided by the department.  The FY2 will be responsible for such other specific clinical duties as allocated by consultants including performing other duties in occasional emergencies and unforeseen circumstances. The trainee will remain an employee of Imperial College Healthcare NHS Trust while in this placement but will have an honorary contract with CNWL.  The following intended learning outcomes, as mapped to the relevant foundation professional capabilities in the foundation curriculum, should be achievable within a psychiatric post at both F1 and F2 level, in any service setting.  Daily: 0900/1400: handover  Mon am: community reviews     Pm: MDT  Tues am: community reviews     Pm: reflective practice/team meeting  Wed am: community reviews     12.30 – 1.45 local academic programme     1-2pm: FY teaching grand round     Pm: community reviews  Thurs am: community reviews     Pm: community reviews
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Charing Cross Hospital
NPN	LDN/RYJ02/FND/FY2/001
Placement details (i.e. the specialty and sub-specialty)	Geriatric Medicine (Integrated Care – OPRAC)
The Department (Please provide a general overview)	The Department consists of 8 Consultants who manage the acute inpatient wards (8W and 8S), Lady Skinner Rehab ward, OPAL (Older Persons Acute Assessment and Liaison) and OPRAC (Older Persons Rapid Assessment Clinic) services. The consultants also work in the community including in nursing homes. The department is involved in the care of complex older patients at all stages – the acute admission, inpatient stay, rehabilitation and in the community.
Type of work to expect and learning opportunities	The F2 Doctor will be based in OPRAC.
	Older Persons Rapid Assessment Clinic: The post-holder will also be asked to undertake OPRAC. This involves the review and clerking of 2 patients daily under consultant or registrar supervision and occasional phone clinic appointments. The clinic is available for GPs and ED to refer complex elderly patients for a full comprehensive assessment including investigations all undertaken the same day.
	F2s will be expected to gain experience in independent assessment of patients under supervision. They will also gain experience with communicating with patients and relatives in challenging circumstances, for example in those with hearing problems or cognitive deficits. Post holders will gain an understanding of core Elderly Medicine topics such as dementia, delirium and frailty.
	The post holder will also cross cover into OPAL and into the rehab ward which is where the clinic is based.
	The Rehab Unit: Work involves the day-to-day management of patients on the ward. In the morning there is a senior led board followed by a ward round with a range of team members, in which the FY2 is encouraged to assess patients independently. There are twice weekly consultant led ward rounds. As this is a rehabilitation unit, a key area of the job is communicating with relatives and carers with regards to progress and discharge plan. Close working with other healthcare professionals including the therapy teams is also instrumental.
	OPAL: The doctor will work with the multidisciplinary team in order to perform a comprehensive geriatric assessment on frail older patients admitted to the acute medical unit.

Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Medicine for the Elderly department in order to facilitate leave arrangements.  Mon:  09:00 - OPAL OR OPRAC  13:00 - Medicine for the Elderly meeting
	14:00 – OPAL OR OPRAC  Tues: 09:00 –OPRAC 14:00 – MDT meeting
	14:00 –OPRAC  Wed: 09:00 –OPRAC
	13:00 – Grand round 14:00 –OPRAC Thurs:
	09:00 –Ward round or OPRAC 12:00 – X-ray meeting 13:00 – F2 Teaching 14:00 – Jobs on rehab ward
	Fri: 09:00 –OPRAC 13:00 – Medical meeting 14:00 –OPRAC
	Sat: Sun:
Local education provider (LEP) / employer information	On call requirements: None Imperial College Healthcare NHS Trust

t is important to note that this description is a typical example of the placement and may be subject hange.	to

Trust	Imperial College Healthcare NHS Trust		
Cito	Hammersmith Hospital		
Site	Hammersmith Hospital		
NPN	LDN/RYJ03/FND/FY2/029		
Placement details (i.e. the specialty and sub-specialty)	Geriatric Medicine		
The Department (Please provide a general overview)	Medicine for the Elderly; General Geriatrics and geriatric liaison to Cardiology		
	Out of hours – part of 1 in 7 medical SHO rota, late shifts and weekend long days only (no nights) Ward cover only, no acute unselected take		
Type of work to expect and learning opportunities	The F2 post is part of the Medicine for the Elderly (MfE) team at HH. The team has two consultants, one SpR, two IMT1/2 doctors and an F2.		
	This MfE team has two clinical areas across which the team of junior doctors work fluidly:		
	John Humphrey's Ward: This is a general geriatrics ward (patients transferred directly from the acute medical take from other Imperial College Healthcare NHS Trust Hospitals, or accepted from other specialties based at Hammersmith). Work involves the day-to-day management of patients on the ward. In the morning there is a senior led board followed by a ward round with a range of team members, in which the FY2 is encouraged to assess patients independently. There are twice weekly consultant led ward rounds. After the patients have been assessed, the F2 is expected to work with other team members to prioritise and complete tasks that were generated on the ward round. These tasks range from ordering routine investigations, to doing procedures. Another key area of the job is communicating with relatives and carers in addition to other healthcare professionals.		
	Cardiology Liaison Ward (C8): This ward involves medical treatment for a range of patients including - Primary cardiology patients requiring ongoing inpatient stay - Frail patients who have had cardiology admission +/- geriatric syndromes (delirium, dementia, complex comorbidity etc) - Heart failure patients - TAVI patients (pre- and post)		
	There are opportunities to attend clinic including heart failure and syncope clinics.		
	There are opportunities to widen knowledge of common medical conditions and gain a greater understanding of core Elderly Medicine		

	topics such as dementia, delirium and frailty in addition to the specialist area of cardiology liaison. F2s will be expected to gain experience in independent assessment of patients under supervision and indeed supervise the F1 doctor. They will also gain experience with communicating with patients and relatives in challenging circumstances, for example in those with hearing problems or cognitive deficits. As it is a general medical ward, this placement offers the F2 the opportunity to widen their knowledge of common medical conditions, including care of acute and chronic conditions.  All trainees have multiple educational opportunities with weekly:  - Medical grand round  - Foundation doctor teaching  - Departmental teaching  - Morning report  - Cardiology SHO teaching (which C8 doctors usually attend)  All trainees have the opportunity to get involved with research within cardiology and governance projects across cardiology and MfE teams  The out of hours work is a 1 in 7 long day rota (late shifts and					
	weekends) with no night shifts.  This is a ward cover only role, with no acute unselected take.					
Clinical supervisor(s) for the placement			,			
Main duties of the placement	The main duties of the placement are to ensure the day-to-day well being of the patients, including clinical assessments, ordering and following up investigations and liaising with the multidisciplinary team and families. F2s would be required to assess unwell patients, seek help where necessary and start preliminary treatment plans. The F2 is likely to attend MDT meetings and family meetings.  Other duties include referring patients to other specialties and supervising the F1 doctor.					
Typical working pattern in this		T	I		1	1
placement (e.g. ward rounds, clinics, theatre sessions)	Mon WR	Tues Cons WR	Weds SpR WR	Thurs Cons WR	Fri WR	
	Ward	Ward	Ward	Ward	Ward	
	work	work	work	work/ HF clinic	work	
	Ward work	Ward work	Ward work	Ward work	Ward work	
Local education provider (LEP) / employer information	Imperial Co	ollege Heal	thcare NHS	S Trust		

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Charing Cross Hospital
NPN	LDN/RYJ02/FND/FY2/027 LDN/RYJ02/FND/FY2/024
Placement details (i.e. the specialty and sub-specialty)	Geriatric Medicine
The Department (Please provide a general overview)	The Department consists of 8 Consultants who manage the acute inpatient wards (8W and 8S), Lady Skinner Rehab ward, OPAL (Older Persons Acute Assessment and Liaison) and OPRAC (Older Persons Rapid Assessment Clinic) services. The consultants also work in the community including in nursing homes. The department is involved in the care of complex older patients at all stages – the acute admission, inpatient stay, rehabilitation and in the community.
Type of work to expect and learning opportunities	The F2 Doctor will be based on one of the acute Medicine for the Elderly Wards (8W or 8S). They will form part of a team of doctors (including Consultant, registrar, GP trainee or IMT and foundation doctors).
	Work involves the day-to-day management of patients on the ward. In the morning there is a senior led board followed by a ward round with a range of team members, in which the FY2 is encouraged to assess patients independently. There are twice weekly consultant led ward rounds. After the patients have been assessed, the F2 is expected to work with other team members to prioritise and complete tasks that were generated on the ward round. These tasks range from ordering routine investigations, to doing procedures. Another key area of the job is communicating with relatives and carers in addition to other healthcare professionals.
	There are opportunities to widen knowledge of common medical conditions and gain a greater understanding of core Elderly Medicine topics such as dementia, delirium and frailty. F2s will be expected to gain experience in independent assessment of patients under supervision and indeed supervise the F1 doctor. They will also gain experience with communicating with patients and relatives in challenging circumstances, for example in those with hearing problems or cognitive deficits. As it is a general medical ward, this placement offers the F2 the opportunity to widen their knowledge of common medical conditions, including care of acute and chronic conditions.
	F2s in Medicine for the Elderly get the opportunity to teach students (there are regular attachments of Undergraduates) and there are teaching/learning opportunities at weekly departmental educational meetings, weekly medical meetings and weekly X-ray meetings. There are also opportunities to attend Out Patient Clinics and join one of the Consultants visiting local Care Homes.

	F2s also work some on call shifts covering the other medical wards, as well as nights where they cross cover with oncology as well. A 'normal day' would consist of a ward round followed by ward jobs for the patients.  F2s have protected teaching. The department also organizes weekly Medicine for the Elderly meetings at Monday lunchtime 13:00-14:00 where a member of the MDT will present a case/current topic of interest.
Clinical supervisor(s) for the placement	
Main duties of the placement	The main duties of the placement are to ensure the day-to-day well being of the patients, including clinical assessments, ordering and following up investigations and liaising with the multidisciplinary team and families. F2s would be required to assess unwell patients, seek help where necessary and start preliminary treatment plans. The F2 is likely to attend MDT meetings and family meetings.  Other duties include referring patients to other specialties and supervising the F1 doctor.  The doctors are expected to cross cover within the Medicine for the
	Elderly department in order to facilitate leave arrangements.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Mon: 09:00 – Ward round 13:00 - Medicine for the Elderly meeting 14:00 – Jobs in the afternoon  Tues: 09:00 – Consultant Ward round 14:00 – MDT meeting 15:00 - Finish ward round/jobs
	Wed: 09:00 – Ward round and email subjects for X-ray meeting 13:00 – Grand round 14:00 – Jobs
	Thurs: 09:00 – Consultant Ward round 12:00 – X-ray meeting 13:00 – F1 Teaching 15:00 - Jobs
	Fri: 09:00 – Ward round 13:00 – Medical meeting 14:00 – Jobs
	Sat: If on call Sun: If on call

	On call requirements: As per medical rota
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	St Mary's Hospital
NPN	LDN/RYJ01/FND/FY2/056
Placement details (i.e. the specialty and sub-specialty)	Geriatric Medicine
The Department (Please provide a general overview)	The Department of Elderly Medicine runs a range of services for frail older people in Northwest London. These include inpatient acute elderly medicine beds, rehabilitation units, multidisciplinary outpatient clinics, surgical liaison and community work.
	This post is in surgical liaison. The F2 doctor will work with others to provide care for acutely unwell older patients with traumatic injuries or having other surgical procedures.
Type of work to expect and learning opportunities	The Foundation doctor will work with other members of the team to perform Comprehensive Geriatric Assessment, and implement the plan created as a result of this assessment. Other members of the team include other junior doctors from both medicine and surgery, consultant geriatricians and surgeons, senior nursing staff and therapists. The Foundation doctor will gain experience in the acute assessment of older people as well as discharge planning and managing risk in the community.
	The post also includes acute medical on calls including nights and weekends.
	The F2 will be expected to take an active role in education and quality improvement. This will involve teaching medical students and completing one or more quality improvement / research projects. They will have opportunities to present at our departmental education meetings and morning report (Weekly case based learning in medicine).
Clinical supervisor(s) for the placement	Dr Louis Koizia
Main duties of the placement	Typical duties include reviewing patients to present to the consultant, establishing collateral histories, liaising with other specialities, the GP, families and carers, therapists and community partners, arranging diagnostic investigations, performing procedures with appropriate training and supervision (eg catheterisation), and maintaining accurate and timely clinical records. The F2 doctor will be under daily consultant supervision.
	The doctor will be responsible for such other specific clinical duties as allocated by consultants including performing other duties in occasional emergencies and unforeseen circumstances.

Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	The working pattern in these posts will be 9am-5pm, with on-calls including evening work, weekends and night shifts. In addition, the trainees will be expected to attend weekly teaching sessions including dedicated F2 teaching.
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Charing Cross Hospital
NPN	LDN/RYJ02/FND/FY2/025 LDN/RYJ02/FND/FY2/004 LDN/RYJ02/FND/FY2/030
Placement details (i.e. the specialty and sub-specialty)	Intensive Care Medicine
The Department (Please provide a general overview)	The Department comprises 9 whole time equivalent Intensive Care Consultants who cover the Critical Care Unit
Type of work to expect and learning opportunities	The F2 participates in the SHO rota which includes 18 doctors (F2 to CT1-CT2 including CMT and ACCS as well as surgical trainees) The job is ward based. The F2 attends the consultant ward rounds in the morning and evening which include a teaching component.
	The F2 must update the patient medical records following the ward round, organize relevant investigations and discuss patients with specific teams as decided on the ward round.
	The F2 is expected to accompany and discuss with visiting teams when reviewing patients. They are then responsible for communicating advice from the other teams to the ITU consultant and implement changes accordingly.
	The F2 is expected to see and assess patients throughout the day as observations change and nurses raise concerns.
	The F2 participates in the daily consultant-led microbiology ward round.
	The F2 is expected to obtain a history (as possible), fully examine and organize appropriate investigations for all new admissions. The F2 should then discuss these patients with senior colleagues/consultants.
	The F2 will have will have the opportunity to do the following practical procedures: vascular access, including cannulas, central lines, vascaths and arterial lines; lumbar punctures; chest drains; ascitic taps/drains; insertion of nasogastric tubes; cardioversion.
	The F2 will be supported and supervised at all times as required by resident registrar and consultant cover.
Clinical supervisor(s) for the placement	The Foundation Trainee will be assigned a clinical supervisor who they will work closely with during their rotation.

Main duties of the placement	<ul> <li>Record keeping and admission / discharge summaries on the computer</li> <li>Assessing the critically unwell patient with changes in physiology/observations</li> <li>Ordering investigations</li> <li>Close communication with ITU consultant, microbiology, and radiology</li> <li>Involvement with other members of the MDT (physios/dietician etc)</li> <li>Prescriptions (including those specific to ITU e.g. inotropes and haemodialysis)</li> <li>Ventilation</li> </ul>
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Full shift pattern, varies week to week, may be 4 nights / 3 nights / 4 day shifts (0830-2030) or a combination. Approximately 1 in 3 weekends 2 hour of consultant led departmental teaching on a Monday and Thursday. Attendance at trust teaching expected.  On call requirements: Rolling rota
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Hammersmith Hospital
NPN  Placement details (i.e. the	LDN/RYJ03/FND/FY2/002 LDN/RYJ03/FND/FY2/013 LDN/RYJ03/FND/FY2/011 LDN/RYJ03/FND/FY2/005 LDN/RYJ03/FND/FY2/036 LDN/RYJ03/FND/FY2/003 Intensive Care Medicine
specialty and sub-specialty)	
The Department (Please provide a general overview)	The General Intensive Care Unit at Hammersmith comprises of eight WTE consultants who rotate being on service for the 16-bed unit on GICU (ICU West) and up to 12 beds unit on the De Wardener unit. The department receives admissions from all specialties in the hospital and the case-load reflects the hospitals specialist centres particularly renal medicine, haematology and cardiology. Surgery is also represented, particularly hepato-biliary, cardiothoracics and gynae oncology
Type of work to expect and learning opportunities	Acutely unwell patients necessitating history taking, examination, investigations and simple diagnostics pertaining to a broad scope of of general medicine and surgery. Case mix includes elective post-operative surgical admissions complex, acute medical admissions and tertiary specialist referrals, transferred across region in need of subspeciality input. Work load can be high and the F2 doctor needs to develop efficiency in tasks as they often have to multi-task though in a supervised and supported environment. Disproportionate opportunities to develop practical skills, ranging from arterial lines, central lines to all sorts of drains (chest drains, paracentesis) are available. Consultant led teaching both formal and informal, including an expectation to present at least once to the journal club during the placement. Lots of opportunities to present cases and participate in audits and projects, with professional development time protected 'en-bloc'. The F2 will be expected to summarise admissions and present these at ward rounds (including the MDT ward round), x-ray meetings and microbiology rounds. In addition, they must ensure all investigations, bloods and handover lists are up to date for each handover (morning and night). The F2 is also expected to refer patients for specialist opinion. In addition, interaction with patients' families is almost a daily duty. All domains of GMC good medical practice are habitually engaged in this fast moving yet rewarding environment and the F2 is only expected to work to a level commensurate to that of training stage.  Depending upon consultant, there is often a "board round" straight after the ward round where the resident on the long-day will ensure that they are familiar with the plans for ALL patients. At the "board round" the patients are divided between residents, where the F2 can take fuller 'ownership' of the critically unwell patient with necessary support.

	T
Clinical supervisor(s) for the	Dr Parind Patel
placement	
Main duties of the placement	SHO Doily Dution
Main duties of the placement	SHO Daily Duties:  • Participate in daily MDT handover round (Monday – Friday)
	Full clinical examination and review of all results (blood, imaging etc)
	· · · · · · · · · · · · · · · · · · ·
	All x-ray forms/prescriptions/fluid charts written each day (preferably during ward round)
	Obtaining relevant blood tests.
	Planning for any events (e.g. blood products prior to lines/trachy/ theatre with relevant support and guidance).
	, ,
	<ul> <li>Liaising with nurses/dieticians/physiotherapists/pharmacists</li> <li>ICCA (Phillips Intellivue) electronic prescribing, observation and</li> </ul>
	ICCA (Phillips Intellivue) electronic prescribing, observation and noting system
	<ul> <li>Practical procedures (CVP/Arterial Lines) and documentation</li> </ul>
	Attending and presenting at Ward/X-ray/Micro rounds
	Attending and presenting at Ward/X-ray/Micro rounds     Attend weekly departmental teaching (Thursday) and Journal
	Club (Wednesday)
	Olub (Wednesday)
	Micro Ward Round
	Attendance and participation in daily Consultant led Micro/ I.D. round
	Tourid
	X-Ray Ward Round
	Attendance and participation in weekly Radiology MDT. Give a      brief summers of allocated patient to the Capacitant Radiologist.
	brief summary of allocated patient to the Consultant Radiologist
	The Daily Review
	A full systematic review of each patient is required each day
	There is no right or wrong way to do this, as long as each system
	is reviewed and nothing is missed out. The F2 will be guided
	around the nuance of systemic enquiries in patients on invasive
	<ul> <li>organ support.</li> <li>Pay particular attention to lines (location, duration); microbiology</li> </ul>
	(what organism, when and where with sensitivities);
	drains/wounds (where and what's coming out); skin
	(breakdown/infection/rash); GIT (feeding/passing stools) and fluid
	balance.
	The simplest way to learn is to see various other formats and
	tailor your own
	Don't forget to check electrolytes (Mg, Phos) and levels of drugs
	(gent/vanc) and make relevant prescription changes

Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	<ul> <li>Daily Routine:</li> <li>8am: MDT handover leading to daily safety brief. Daily ward round commences at 9:15am.</li> <li>2pm: Micro Ward Round (Long Day resident MUST attend at the very least)</li> <li>1pm (on Monday): Radiology round / MDT with Consultant Radiologist (this is an excellent teaching resource / opportunity)</li> <li>4pm:Evening Ward Round</li> <li>8pm:Handover between long-day team and night team</li> <li>11pm:Consultant trouble shooting phone round leading to ward round with On-Call SpR, resident and sister</li> </ul>
Local education provider	Weekends/Bank Holidays:  9:30am: Ward Round  8pm: Evening Handover ward round between weekend day and night team  11pm:Consultant trouble shooting phone round leading to Ward round with On-Call SpR, resident and sister
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	St Mary's Hospital
NPN	LDN/RYJ01/FND/FY2/049 LDN/RYJ01/FND/FY2/037 LDN/RYJ01/FND/FY2/021
Placement details (i.e. the specialty and sub-specialty)	Intensive Care Medicine
The Department (Please provide a general overview)	
Type of work to expect and learning opportunities	A fully supervised position aimed at learning the principles of intensive care management for both elective and emergency patients. The post allows exposure to a wide variety of Major Trauma, neurosurgical, complex vascular, general medical and general surgical patients.  The post holder is taught about clinical assessment of the ICU patient and their management.  The F2 will be working together with specialist trainees and consultants.  There is the opportunity to learn advanced venous access techniques, arterial line insertion and the principles of resuscitation. It also allows the opportunity to consider intensive care and anaesthetics as a future career choice.  As well as attending FY2 teaching, there are opportunities to attend departmental teaching sessions twice a week, as well as journal club and simulation.
Clinical supervisor(s) for the placement	and simulation.
Main duties of the placement	Care of patients on the intensive care unit and liaising with their various specialties.

Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Based principally on the Intensive Care Unit with twice daily consultant ward rounds, and care of individual patients under immediate supervision.
	On call requirements:
	Working as part of the ICU SHO rota – with a range of day, long day and night shifts.
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Charing Cross Hospital
NPN	LDN/RYJ02/FND/FY2/021
Placement details (i.e. the specialty and sub-specialty)	Medical Oncology
The Department (Please provide a general overview)	F2 doctor is responsible for day to day management of Oncology inpatients, elective admissions, chemo day unit and Cancer assessment unit, supported by a team of ANPs and registrar of the week. All activity is supervised by 2 ward Oncologists and Palliative Care team.  F2 doctor is part of a team of 11 drs (F2, F3s, IMTs and TGs), partaking in 1:10 on call rota. The main inpatient ward (6N) has 26 bed, elective admissions (6S) 12 beds, and CAU is open 8:00am-8:00pm. CAU is the admitting point for NWL spinal cord compression.
	Patients may be under the regular care of their oncologist who once discharged resumes clinical responsibility.
Type of work to expect and learning opportunities	Oncology inpatient care, seeing patients with cancer on other wards, elective and oncology admission through CAU and ED. Night cover as part of Hospital at Night team.  Attendance at Palliative Care ward rounds encouraged.  Extensive MDT working.  Ward teaching and supervision. Attendance at weekly F2 teaching, weekly Oncology departmental teaching and fortnightly oncology journal club mandatory.  Encouraged to attend Oncology & Medical Grand Rounds.  Allocated outpatient clinics to attend during placement.
Clinical supervisor(s) for the placement	Dr Waqar Saleem
Main duties of the placement	Standard working day 8:00am – 5:00pm; Long day 9:00am-9:00pm; Late shift 1:00pm-9:00pm.  Weekends 9am to 9pm.  Allocated to work on 6N or 6S / AOS on weekly basis.  Day starts with consultant led board round followed by consultant ward round. All referrals through Oncology Registrar and patients seen by Consultant within 24 hours of admission.  F2s attend A&E only if patient accepted / reviewed by ward Consultant / SpR.  Weekends SpR Onc and Consultant present.  OOH 9:00pm-9:00am – Med Reg on call first review.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Fully Junior Doctor Contract compliant rota of 1:10. Rolling rota of nights, zero days, standard days, long days and weekends. Flexible annual leave.

Local education provider	Imperial College Healthcare NHS Trust
(LEP) / employer information	

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust			
Site	Charing Cross Hospital			
NPN	LDN/RYJ02/FND/FY2/015			
Placement details (i.e. the specialty and sub-specialty)	Neurosurgery			
The Department (Please provide a general overview)	The Department consists of 16 Consultants, and 17 Registrars providing a 24 hour service that serves a population of over two million people in west London and the Thames Valley.			
Type of work to expect and learning opportunities	The F2 doctor and other training SHOs are generally ward based. The F2 is expected to clerk patients being admitted for emergency and urgent surgery during the normal working day and during on-call commitments.  The overall educational objectives of the F2 year are to provide the trainee with the knowledge, skills and attitudes to be able to:  Take a history and examine a patient Identify and synthesise problems Prescribe safely Keep an accurate and relevant medical record			
	<ul> <li>Reep an accurate and relevant medical record</li> <li>Manage time and clinical priorities effectively</li> <li>Communicate effectively with patients, relatives and colleagues</li> <li>Use evidence, guidelines and audit to benefit patient care</li> <li>Act in a professional manner at all times</li> <li>Cope with ethical and legal issues which occur during the management of patients with general medical problems</li> <li>Educate patients effectively</li> <li>Become life-long learners and teachers.</li> </ul>			
Clinical supervisor(s) for the placement	Mr Tsang			
Main duties of the placement	The F2 is primarily responsible for the care of ward patients and seeing emergency cases in A&E. There is also an opportunity to spend time in theatre depending on staffing levels (training days are allocated on the rota) and perform ward based procedures.  There is a 1:7 rotation to St Mary's Hospital, for the whole week (Mon-Fri 08.00-17.00), to participate in the acute work (Charing Cross Hospital is mainly for elective work). This includes consultant-			
	led ward rounds of patients admitted through A&E, attending trauma calls and operating theatres.  There is a departmental teaching program which the F2 is expected to present at during their placement. There are also monthly departmental academic afternoon on the last Friday of the week as well as monthly Joint Academic Meetings with the neurosurgeons in PennState, US, where the F2 doctor can present cases.			

	The Neuro-Oncology and Neuro-Radiology MDT is held every Wednesday afternoon which the F2 doctor is expected to attend and take notes, management plans and order scans.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Daily: 07:30 – Preparing pre-op patients or updating the list 08:00 – Handover 09:00 – Ward round 10:00-13:00 – theatre/ward jobs  Mon: As above Tues: 12:30-14:00 F2 teaching Wed: 12:30-13:30 Departmental Teaching 2:00pm MDT  Thurs: As above Fri: As above Sat: 08:00 – 20:00 1 in 9 (or 20:00-08:00) Sun: 08:00 – 20:00 1 in 9 (or 20:00-08:00)  On call requirements: 1 in 9 with long days/night shifts
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust				
Site	St Mary's Hospital				
NPN	LDN/RYJ01/FND/FY2/035				
Placement details (i.e. the specialty and sub-specialty)	Obstetrics and Gynaecology				
The Department (Please provide a general overview)					
Type of work to expect and learning opportunities	Learn management of obstetric complications through triage / MDAU.				
	Learn about the running of the labour ward.				
	Assist in surgical procedures.				
	Learn about gynaecology inpatient and outpatient management.				
	Manage acute gynaecology and obstetrics presentations with senior support.				
Clinical supervisor(s) for the	To be allocated by Miss Pippa Letchworth at the start of placement.				
placement	Out of hours there are two on-call SpR's on site providing supervision and support at all times.				
Main duties of the placement	You will work a full shift rota with the main duties spanning acute and inpatient Obstetrics and Gynaecology.				
	In Gynaecology, your work includes covering Gynaecology ward work, Gynaecology outpatient clinics and operating lists. In Obstetrics, you will cover labour ward, antenatal clinics, maternity day-care and obstetric triage, and ward work.				
	Basic Obstetrics and Gynaecology including management of common presentations.				
	Learn to perform a speculum and vaginal examination properly and elicit findings.				
	Understand the significance of ultrasound reports in Gynaecology.				

Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	In-house teaching, MDTs, CTG meetings, and skills & drills sessions on a regular basis.			
	Foundation trainees get 2 hours of self-development time per week allocated in work schedules.			
	Local Faculty Group meeting – held 4 times per year. Led by UTL and attended by consultant body, trainee representative, Postgraduate Medical Education representative, and all trainees are welcome and encouraged to attend.			
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust			

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust					
Site	Charing Cross Hospital					
NPN	LDN/RYJ02/FND/FY2/035					
Placement details (i.e. the specialty and sub-specialty)	Otolaryngology					
The Department (Please provide a general overview)	The department operates on a fully multi-disciplinary basis, and all grades of surgeons-in-training will work as part of a team. All trainees will have a consultant supervisor for day-to-day supervision and mentoring.					
Type of work to expect and learning opportunities	Adult elective: otology, rhinology, facial plastic surgery, head and neck cancer surgery, major airway surgery.  Paediatric elective: full range of paediatric ENT including endoscopy airway procedures.					
	Adult and paediatric emergencies including tracheostomy care.					
	Advice and support available for research projects.					
	Opportunity to take part in Schwartz Rounds.					
	Areas of the curriculum that will be covered: emergency ENT, assessment of unwell patient, safe prescribing, safe procedures, professional behaviour, team working and communication.					
	M&Ms – every quarter (3 hours).					
	Attendance at audit meetings – whole department every quarter (3 hours).					
	Opportunity to present at local meetings.					
	Opportunity to become involved in research and publication.					
	Opportunity to teach as part of DOHNs course faculty (twice yearly).					
	Opportunity to teach medical students on specialty specific ENT attachment.					
	Opportunity to attend regional simulation training (4 half-days per year).					
	Opportunity to teach medical students on ENT attachment (weekly).					

	Opportunity to teach as part of regional anatomy teaching programme (variable).
	Clinic – opportunity to attend on CXH days (where not on-call or outstanding ward duties).  Theatre – opportunity to attend on CXH days (where not on-call or outstanding ward duties). Encouraged to attend theatre of the Firm allocated to on rota.  MDT – opportunity to attend on CXH days (where not on-call or outstanding ward duties).
Clinical supervisor(s) for the placement	Procedural session: flexible nasal endoscopy / nasal cautery / nasal packing / tracheostomy changes / wound care / drain care / NG tube placement / catheterisation / cannulation / venepuncture / I&D abscess / pinna haematoma treatment / foreign body removal / micro-suction / aural packing / septal haematoma / drainage of peritonsillar abscess, audio vestibular assessment.  ENT consultant (various).
Main duties of the placement	Adult elective theatre list (GA): otology, rhinology, facial plastic
main daties of the placement	surgery, head and neck cancer surgery, adult endoscopic and open airway surgery, tracheostomy.  Paediatric elective theatre list (GA): full range of paediatric ENT including endoscopic airway surgery (paediatric operating lists are at Chelsea & Westminster Hospital).
	Ward rounds supervised by Consultant or Senior Registrar.
	Adult outpatient clinics in otology, rhinology and facial plastic surgery, head and neck cancer. Paediatric outpatient clinics at Chelsea & Westminster Hospital.
	Supporting the emergency departments at Charing Cross, St Marys and Chelsea & Westminster Hospitals.
	Management of long-term conditions.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Timetabled weekly departmental academic and clinical governance meeting – 2 hours per week.
ommos, urodu o ococione)	Two-monthly departmental audit meeting, morbidity and mortality meeting – 3 hours.
	Mandatory local Foundation Programme teaching.
	Private personal development time for research and audit purposes (half-day per week).
	2 hours self-development time per week allocated in work-schedules.
	Once weekly Toynbee meeting – Thursday PM (2 hours).
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust				
Site	St Mary's Hospital				
NPN	LDN/RYJ01/FND/FY2/002				
Placement details (i.e. the specialty and sub-specialty)	Paediatrics				
The Department (Please provide a general overview)	Paediatrics  The Paediatric service at Imperial is based at St Mary's and the Hammersmith hospitals. St Mary's Hospital has a busy and dyna Paediatric department that runs acute, ambulatory, specialist, intensive care, out-patient and community-based services for children and young people in North West London.  In-patient care for General Paediatric patients is provided on Gre Western Ward. Sub-specialty care includes Nephrology, Neurolo Neurodisability and Allergy as well as surgical specialities (includ General Paediatric Surgery, Orthopaedics and trauma, ophthalmology, ENT, Urology). There are close links with the chi and adolescent mental health service. St Mary's is a Major Traur Centre and the General Paediatric team share care for all trauma patients with the appropriate surgical teams.  The General Paediatricians at St Mary's deliver two consultant le ward rounds, 7 days per week. There is a strong MDT ethos and team work closely with colleagues in Physiotherapy, Occupationa Therapy, Speech and Language Therapy, Dietetics and Play.  The main role of this FY2 post in General Paediatrics is the gene organisation of the day to day running of the ward (clerking patier arranging and collating investigations, ensuring safe and efficient discharge and note keeping). Trainees also have responsibility for the immediate primary management of children admitted to the ure On-call experience (as part of the paediatric SHO rota) includes covering the paediatric infectious diseases and paediatric haematology patients as well as acute admissions and emergence The day time work will tend to be in week-long blocks in each are though there may be some daily flexibility as needed. The post al has education weeks and unique opportunities to participate in the				
	nationally recognised Connecting Care for Children integrated child health programme.				

### Type of work to expect and learning opportunities

The FY2 doctor will have opportunities to develop competencies in:

- Recognition and treatment of mild, moderate and severe illness in children
- Management of chronic paediatric long-term conditions
- Prescribing safely for children
- Presenting at weekly MDT meetings to discuss complex patients.
- Effective communication with children, young people, relatives and colleagues
- · Using evidence, guidelines and audit to benefit patient care
- Coping with ethical and legal issues including child protection and medico-legal issues around children and young people
- Team-based working with medical, nursing and multi-disciplinary teams
- · Managing time and clinical priorities effectively
- Close liaison with community services around complex discharges and ongoing community care

These posts have a broad range of day to day training opportunities which should allow the trainees in these posts to achieve core FY2 competencies as well as those equivalent to level 1 General Paediatric competencies in the RCPCH curriculum.

#### Formal teaching

Foundation trainees are released from clinical duties to attend the Trust FY2 teaching programme.

In addition, trainees working in Paediatrics have a dedicated 2 hour protected teaching session on Thursday afternoons, 3-5pm, organised by the Education Registrars.

There are weekly simulation drills for SHOs and numerous clinical and educational meetings open to all.

#### Regular MDT/clinical meetings

- Paediatric Grand round
- Hospital Grand Round, weekly
- Multidisciplinary Complex Patient Meeting
- Safeguarding supervision meeting
- Ward safety huddle
- · Radiology MDT and Neuroradiology meetings
- · Antibiotic stewardship ward round
- Adolescent Big Room

#### Clinical opportunities

- Formal level 3 Child Protection training
- Collaboration with Connecting Care for Children team on Integrated Care projects or attending GP Hubs
- Management of surgical patients ENT, ophthalmology, orthopaedics/trauma, general surgery – as part of shared care with surgical specialties.

#### Quality Improvement

Opportunity to collaborate on QI project

Regular audit meetings Development of guidelines Participate in Trust wise quality improvement training programmes Managerial/leadership Participation in regular meetings e.g. Children's Directorate committee. Patient Experience committee. Guidelines Group. Quality and Safety meeting Participation in Local Faculty Group meetings Attend Junior Doctors Forums Teaching Teaching 5th year Imperial medical students Clinical supervisor(s) for the Clinical supervision is provided by the General Paediatric placement consultants. Main duties of the placement These posts have a broad range of day to day training opportunities from each of the main settings in which the trainees work: General Paediatrics inpatients (predominantly based on Great Western Ward) Paediatric ED sessions Paediatric Ambulatory sessions **Education weeks** On a typical ward week, the FY2 doctor participates in the twice-daily consultant ward rounds, undertakes patient reviews, facilitates patient flow through effective discharge and supports day-case admissions and ambulatory patients. They will present patients at the weekly MDT meeting and help create ongoing management plans. They will take part in all daily handovers and safety huddles. The trainee will also gain experience of clerking patients in the Paediatric Emergency Department, initiating investigation and directing ongoing management. Out of hours responsibilities are to the inpatient wards including the patients on Grand Union ward, gaining experience in the management of patients pre- and post-bone marrow transplant and children with infectious diseases. The FY2 will be a member of the Paediatric Emergency and Paediatric Major Trauma response teams. Out of hours shifts are supported by experienced Paediatric middlegrade trainees and the Paediatric Site Practitioner team. Typical working pattern in this The F2 contributes to the 1 in 14 Paediatric SHO rota at St Mary's. placement (e.g. ward rounds, Working weeks are made up of: clinics, theatre sessions) 1. Ward based weeks on Great Western Ward 2. A+E late shifts, in the Paediatric Emergency Department 3. 4. Education weeks, to pursue individual learning opportunities 4. Resident night shifts (blocks of 3 and 4 nights)

	During a typical ward week the F2 doctor works from 8.30am until the late afternoon handover, alongside a rotating team of consultant, registrar and SHOs.  Daily: 0830-0915 Handover/Teaching/Meeting 0915-1230 Ward Round 1230-1645 Short-Stay unit work 1645-1730 Handover  Monday: 1230-1330 Paediatric Grand Round 1400-1500 Safeguarding Supervision Meeting  Tuesday: 0830-0900 Radiology MDT meeting 1230-1330 Neuroradiology meeting 1500-1630 Infectious Diseases meeting (optional)  Wednesday: 1000-1100 Young People at Imperial Big Room 1100-1130 Antibiotic stewardship ward round  Thursday: 1130-1230 Complex Patients meeting 1500-1700 Protected Paediatric teaching  Friday: 0830-0900 Simulation training 1230-1400 Integrated Care Lab meeting  The post is banded at 1B and ensures maximal continuity of learning and service provision.
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust			
Site	Charing Cross Hospital			
Oite	Charling Cross Flospital			
NPN	LDN/RYJ02/FND/FY2/034			
Placement details (i.e. the specialty and sub-specialty)	Palliative Medicine			
The Department (Please provide a general overview)	The Specialist Palliative care team within Imperial College Healthcare NHS Trust provides specialist palliative care to inpatients, outpatients and those attending A & E across Hammersmith Hospital, Charing Cross Hospital and St Mary's Hospital. The Team supports one of the largest acute trusts in the UK, with a major oncology inpatient and outpatient service. We are one of the busiest palliative care teams in the UK; receiving 2567 referrals in 2020-2021. 44% of referrals were patients with malignant diagnoses and 50% were patients with non-malignant diagnoses. The remaining 6% were patients with haematology diagnoses.			
	The department is made up of Consultants in Palliative Medicine, StR an F2 and F3 in Palliative medicine, alongside senior clinical nurse specialists in palliative medicine (Band 6/7&8). The working hours of the team are Monday – Friday 9am -5pm with out of hours advice provided by the Palliative medicine consultants on call.			
Type of work to expect and learning opportunities	The F2 will work with the interdisciplinary specialist palliative care team to assess and provide advice to patients with advanced life-limiting illnesses (such as cancer, renal failure, pulmonary hypertension, cardiac failure, COPD and dementia) in terms of pain and symptom control, psychological distress, treatment escalation plans, advanced care planning, family support and complex discharge planning in the face of rapidly deteriorating conditions. They will gain experience in communication skills, holistic assessment, advance care planning, symptom control, managing symptoms at the end of life as well as referral and liaison with community teams.			
	<ul> <li>Inpatient / ward</li> <li>Liaison visits on wards across Charing cross site to assess and manage the specialist palliative care needs of patients referred to our service. The F2 will be responsible for their own caseload with support from the StR, CNS team and consultants; Consultant supervision of clinical work, including joint visits on most working days.</li> </ul>			
	None at present; service hopes to develop outpatient clinics alongside oncology, which F2 could attend. Able to attend oncology outpatient clinics with consultant/STR/CNS as requested.			
	Theatre / procedures- N/A MDT  • Weekly Palliative Care MDT on Wednesday morning.			

Handover - daily Formal Departmental teaching - Weekly Journal Club Formal Trust teaching Weekly F2 teaching, Weekly medical Grand Round (in which palliative care has its own slot with opportunities for F2 to present with consultant support) Further Educational Opportunities; Presenting at morning report or grand round Audit/QIPs including presentation at team governance meeting Schwartz Round – runs monthly at different Imperial sites Visit to Maggie's Centre Chairing the weekly MDT meeting – mini-CEX Attending the End of Life Big Room – this is a good opportunity to become involved in QIPs with the wider hospital team Observing procedures under Dr Bhaskar, including nerve blocks, neurolysis etc Becoming involved in the palliative care/end of life care teaching timetable to provide teaching to doctors, nurses and medical students from all levels of training Mentoring and teaching visitors to the team (medical students/physician associates) Oncology experience if wanted ITU experience with End of Life care if wanted Hospice visit/Community Palliative Care experience M & Ms: Oncology monthly (1st Wednesday of each month) Clinical supervisor(s) for the placement Main duties of the As part of the Specialist Palliative Care Team, along with the Clinical Nurse Specialists, higher trainee in Palliative Medicine and Consultants, the F2 will placement manage patients with specialist palliative needs arising in the context of lifelimiting illness (both cancer and non-malignant conditions). The F2 will go through a supervised induction programme increasing duties and responsibility as the placement progresses. Eventually, the F2 will be responsible for: Carrying out 'first-assessments' for those patients – including of physical and psychological symptoms, spiritual needs, and social issues; Generating management plans to allow patients to be cared for and/or supported in the community, ideally in their own homes - achieving their preferred places of care and of death; Ensuring that the medical records of the patients are accurately maintained Making referrals to Community Palliative Care Teams and Hospices, as appropriate;

Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)

Typical working pattern in this post is 9:00 - 5:00. There are no on calls in this post. Out of hours palliative care advice is provided by the consultants across all 3 sites.

9:00 Review patient notes. Morning huddle to discuss patients, decide who will be seen today and allocate new referrals

13:00 Afternoon huddle to discuss any issues with patients, allocate new referrals

(n.b. 11:00 AMU board round on Marjorie Warren – an opportunity to get new referrals)

Example work schedule (can be tailored according to individual needs)

	Monday	Tuesday	Wednesday	Thursday	Friday
am	9: Team	8: Morning	9: Team	9: Team	9.15 Team
	handover	report	handover	handover	Meeting
		9: Journal			10.00
	Ward work	club	9.30am	Ward work /	Team
		10: personal	Palliative	Admin	handover
		development	Care MDT		
		time.			Consultant
					ward
					round
pm	Consultant	13.00-14.00:	Ward work/	12:30: End	13:00:
	ward	F2 teaching	Consultant	of life big	Grand
	round		ward round	room	round
		Ward work /			
		Admin		Ward work /	Ward work
				Admin	/ Admin
Monthly		3: Bi	12:30pm	1:1 support	
		Monthly	Schwartz	and	
		governance	round	reflection	
		meetings		with clinical	
				psychologist	

Personal development time has been scheduled for a Tuesday morning (2 hours a week) with flexibility to do either on site or at home. If preferred this can be taken as a 4 whole days over the course of the placement (1/month).

#### Any other information

Research opportunities: Opportunity for involvement in departmental research project. (randomised controlled trial currently running).

Induction: The F2 will go through a supervised induction programme over 10 working days and thereafter will have increasing duties and responsibility as the placement progresses.

Imperial end of life "Bitesize training" available on the intranet from the palliative care page covering a range of end of life topics.

Local education provider (LEP) / employer information Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Hammersmith Hospital
NPN	LDN/RYJ03/FND/FY2/007 LDN/RYJ03/FND/FY2/008 LDN/RYJ03/FND/FY2/006 LDN/RYJ03/FND/FY2/020
Placement details (i.e. the specialty and sub-specialty)	Renal Medicine
The Department (Please provide a general overview)	The West London Renal and Transplant Centre is Europe's largest renal unit comprising an HDU, 2 wards, rehab ward, Haemodialysis Unit, and PIU. A lot of specialist and also general medicine. A large outpatient base with outreach clinics in all West London hospitals.
Type of work to expect and learning opportunities	<ul> <li>Alternating between ward work, on calls, and clinics.</li> <li>Ward cover- HDU/ general ward (8:15am-9:15pm shifts)- twice daily ward rounds, transplant and dialysis patients</li> <li>Clinic weeks- new and follow up patients, good opportunity to discuss patients with consultant, good learning experience</li> <li>Lots of opportunity to get involved with audit, weekly SHO renal teaching. Consultants are very keen to teach.</li> </ul>
Clinical supervisor(s) for the placement	To be assigned
Main duties of the placement	Ward work (this includes all jobs generated on ward round including TTOs, blood forms, clerking new patients, referrals, following up patients already discharged, assessing acutely ill patients)  Clinics – The outpatient clinic is a great opportunity not offered in many other placements. The F2 will see patients with chronic renal disease and transplant patients. Very different treatment and management to one on the wards. Main jobs are assessing volume status, quick through histories and follow-up of patients.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Mon: 8am-9.15pm ward cover (1 in2) Tues: 8am-9.15pm ward cover Wed: 8am-9.15pm ward cover Thurs: 8am-9.15pm ward cover Fri: 8am-9.15pm ward cover Sat: off Sun: off  Mon: Clinics 9am-4pm Tues: Clinics 9am-4pm Wed: Clinics 9am-4pm Thurs: Clinics 9am-4pm Thurs: Clinics 9am-4pm

	Fri: Clinics 9am-4pm Sat: 8am-9.15pm ward cover Sun: 8am-9.15pm ward cover (1 in 3-4)
	On call requirements: 2.5 weeks of sets of nights (each 13 hours shifts) in 4 month rotation.
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	Charing Cross Hospital
NPN	LDN/RYJ02/FND/FY2/031 LDN/RYJ02/FND/FY2/037
Placement details (i.e. the specialty and sub-specialty)	Respiratory Medicine
The Department (Please provide a general overview)	The department involves 5 Consultants who rotate ward duties every three weeks, 2 Respiratory SpRs, 1 acute medicine Spr, 1 IMT3, 1 IMT1/2, 2 F2s and 2 F1s. Although the ward takes primarily respiratory cases there are many general medical admissions that come to 4 South.
Type of work to expect and learning opportunities	F2 doctors are based on the ward. Patient-orientated tasks are created through the ward round. F2 doctors are given the opportunity to present patients on the ward round. The rest of the day is spent continuing the care of the patients on the ward, completing the tasks from the ward round and dealing with acutely unwell patients.  Learning opportunities include the development of:  • History taking and examination  • Managing patients using evidence based practice  • Prioritising  • Accurate record keeping  • Safe prescribing  • Communicating effectively  • Team working within the respiratory team and other healthcare workers  • Communicating with family members  • Act in a professional manner  • Deal with ethical and legal issues  • Educate patients regarding their illness and management  • Develop skills in practical procedures  • Care of patients with tracheostomies  • On the job learning about patients on Acute NIV/CPAP/High Flow Nasal Oxygen
Clinical supervisor(s) for the placement	Dr Frances Bowen, Dr Jo Brown, Dr Andrew Cummin, Dr Graeme Wilson

Main duties of the placement	The F2 is expected to conduct ward rounds with their team every day. After the ward round the F2 will support the F1s with patient-orientated tasks and deal with unpredictable events such as deteriorating patients. They will also be involved in discussions with family members and continue to care for the patients on the wards. There is always one SpR allocated to the ward to provide support if there are any problems on the ward. They may contact the Consultant who is looking after the patient.  The F2 will also attend the F2 teaching programme alongside other meetings and teaching opportunities available.  Attendance at respiratory outpatients is encouraged, provided ward is sufficiently staffed	
	One hour per week is protected time for e-portfolio work	
Typical working pattern in this	Mon: 09.00 SPR ward round	
placement (e.g. ward rounds,	17.00 Handover	
clinics, theatre sessions)	Tues: 08.00-09.00 Lung Cancer MDT	
	09.30 Consultant ward round	
	13.00 x-ray meeting	
	17.00 Handover	
	Wed: 09.00 CMT/F1 ward round	
	or respiratory ward round 17.00 Handover	
	Thurs: 09.00 CMT/F1 ward round	
	or respiratory ward round	
	13.00 Mandatory F1 teaching	
	17.00 Handover	
	Fri: 09.30 Consultant ward round	
	13.00 Medical meeting	
	17.00 Handover	
	On call requirements:	
	Weekends on call – 9am-8pm	
	Nights 8pm – 9am	
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust	

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust	
Site	Charing Cross Hospital	
NPN	LDN/RYJ02/FND/FY2/005	
Placement details (i.e. the specialty and sub-specialty)	Urology	
The Department (Please provide a general overview)	The Urology Department at Imperial College NHS Trust is based in Charing Cross Hospital and is a major tertiary referral centre for sub specialities in urology.  Our urology department offers training and exposure to; - robotic prostatectomy for prostate cancer - open, robotic and laparoscopic radical nephrectomy or partial nephrectomy for kidney - robotic and open cystectomy for bladder cancer - full range of endoscopic and percutaneous procedures for the management of stones - one-stop lower urinary tract symptoms clinic and a full range of surgical options for the management of benign prostatic hyperplasia - functional urology service with on-site uroflowmetry and urodynamics and local anaesthetic intra-vesical botox - rapid access diagnostic clinics for haematuria and raised PSA including same day flexible cystoscopy, prostate biopsy (TRUS biopsy in outpatients, transperineal in theatre under general anaesthetic) - andrology services including infertility clinics	
Type of work to expect and learning opportunities	The FY2 will provide cover for the patients on the ward and in the emergency department in addition to having the opportunity to attend a theatre session and flexible cystoscopy list for surgical exposure.	
	The FY2 will have the opportunity to attend one urology clinic per week.	
	The FY2 will supervise and support the 3FY1's and also provide support for theatre lists ensuring patients are clinically fit.	
	The FY2 will attend the regular FY2 teaching and they will also be expected to attend the departmental weekly teaching sessions.	
	They will complete an audit during the attachment	
Clinical supervisor(s) for the placement	Mr Tamer El-Husseiny	

Main duties of the placement	Pre-op and post op care Work up of acute admissions
	<ul> <li>Assist in theatres</li> <li>Attend OP clinics &amp; Flexible cystoscopy lists</li> <li>Discharge planning</li> <li>On calls</li> </ul>
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Mon: 8.00 – Prepare list 8.30 – Ward Round and E.D reviews 10.00 -12.30 – Ward jobs 12.30-13.00 - Lunch 13.00- 17.00 Theatres or Ward Jobs
	Tues: 8.00 – Prepare list 8.30 – Ward Round 10.00-13.00 – Theatre or Ward jobs 13.00 -14.00 Teaching/lunch 14.00 - 17.00 Theatre or Ward jobs
	Wed: 8.00 – Prepare list 8.30 – Ward Round and E.D. reviews 10.00 -13.00 – Ward jobs 13.00-14.00 Teaching/lunch 14.00 - Ward jobs 14.00-16.00 – Week 1: Departmental education meeting and M&M Week 2: Ward jobs and E.D. reviews 16.00- 17.00 Afternoon ward jobs
	Thurs: 8.00 – Prepare list 8.30 – Ward Round 10.00 -13.00 – Flexible Cystoscopy 13.00-14.00 Teaching/lunch 14.00 - Prepare list, update bloods 14.30 – 17.00 Clinic or ward jobs
	Fri: 8.00 – Prepare list 8.30 – Ward Round 10.00 -12.30 – Ward jobs and E.D. reviews 12.30-13.00 - Lunch 13.00- 17.00 - Ward jobs and E.D. reviews
	On call requirements: In a 4 months placement → 4 weekends (long days/nights) and 4 weekday weeks (long days/nights) covering Urology and General Surgery
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Imperial College Healthcare NHS Trust
Site	St Mary's Hospital
NPN	LDN/RYJ01/FND/FY2/016
Placement details (i.e. the specialty and sub-specialty)	Vascular Surgery
The Department (Please provide a general overview)	The ICHT Vascular Department is a specialised tertiary centre and the Vascular hub for Northwest London; a National referral centre for specialist conditions such as thoraco-abdominal aortic aneurysms, carotid disease and arteriovenous malformations making the environment ideal for trainees at all levels but especially for those who are pursuing a career in the specialty. The department is staffed by 8 Consultant Vascular Surgeons:
	Mr Richard Gibbs (Clinical Director of Surgery) Mr Colin Bicknell (Clinical Lead) Professor Alun Davies Mr Usman Jaffer Mr Michael Jenkins Professor David Nott Miss Celia Riga (Head of School, London) Mr Joseph Shalhoub Mr Simon Glasgow (Unit Training Lead)
	Dr Ganan Sritharan – Vascular Physician  There are 6 higher specialist trainees (ST4-ST8), 3 research registrars and 1 overseas/post CCT fellow, 2 core trainees (CT), 1FY2 and 6 further CT-grade doctors. There are 3F1 doctors and 4
Type of work to expect and learning opportunities	AVNPs.  The department has a specialist interest in aneurysm surgery, complex endovascular and robotic interventions, carotid surgery, diabetic foot disease, venous disease pathologies and arteriovenous malformations. The service has close links with the interventional radiology (endovascular), diabetes (amputation/lower limb bypass), stroke services (carotid surgery), renal, major trauma and cardiac surgery services. Two departmental consultants actively participate in the Major Trauma Center rota.
	All vascular inpatients (emergency and elective) are admitted to St Mary's hospital (8th floor QEQM) where there are currently 25 beds on Zachary Cope Ward. Vascular surgery also is heavily reliant on ITU for level 2 and level 3 patients with joint ward rounds and Albert Ward (surgical rehab).
	The service has undergone significant reconfiguration in the provision of ward-based clinical cover. The vascular consultants were the first specialty in surgery to adopt the 7-day Consultant of the Week (CoW) model. Daily ward rounds are undertaken with the consultant and team of the week. This includes a systematic review

of each patient, care planning for the day as well as forward planning of expected discharge dates for patients.

There are weekly multidisciplinary meetings where patients' imaging and treatment plans are reviewed. Trainees are well represented at these meetings and are actively involved. Monthly Clinical Governance/M&M meetings are also in place for vascular surgery. The Governance of the specialty is overseen by a dedicated committee.

### **Research & Clinical Governance**

There is a great emphasis on Quality and Patient Safety within the Unit. In research the department is internationally renowned for its clinical and research based publications on surgical trials, technology, simulation and error in surgery. We have forged close working links with the engineering and basic science faculties at Imperial College and can genuinely point to successful translational research projects.

The vascular unit has a long history of research and development. The first carotid endarterectomy in the world was performed at the site, which has been at the forefront of development of many new techniques for arterial and venous disease. Recently, the first endovascular robotic procedures were performed in the vascular unit and a unique team training programme has been set up both as a direct result of research themes.

#### **Education & Training**

The department is strongly involved in the teaching programme of undergraduates and hosts a number of postgraduate specialist courses. All trainees attend the weekly departmental teaching programme, which includes interactive anatomy teaching (Anatomage), e-teaching modules (School of Surgery), and endovascular simulation in the UKs first fully immersive Endovascular Simulation Suite.

All trainees have allocated educational supervisors and clinical supervision is consultant led and expected to attend regular local faculty group meetings.

The overall educational objectives of the year are to provide the trainee with the knowledge, skills and attitudes to be able to:

- Take a history and examine a patient in the elective and emergency setting
- Gain experience in an HDU setting
- Identify and synthesize problems
- Prescribe safely
- Keep an accurate and relevant medical record
- Manage time and clinical priorities effectively
- · Communicate effectively with patients, relatives and colleagues
- Use evidence, guidelines and audit to benefit patient care
- Act in a professional manner at all times
- Cope with ethical and legal issues which occur during the management of patients with general medical problems
- Educate patients effectively
- Regularly attend outpatient and theatre sessions

Clinical supervisor(s) for the placement	To be assigned
Main duties of the placement	<ul> <li>To manage elective and emergency patients on the ward with the support of senior staff</li> <li>To assist in theatre and learn surgical techniques as appropriate.</li> <li>F2s are expected to attend the structured teaching programmes provided by the department.</li> <li>F2s will be responsible for such other specific clinical duties as allocated by consultants including performing other duties in occasional emergencies and unforeseen circumstances.</li> <li>F2s are responsible for the vascular HDU cover with supervision. They also cover clinics and are expected to help in theatre.</li> </ul>
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Mon-Fri: 08:00 CoW and team ward round Mon-Fri: Daily arterial theatre lists (SMH) Mon-Wed: Day Surgery Veins lists (CX/SMH) Wed: 14:00 Pre-assessment clinic Mon-Fri: Outpatient clinics (SMH/CX/HH, WMH) Fri: 9.30 Multidisciplinary meeting Fri: 14:00 Interactive teaching/Simulation training On call requirements: Long days, weekends, nights
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

# Foundation Programme (2023-2024) Individual Placement Descriptor\*

Trust	Imperial College Healthcare NHS Trust
Site	St Mary's Hospital
NPN	LDN/RYJ01/FND/FY2/060
Placement details (i.e. the specialty and sub-specialty)	HIV/GUM
The Department (Please provide a general overview)	The FY2 trainee will work as part of a multi-disciplinary team in Wharfside (HIV clinic) and Sexual Health CORE clinic in the Jefferiss Wing, St Mary's Hospital. They will also participate in weekly HIV academic ward rounds at Chelsea and Westminster Hospital. They will be directly supervised by a consultant providing real time clinical supervision. They will also meet regularly with their named clinical supervisor, Dr Nicky Mackie, over the 4-6 month post. They will also have an approved FY2 educational supervisor, usually the same one for a whole year.
Type of work to expect and learning opportunities	E.g day to day opportunities, theatre, clinics  The FY2 trainee will work as part of a multi-disciplinary team in Wharfside (HIV clinic) and Sexual Health CORE clinic in the Jefferiss Wing, St Mary's Hospital. They will be directly supervised by a consultant providing real time clinical supervision. They will meet regularly with their named clinical supervisor, Dr Nicky Mackie, over the 4 month post. They will also have an approved FY2 educational supervisor, usually the same one for a whole year.  HIV EMERGE walk-in clinics are un-booked clinics for HIV positive patients who have acute medical problems related to their HIV infection. Patients present with a full range of HIV/AIDS related
	problems, including opportunistic infections, tumours and treatment related to toxicities.  The learning opportunities will include: -  Taking a history and examining a patient Identifying and synthesizing problems Prescribing safely

- Keeping accurate and relevant medical records
- Time management
- Communicate effectively with patients, relatives and colleagues
- Increase knowledge of HIV and related problems
- Increase experience of management of inpatients, including planning for discharge

The post will consist of the following clinical work:

- See patients in the HIV EMERGE clinic
- Clinical admin related to the HIV EMERGE
- Weekly HIV academic ward rounds

  with the HIV inpatient team (note this is based at Chelsea and Westminster Hospital)
- Opportunity for additional experience in Sexual Health, sexual Function and contraception clinics where rota allows
- Attendance at weekly ICHT Trust Grand Rounds, Friday lunchtimes (SMH) and monthly Schwartz rounds (lunchtimeday varies)
- Attendance at weekly GUM/HIV academic morning
   (Wednesday 9-12). Wide variety of meetings and learning
   opportunities that include: mortality and morbidity meeting,
   MDT case presentations, external speakers, journal club
   (attendance and presentation at), weekly HIV virtual clinic (an
   StR presents the cases and leads the discussions with
   consultant support), training, service development meetings,
   research and pharmacy updates
- Teaching experience teaching medical students in clinic and the opportunity to join the teaching team and give tutorials and lectures to the medical students (they rotate every 3 weeks)
- Supervised learning events. These should be obtained throughout the 4 months: MINICEX, CbDs, DOPS

	<ul> <li>Clinical governance: Participation in quality improvement project or audit</li> <li>In- house bespoke local induction programme</li> <li>Wednesday morning GUM/HIV academic programme includes M&amp;M, MDTs, journal club, audit and guidelines and external speakers- combining didactic learning and MDT discussion</li> <li>ICHT FY2 weekly teaching</li> </ul>
	<ul> <li>Two hours of self-development time per week</li> <li>Opportunity to be involved in local HIV/Sexual Health research</li> </ul>
Clinical supervisor(s) for the placement	Dr Nicky Mackie nicola.mackie@nhs.net
Main duties of the placement	<ul> <li>Work mainly in the HIV team (Wharfside team)</li> <li>Outpatient clinics Monday- Friday with dedicated admin time</li> <li>See patients in the HIV EMERGE (emergency) clinic</li> <li>Clinical admin related to the HIV EMERGE service</li> <li>Weekly HIV academic ward rounds— with the HIV inpatient team (note this is based at Chelsea and Westminster Hospital)</li> <li>Opportunity for additional experience in Sexual Health, sexual Function and contraception where rota allows. These are outpatient clinics in the Jefferiss Wing</li> <li>Participate in the GUM/HIV weekly Wednesday morning academic meetings, presenting cases, journal club and get involved in undertaking a QI or audit project.</li> </ul>

Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	This post is Monday- Friday 9-5pm. There is no out of hours, weekend or night work and no oncall All work is outpatient based at the Jefferiss Wing except for the weekly HIV inpatient ward round at Chel West
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

# Foundation Programme (2023-2024) Individual Placement Descriptor\*

Trust	Imperial College Healthcare NHS Trust
Site	St Mary's Hospital  David Harvey Ambulatory Unit, Hammersmith Hospital and the Paediatric department, St Mary's Hospital
NPN	LDN/RYJ01/FND/FY2/058
Placement details (i.e. the specialty and sub-specialty)	F2 Integrated Child Health
The Department (Please provide a general overview)	The Paediatric service at Imperial is based at St Mary's and the Hammersmith hospitals. St Mary's is a busy and dynamic department that runs acute, ambulatory, specialist, intensive care, out-patient and community-based services for children and young people in North West London. The David Harvey Unit at the Hammersmith Hospital is made up of the Children's Ambulatory Unit, seeing GP referrals during the working week, and Children's Outpatients with general, specialty and neonatal clinics.
	This FY2 placement will be with the Imperial Integrated Child Health team which consists of consultant paediatricians, paediatric and GPVTS trainees and a strong multi-professional team including GPs, health visitors, community therapists, colleagues from CAMHS and social care. There will be opportunities for both clinical and project work with strong support from senior colleagues. This post would suit enthusiastic and proactive trainees with a keen interest in paediatrics, primary care, integrated working practices or project design.
	Imperial is well recognized nationally as a centre for innovation for exploring models of integrated child health, such as the PICH project (www.pich.org.uk). The department has also developed an exciting programme of integrated child health called Connecting Care for Children (www.cc4c.imperial.nhs.uk) which was shortlisted as a finalist in the 2014 HSJ Awards Primary Care & Community Service Redesign category, and will be a key area of work for these Foundation Year posts.
Type of work to expect and learning opportunities	The post is extremely flexible and trainees will work in a number of different clinical environments across primary and secondary care settings. The rota is based on a 6 week rotation, with 2 week placements in each:  1. Child Health GP Hubs and integrated child health work – preparation for and attendance at Hub MDTs and clinics; collaboration with primary and secondary healthcare professionals and social care, whole population work on practice-level data; support of Practice Champion activities  2. Hammersmith Ambulatory Unit – clerking, assessing and initiating management of patients presenting to the CAU

 Education weeks - self directed project work and opportunity to participate in clinics, therapy sessions and MDT meetings; weekly CC4C Lab meeting

The FY2 doctor will have opportunities to develop competencies in:

- Recognition and treatment of mild, moderate and severe illness in children in the context of primary care, ambulatory and secondary care settings
- Management of chronic paediatric long-term conditions in community based settings
- Prescribing safely for children
- Effective communication with children, young people, relatives and colleagues
- Coping with ethical and legal issues including child protection and medico-legal issues around children and young people
- Team-based working with medical, nursing and multidisciplinary teams
- Managing time and clinical priorities effectively
- Using evidence, guidelines and audit to benefit patient care
- Project planning and implementation
- The use of data to drive changes in healthcare provision
- The delivery of safe and effective integrated child health across primary and secondary care
- Taking preventative, whole-population approaches to the delivery of health care

Experience of co-production work with children, young people and their families

Trainees are also expected to attend the weekly Complex Patients Meeting at St Mary's, to build relationships with the wider team and develop an understanding of more challenging or long term paediatric problems within secondary care.

### Clinical supervisor(s) for the placement

The clinical supervision for these posts will come from the GP Child Health Hub paediatrician leads including:

Dr Mando Watson

Dr Bob Klaber

Dr Caroline Scott-Lang

Dr Mike Coren

Dr Beena Amin

Dr Nicky Coote

Dr Katie Malbon

There will also be opportunities for clinical supervision and input from GPs working alongside the consultant paediatricians within the hubs. Attendance at a weekly consultant-led integrated child health lab meetings will also help to add further support and supervision. This also gives trainees a regular arena in which to present and critique their work.

### Main duties of the placement

This will depend on which week of the placement the trainee is in; the detail of this is elaborated in the sections below.

The F2 will be responsible with other staff for the care of patients including the maintenance of the patient's medical record. This will involve working with GPs to ensure that the clinical record from the Hub MDTs and clinics is recorded accurately, and actions and learning points logged. The doctors are expected to attend the structured teaching programmes provided by the department.

# Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)

Within these posts the F2 doctor is supernumerary, working from 8.30am until 5pm alongside a rotating team of consultants and other multi-professional colleagues. There are three settings within which we would expect the F2 to gain significant paediatric experience:

(1) Child Health GP Hubs and integrated child health work (preparation for, and attendance at hub MDTs and clinics, whole population work on practice-level data)

Within the Connecting Care for Children Hubs, hospital paediatricians and GPs run monthly joint outreach clinics, together reviewing children who would otherwise have been referred to hospital. Through the paediatrician's specialist knowledge and the GP's extensive knowledge of the child's background, a comprehensive and long term management plan can be put in place, to be led by the GP. Cases are also discussed at the monthly hub multidisciplinary team (MDT) meetings, attended by a wide variety of specialists such as doctors, health visitors, dieticians and children's social workers. Through collaborative working and sharing knowledge, the care provided in both primary and secondary care can be greatly improved.

The clinics and meetings provide excellent learning opportunities for trainees. Child health GP hub weeks will involve:

- Preparation for, attendance at, and debrief & evaluation of multi-professional MDT meetings and joint GP-consultant clinics.
   These will be spread across different sets of GP practices in Hammersmith & Fulham, West London and Central London CCGs.
- Whole practice population data work that takes a preventative public health approach to the management of care for children within the practice.
- Involvement in Practice Champion (i.e. patient and carer) activities.
- Experience of planning and facilitating (with consultant support) the integrated child health lab meeting.
- (2) Children's Ambulatory Unit at the Hammersmith site (daily work within consultant-supervised paediatric ambulatory unit)

These ambulatory paediatrics weeks will involve:

- Experience of the management of mild to moderately unwell children and recognition of seriously unwell children within an ambulatory care setting. Review of rapid referrals and more chronic health issues. Management of the prolonged jaundice clinic for neonates. This clinical work will be directly supported by the consultants, GPs, paediatric nurses and midwives working within the unit.
- Gaining supervised prescribing experience for common paediatric conditions.

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Gaining experience of common neonatal problems, with strong links with the medical and midwifery teams from Queen Charlotte's and Chelsea Hospital.
<ul> <li>Opportunities to attend paediatric and neonatal clinics running in the Hammersmith Children's Outpatients.</li> </ul>
(3) Education weeks for self directed learning across a wide range of Paediatric settings
Throughout the placement, trainees have the opportunity to develop their own projects, perform audits or participate in research. Past projects have included:  developing a paediatric ECG pathway for GPs
<ul> <li>developing a pathway for teenage pregnancy</li> <li>setting up regular dental trainee visits to GP hubs to help promote good dental health</li> <li>developing management articles about menstruation in young girls with disabilities</li> </ul>
<ul> <li>working with local CCG to commission paediatric pulse oximeters for GP practices</li> <li>collaborating with colleagues from Paediatric Emergency Medicine to successfully bid for funding to trial new acute community nursing posts</li> </ul>
In addition, the trainees would have opportunities to get involved with any number of the weekly teaching sessions that happen in the paediatric department on the St Mary's site. Current teaching opportunities include:
Monday: 1230-1330 Paediatric Grand Round 1400-1430 Safeguarding supervision meeting
Tuesday: 0830-0900 Radiology MDT
Thursday: 1130-1300 Complex patients meeting 1500-1700 Paediatric teaching
Friday: 0830-0900 Simulation training

Local education provider (LEP) / employer information

1230-1400 Integrated Care Lab meeting

There are no weekend commitments & no on-call. Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.

# Foundation Programme (2023-2024) Individual Placement Descriptor\*

Trust	Imperial College Healthcare NHS Trust
Site	St Mary's Hospital
NPN	LDN/RYJ01/FND/FY2/059
Placement details (i.e. the specialty and sub-specialty)	Plastic Surgery
The Department (Please provide a general overview)	The Dept of Plastic & Reconstructive Surgery at SMH provides the full range of trauma care and supports the North West London Major Trauma Centre. We work closely with other specialties to provide soft tissue reconstruction following orthopaedic, general, spinal, vascular and paediatric surgery. The dept. also provides a number of elective services including elective hand and skin surgery.
Type of work to expect and learning opportunities	This is an unbanded position without any on call commitments. The F2 doctor will have exposure to ward rounds, the acute emergency take, plastic surgery dressing clinic and outpatient clinics. There will also be protected time in both local anaesthetic and general anaesthetic trauma theatres each week. The F2 doctor will be supported by a number of core surgical trainees and trust doctors on the SHO rota and registrar grade doctors every day.  The F2 doctor will have protected time to attend mandatory
	foundation teaching as well as rostered self-development time. They will also be expected to attend weekly plastic surgery departmental teaching.
	There is an expectation to be involved in at least one audit / service improvement project during the 4 month placement in addition to further project/research opportunities should the trainee wish.
Clinical supervisor(s) for the placement	Graham Lawton, Jonathan Simmons, Matthew Ives, Shehan Hettiaratchy, Abhilash Jain, Kshemendra Senarath Yapa, Sophia Opel, Arvind Mohan – Consultant Plastic Surgeons
Main duties of the placement	There is a daily ward round that is led by a Consultant, fellow or senior registrar. The F2 will be expected to support the ward round and subsequent clinical jobs on specific days. There will be direct SHO support on most days.
	They will support the SHO with the acute plastic surgery take on specific days.
	They will co-ordinate plastic surgery support to the appropriate wards and ensure patients have their drug charts, discharge summaries and medical notes completed effectively and comprehensively.
	The F2 will complete an audit/service improvement project during the attachment and present the audit at the monthly audit meeting.

	They will attend the structured teaching programme within the department as well as attending F2 teaching.  They will review referrals to the plastic surgery team and with the registrar and consultant on call, initiate assessment and treatment.  They will support the plastic surgery dressing clinic, outpatient clinic and trauma operating theatres on specific days.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Below is an example of a typical working week. However, this may vary from week to week.  Monday – ward round and associated clinical jobs (AM&PM) Tuesday – ward round (AM) / F2 teaching / clinical jobs (PM) Wednesday – Departmental teaching & ward round (AM) / OPD clinic (PM) Thursday – Plastic surgery dressing clinic / minor ops theatre (AM) / self- development time (PM) Friday – GA trauma theatre (AM/PM)
Local education provider (LEP) / employer information	Imperial College Healthcare NHS Trust

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change.