



NHS ENGLAND THAMES VALLEY
Academic Clinical Fellowship in Anaesthetics
ST2 or ST3

Please note that there is only one post available either in Anaesthetics (this post) or Emergency Medicine (ST3). Shortlisted Candidates for these specialties will be interviewed by one panel and the best candidate appointed.

Background

Academic Clinical Fellowship (ACF) posts are awarded by the NIHR to University/NHS Trust/Deanery partnerships through a national competition. These 3-year posts form part of the NIHR Integrated Training Pathway, further details of which can be found on the NIHR website <http://www.nihr.ac.uk/IAT>.

NHS England (NSHE) Thames Valley, in partnership with the University of Oxford, has established an Academic School, the Oxford University Clinical Academic Graduate School (OUCAGS) (<https://www.oucags.ox.ac.uk/>). All academic trainees become a member of the School and through it have access to a wide range of clinical academic training and funding opportunities as well as mentorship.

The objectives of the ACF programme are to combine specialist training with research training and to identify an area of academic and clinical interest in which a doctoral fellowship application or postdoctoral funding application (if a doctorate is already held) is prepared. ACFs who are unsuccessful in securing doctoral or postdoctoral funding by the end of their ACF will return to clinical training in accordance with the 2027 NIHR Academic Clinical Fellowships (Medical) Guidance for Recruitment and Appointment. All ACF posts are allocated an NTN(a).

The successful candidate for this 3 year ACF post, may choose from a wide range of research opportunities across the clinical departments of Oxford University or focus on an area of post-doctoral research in the case of candidates with an existing higher degree.

Please note: unless candidates hold already an NTN in Internal Medicine Training, they will need to complete and submit not only an academic application form, but also a separate standard clinical application form needed for clinical benchmarking and entry at the required level. Candidates who have benchmarked previously but do not hold an NTN, must make sure that their benchmarking outcome is still in date. Offers made are conditional upon benchmarking successfully at the required clinical standard. Full details can be found in the 2027 NIHR Academic Clinical Fellowships (Medical) Guidance for Recruitment and Appointment.

About NHSE Thames Valley

We are the local NHSE office for Thames Valley covering Berkshire, Buckinghamshire and Oxfordshire. Our vision is to ensure the delivery of effective workforce planning and excellent education and training to develop a highly capable, flexible and motivated workforce that delivers improvements in health for the population of Thames Valley. NHSE Thames Valley is responsible for the training of some 2000 trainees.

NHSE Thames Valley is a relatively small organisation with a defined geographical area which serves as a single unit of application. In the majority of cases successful candidates will be asked to preference their choice of location for either one or two years. Some programmes will require successful candidates to indicate a location and specialty. Future placements will usually be based on individual training and educational needs. **Please note that applications are to the NHSE Thames Valley as a whole. This may mean that you may be allocated to any geographic location within the deanery depending on training needs.**

2027 ACF ENTRY into CT2 or CT3 (ST2 or ST3)

Why choose the Oxford ACF in Anaesthetics?

Join one of the world's leading anaesthesia research environments, with nine months of protected research with the flexibility to undertake block or integrated academic time. Access to internationally recognised supervisors across neuroscience, critical care, perioperative medicine, AI, simulation and respiratory physiology. There are opportunities to develop first-author publications and competitive PhD fellowship applications. Integration with the NIHR Oxford Biomedical Research Centre, Wellcome-funded research and world-leading neuroimaging facilities. Membership of the Oxford University Clinical Academic Graduate School with mentorship and structured academic training.

Oxford offers a uniquely multidisciplinary academic environment in which anaesthetists work alongside neuroscientists, engineers, psychologists, intensivists, imaging scientists and data scientists to develop new approaches to perioperative and critical care medicine. As a result, our research spans first-in-human studies, clinical trials, implementation, AI, digital health, rehabilitation and device development.

We actively support fellows to develop their own research direction. Projects are tailored to individual interests, with opportunities to combine methodologies across research groups. Furthermore, Professor Pandit can provide guidance on co-ordinating clinical-academic rotas with the NHS, having written the Royal College's guidance the national strategy for academic anaesthesia.

Previous Oxford Anaesthetic ACFs have successfully secured NIHR, Wellcome and MRC doctoral fellowships, published in leading journals and progressed to Clinical Lectureships and substantive academic consultant posts.

Outline of the ACF post and description of the research component of the programme

The research time will be spent at the University of Oxford and within the Nuffield Department of Clinical Neurosciences. It comprises six divisions: Division of Clinical Neurology (DCN), Nuffield Laboratory of Ophthalmology (NLO), Nuffield Division Anaesthesia, Oxford University

Centre for Integrative Neuroimaging (OxCIN), Wolfson Centre for Prevention of Stroke and Dementia (CPSD) and the Brain Network Dynamics Unit (BNDU). The research in the Department spans all aspects of neuroscience from cellular and molecular studies, systems neuroscience through translational studies to clinical research. The research in the Department spans all aspects of neuroscience from cellular and molecular studies, systems neuroscience through translational studies to clinical research. NDCN is internationally recognised as one of the world's leading clinical neuroscience departments. The Department is strongly supported by NHS clinical colleagues in the Oxford University Hospitals NHS Trust (OUHT) and by the NIHR Oxford Biomedical Research Centre (BRC). This provides unprecedented opportunities for our academic anaesthetists who are integrated superbly well in this rich environment. Researchers are split between several sites where we have our various laboratories and specialised centres and work collaboratively between the various sections of NDCN. We have some exceptional research opportunities right now for trainees, born from several recent interdisciplinary and innovative discoveries that have potential for clinical translation.

Research within the Nuffield Division of Anaesthetics (NDA) falls within the following areas, all of which are internationally world-leading:

1. Brain Health in Perioperative and Critical Care
2. Critical Care
3. Global Perioperative and Critical Care
4. Human Factors, Simulation and Patient Safety
5. Perceptual Neuroscience and Pain
6. Respiratory Physiology and Biomedical Engineering

Research Opportunities

A wide range of research opportunities exist within these research clusters, and high-quality training exist to fit the interests and skills of the appointee. The examples below demonstrate the breadth of research available and the ACF will be supported to identify an area of interest.

In Brain Health in Perioperative and Critical Care Professor Pattinson and Dr's Prisco & Luney work using cutting edge neuroimaging methodologies (EEG, (F)MRI) to better understand the mechanisms of brain injury & cognitive outcomes in anaesthesia and intensive care.

In Critical Care, Prof Watkinson, Prof McKechnie and Dr Jayaram run collaborative research projects to identify early patient deterioration and long-term clinical outcomes of patients with critical illness.

In Global Perioperative and Critical Care, the research is focused on delivery of interventions at scale to decrease mortality following surgery. This involves confidential enquiries, developing new, lean implementation strategies, and delivery using clinical trial methodologies.

In Human Factors, Simulation, and Patient Safety, OxSTaR has developed an internationally recognised, award-winning education centre with a wide portfolio of educational programmes incorporating simulation and novel learning technologies, and research into effective training and educational. The work includes extensive AI and engineering partnerships.

Perceptual Neuroscience: Breathe Oxford, led by Professor Kyle Pattinson, is developing immersive VR-based digital therapeutics informed by neuroscience and neuroimaging to

improve perioperative recovery through innovative rehabilitation and prehabilitation interventions for surgical and intensive care patients.

Brain Health in Perioperative and Critical Care Cluster

Professor Pattinson, Dr Lara Prisco, Dr Matthew Luney

The Brain Health in Perioperative and Critical Care group brings together clinicians, neuroscientists, biomedical engineers, imaging researchers, and data scientists to investigate how surgery, anaesthesia, critical illness and acute brain injury affect brain function. The group focuses on delirium, altered consciousness, and cognitive recovery, using clinical data, electroencephalography, neuroimaging, blood biomarkers and longitudinal outcomes to identify patients at greatest risk and to improve early detection of acute brain dysfunction.

The programme spans perioperative medicine, general intensive care and neurocritical care, with a strong emphasis on translational and patient-centred research. Current work includes multimodal brain phenotyping, perioperative brain health, recovery after critical illness and the development of better monitoring and intervention strategies. The group provides an interdisciplinary environment for Academic Clinical Fellows interested in combining clinical training with research in acute brain health, neurophysiology, imaging, data science and experimental medicine.

Critical Care Cluster

Prof Watkinson, Prof McKechnie & Dr Jayaram

World-leading collaborative research projects are run by these academic clinicians based in the Kadoorie Institute and Oxford Critical Care (OCC). Prof Watkinson Leads the Critical Care Research Group (CCRG) at the Kadoorie Institute for Trauma, Emergency and Critical Care. The group undertake research to recognise deteriorating patients in hospital and avoid adverse outcomes, to optimise within-ICU interventions and to improve post-ICU outcomes. We undertake both qualitative and quantitative research from idea inception, through large data analysis, to multi-national randomised controlled trials. The group collaborates extensively locally, nationally, and internationally and within the Oxford NIHR Biomedical Research Centre with University of Oxford Institute of Biomedical Engineering. Details of current research projects can be found at www.ndcn.ox.ac.uk/research/critical-care-research-group-kadoorie-centre. We have a strong history of successfully training the next generation of multidisciplinary clinical researchers. With a background in translational science, Prof McKechnie has a program of research focused broadly on the themes of (i) anaemia and coagulopathy in critical illness and (ii) the host genetic response to infection. He also oversees delivery of the NIHR portfolio in critical care.

Global Perioperative and Critical Care Cluster

Professor Bruce Bickard, Dr Hilary Edgcombe

Global Anaesthesia' encompasses investigation and implementation of safe provision of anaesthesia to underserved populations anywhere in the world. Professor Bruce Bickard leads work on perioperative and critical care outcomes in low resource environments, and interventions to improve these adverse outcomes, with a particular focus on strategies to decrease 'failure to rescue' in complex environments. He works with the African Perioperative Research Group across more than 40 African countries. Dr Hilary Edgcombe works with multi-

cadre anaesthesia workforces, on how both formal and informal networks contribute to safe patient care in low-resource settings. Her research draws on social science, health systems and network theory, in collaboration with the Health Systems Collaborative in Oxford.

Human Factors, Simulation and Patient Safety Research

Prof Helen Higham, Dr Sally Shiels, Dr Laura Vincent, Dr James Thomas

Professor Higham is the director of [OxSTaR](#) and runs a research group interested in all aspects of healthcare systems safety. This includes qualitative and quantitative approaches to analysing systems and work processes across diverse healthcare settings including theatres, ICU, clinical research facilities and GP practices. More recently our [SHAPE](#) (Safer Healthcare AI through Psychology and Ergonomics) collaboration with Engineering Science and Experimental Psychology is leading to exciting opportunities for translational research in AI for clinical decision support and healthcare education.

OxSTaR is also an award-winning education centre with a wide portfolio of educational programmes incorporating simulation and novel learning technologies. We have an active group running research projects in medical education and simulation.

Perceptual Neuroscience and Pain Cluster

Professor Pattinson, Dr Jane Quinlan

Breathe Oxford - Digital therapeutics and neuroimaging for perioperative recovery. Breathe Oxford (<https://www.ndcn.ox.ac.uk/research/breathe-oxford>), led by Professor Kyle Pattinson, is an internationally recognised translational neuroscience research group focusing on respiratory control. Recent work has demonstrated that immersive VR can modify the experience of breathlessness and leg fatigue during cycle ergometry. The next phase is translating these discoveries into rehabilitation and prehabilitation interventions for surgical and intensive care patients, providing outstanding opportunities for clinical trials, neuroimaging and translational research.

Perioperative Medicine Research Cluster

Professor Biccard, Professor McKechnie, Dr Jayaram

Dr Raja Jayaram has interests in Perioperative Medicine and in Acute Kidney Injury, Sepsis and Cardiovascular outcomes, including new-onset Atrial Fibrillation post-surgery and critical illness. His work is clinical (including a Global AKI themed project) and basic science; the latter is in redox and nitroso-redox stress in myocardial renal injury.

Professor Bruce Biccard is a clinical trialist with research in both high-income country clinical trials, and clinical trials for perioperative medicine in lower resource environments.

The Respiratory Physiology and Biomedical Engineering Cluster

Professors Farmery and Pandit are not accepting new DPhils or ACFs under their direct supervision in this round, but they will continue to lend collaborative support across the NDA, and within their areas of interest.

Professor Farmery

Professor Farmery's team work closely with engineering on the development of devices to further our understanding of, and guide clinical therapeutic decision making in respiratory diseases, particularly in the intensive care population. These include non-invasive systems to monitor key cardiorespiratory variables at the bedside, the development of photonic sensors to measure rapid oscillations in arterial PO₂, and research into respiratory diagnostics with machine learning.

Professor Pandit

Professor Pandit leads groups in oxygen sensing (using animal models, whole body plethysmography, intracellular Ca²⁺ imaging and single channel techniques), neuroscience on the mechanisms of anaesthetic action (specifically via central TASK channels), clinical difficult airway management (as a translational link to hypoxia and oxygen sensing research), and operating theatre management research.

A key goal of the Academic Clinical Fellowship (ACF) programme is to provide the applicant with appropriate research experience and training, to enable the successful application for an externally funded Clinical Training Fellowship, usually of 3-year duration and leading to a higher research degree or equivalent further postgraduate experience. All ACFs are supported to undertake a Postgraduate Certificate in Health Research or three individual modules selected from the Evidence-based Health Care Programme and/or Translational Health Sciences Programme and/or Experimental and Translational Therapeutics Programme. ACFs are also expected to play an active part in the OUCAGS Forum by presenting their work.

If at the end of the ACF post, if funding applications are not successful and clinical competencies are met, a place will be available on the clinical training programme to complete CCT as part of Oxford School.

Academic duties of an appointed ACF

- The fellow will record knowledge, experience and skills acquired during the post in the training record.
- The fellow will work as part of the research team relevant to their project
- The fellow will arrange regular research meetings with their research supervisor
- The fellow will agree deliverable milestones that will be assessed at each meeting
- The fellow will be expected to prepare research results for publication during the post
- The trainee will be expected to attend courses and conferences relevant to the academic project, as provided within the region, or in special circumstances, outside the region – such courses will be funded by the fellowship programme

Description of the clinical component of the programme

The Anaesthetic training programme is a 7-year programme, starting at CT1, and follows the new 2021 Anaesthetic curriculum. The first 3 years are designated as Stage 1 training (CT1-3), followed by 2 years of Stage 2 training (ST4-5), and 2 years of Stage 3 training (ST6-7). The ACF post will occupy the CT2 – ST4 years or CT3 - ST5 years of the training programme.

There may be some adjustment to training plans as the transition rolls out. During this time, the trainee's work is monitored for satisfactory progress and subject to annual reviews in the form of ARCPs.

The posts on this rotation have been approved for Specialist Training by the Royal College of Anaesthetists and the GMC. The posts attract National Training Numbers and provide training towards a Certificate of Completion of Training (CCT).

The Postgraduate Dean has confirmed that these posts have the necessary educational and staffing approvals.

Further information, including information on transition, can be found on the NHSE Thames Valley Anaesthetics Specialty Training Programme on the School website: <https://oxfordanaesthesia.org/>.

The programme is based in several different Trusts throughout the Oxford Deanery so trainees may find themselves employed by any of the Trusts in the table below.

Hospitals in which training will take place

Trust	Hospitals and Locations
Oxford University Hospitals NHS Foundation Trust	Horton General Hospital, Banbury John Radcliffe Hospital, Headington, Oxford Churchill Hospital, Headington, Oxford Nuffield Orthopaedic Centre, Oxford http://www.ouh.nhs.uk/hospitals/
Frimley Health Foundation Trust	Wexham Park Hospital, Slough https://www.fhft.nhs.uk/locations/wexham-park-hospital
Royal Berkshire NHS Foundation Trust	Royal Berkshire Hospital, Reading www.royalberkshire.nhs.uk
Buckinghamshire Healthcare NHS Trust	Stoke Mandeville, Aylesbury Wycombe Hospital, High Wycombe www.buckshealthcare.nhs.uk
Great Western Hospitals NHS Foundation Trust	Great Western Hospital, Swindon www.gwh.nhs.uk
Milton Keynes University Hospital NHS Foundation Trust	Milton Keynes University Hospital, Milton Keynes https://www.mkuh.nhs.uk/

Further details of Anaesthetics services across the Thames Valley training programme Trusts can be found in Appendix 1 at the end of this job description.

Rotation Information

The School provides training and experience in all the required areas of the Royal College of Anaesthetists 2021 curriculum, and at the appropriate level, using the following generic rotation arrangements:

- CT1 anaesthetic posts will be in either in Horton General Hospital / John Radcliffe Hospital (2 posts), Buckinghamshire Healthcare (4 posts) or Royal Berkshire (1 post).

- In the first 3 years of training (Stage 1), trainees are expected to work in at least 2 different Trusts.
- Successful completion of Stage 1 requires satisfactory outcomes in annual ARCPs, the completion of Primary FRCA exams and competencies achieved as set out by RCoA 2021 curriculum.
- As this post is a run-through post, trainees will enter Stage 2 training upon satisfactory completion of Stage 1 training. Stage 2 comprises of 2 years, with roughly half the time in Oxford University Hospitals to achieve tertiary hospital competencies (e.g. cardiac and neuro), and the other half in a district general hospital (DGH) to achieve DGH competencies.
- Achievement of Stage 2 competencies and success at the Final FRCA examination are requirements for progression to Stage 3.
- Stage 3 training comprises of 6 months of DGH for Stage 3 DGH competencies, 12 months of special interest areas (usually at OUH), and finally 6 months in OUH to complete tertiary Stage 3 competencies, and also complete anaesthetic training.

Rotation arrangements can change depending on the needs of the trainees and the training programme. Research time is organised to suit the candidate and their research interest i.e. in a block or intercalated. The decision of how to take the academic time must be based both on training and research requirements, and should be discussed at an early stage with the academic supervisor and TPD. Assessment is by structured learning events, leading to completion of key capabilities and finally HALO sign off. Progress is assessed at ARCP. At ARCP, an academic report is required as well as evidence of clinical progress.

Contact Details

Academic Research contact (University): Professor Bruce Biccard, Nuffield Professor of Anaesthetic Science, Nuffield Department of Clinical Neurosciences.

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Clinical Training Programme Directors: Dr Andrew Skog (CT1-3) / Dr Ruth Webster (ST4-7)

Email: andrew.skog@royalberkshire.nhs.uk / Ruth.Webster@ouh.nhs.uk

Application queries: Maxine Grout, Education Programme Manager, Thames Valley,

Email: maxine.grout@nhs.net

General academic training queries: Dr Samantha Knight

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September 2026

Appendix 1: Details of Anaesthetics services across the Thames Valley training programme Trusts

Oxford Hospitals - [Oxford University Hospitals NHS Foundation Trust](#).

The Nuffield Department of Anaesthetics comprises closely associated University and NHS departments, and is one of the largest anaesthetic departments in the country. The Nuffield Department provides highly specialised anaesthetic service at the national level and critical care services to all three of the Oxford Hospitals, the Warneford Hospital and the Horton Hospital in Banbury. OUH is a quaternary referral centre and provides cutting edge novel treatments to NHS patients.

The John Radcliffe Hospital is the principal teaching hospital with a main complex of 8 operating theatres, 2 interventional vascular -radiology suites and adjacent recovery and critical care areas, including the Adult and Paediatric Intensive Care Units and the Cardiothoracic Critical Care Unit. The Emergency Medicine Department and Trauma Service are also based here. The Women's Centre at the John Radcliffe has 2 Gynaecology theatres and 3 Obstetric theatres, and there are over 6500 deliveries per year. Neurosciences, ENT, plastic and craniofacial surgery and the Oxford Eye Hospital are in the West Wing of the John Radcliffe Hospital. The West Wing has 14 operating theatres, 2 Interventional Neuro-radiology suites and the Neurosciences Intensive Care Unit. The purpose-built Children's Hospital and Oxford Heart Centre are also on the John Radcliffe site.

New build Surgical Elective Centre at the John Radcliffe Hospital site will be opening in autumn 2026 with 14 theatres, including two hybrid theatres.

The Churchill Hospital has 10 operating theatres, one interventional radiology suite, the Oxford Transplant Centre, the Churchill Intensive Care Unit, the Renal and Chest Units, and the new Cancer Centre which opened in 2009. Current specialties include gynae-oncology, urology, transplant (largest pancreatic transplant centre world-wide), breast cancer, upper/lower GI, hepatobiliary, and general surgery, and radiotherapy. The Pain Management Unit is also based at the Churchill Hospital.

The Nuffield Orthopaedic Centre has 8 theatres for elective orthopaedic surgery, the Bone Infection Unit and Bone Tumour Service.

The Horton General Hospital is situated in Banbury, with 4 theatres catering for ortho trauma, and day cases, and an on-site A&E department.

Preoperative Assessment Service with the focus on specialist perioperative care for patients undergoing complex surgical procedures. This includes consultations, cardiopulmonary exercise testing, echo service, MDTs with specialists in cardiology, respiratory medicine, endocrinology and others.

OxSTAR – High fidelity training simulator and virtual reality platforms at OUH offers training and skills necessary to support the clinical component of anaesthetics.

Trainees have choice of multiple specialist training modules outlined within the RCOA curriculum. All training modules can be completed at Oxford University Hospitals because of the excellent broad based clinical experience it offers.

Royal Berkshire Hospital - [Royal Berkshire NHS Foundation Trust](#)

The Royal Berkshire Hospital is a busy district general hospital (26,000 surgical cases per year), which provides all services other than cardio-thoracic, neurosurgical, vascular, major plastic and neonatal surgery.

General, urological and orthopaedic surgery: The surgical specialities are well represented with a reasonable spectrum of major surgery being carried out. The orthopaedic consultants do major back surgery, tertiary shoulder surgery, and revision arthroplasty as well as general orthopaedics. They have a dedicated orthopaedic suite with its own recovery and access to the orthopaedic ward below. The urology department regularly perform laparoscopic nephrectomies, prostatectomies and cystectomies using robotic assistance as well as open procedures. They perform all the major work for Reading and most of the work for Slough. There are now 2 bariatric surgeons and the bariatric work is becoming increasingly complex. There is ample opportunity to increase exposure to paediatric practice. The hospital has 2 relatively new spiral CT and 2 MRI scanners with regular opportunities to anaesthetise in these environments.

Obstetrics: The maternity unit at the RBH covers a large area of Berkshire, from Lambourne in the West to Bracknell in the East, with nearly 6,000 deliveries a year.

<http://www.royalberkshire.nhs.uk/wards-and-services/maternity.htm>

Obstetric anaesthesia at the RBH is a busy, enthusiastically run and rewarding part of the work delivered by the anaesthetic department. There are 11 anaesthetists with an interest in obstetric anaesthesia, with regular clinical sessions.

The anaesthetic department provides dedicated, resident 24/7 anaesthetic cover to the delivery suite. We have a significant number of CT2 anaesthetists new to obstetric anaesthesia in our department and provide directly supervised consultant training in obstetric anaesthesia.

Our resident rota is staffed by a mixture of CT2 and ST4/5 anaesthetists. Monday to Friday there is consultant cover on delivery suite until 8.30 pm; at the weekend there is a consultant on site until 2pm.

We hold a weekly anaesthetic antenatal clinic to assess women flagged by the midwives and obstetricians as needing more input. There is also a joint cardiology and anaesthetic clinic to assess women with potential or actual cardiac pathology.

We can offer clinical and management opportunities that allow us to offer basic and higher obstetric competency training the CT2 and ST4/5 trainees as appropriate.

Perioperative medicine: We have an anaesthetic led preoperative assessment clinic with 8 consultant sessions a week; we have a successful perioperative medicine fellowship for senior trainees.

Equipment: The anaesthetic equipment is of a very high standard and we are quick to adopt new standards. We upgraded all anaesthetic machines in Autumn 2020. We have an active training programme for those wishing to increase / maintain their difficult airway skills. We also have a new training programme for learning the basics of airway management.

We have a tradition of allowing anaesthetists free choice in the techniques they can use and have equipment to support the use of Total Intravenous Anaesthesia and Low Flow Desflurane

techniques. There is a core group of consultants enthusiastic to teach upper limb regional blocks. A dedicated emergency theatre is available 24 hours a day and every effort is made to ensure that all emergency work and non-elective work is completed by 22.00 hrs in keeping with CEPOD recommendations.

Intensive Care Medicine: The Royal Berkshire Hospital has a 17 bed intensive care unit, caring for 1000 patients a year. There are 10 Intensive Care Consultants with backgrounds in Anaesthesia, Acute Medicine or Emergency medicine. This promotes excellent working relationships within the hospital. The unit is always covered by a dedicated Intensive Care Consultant. We have a proactive approach to critically ill patients and manage patients out on the wards especially with our colleagues in the Emergency Department, Acute Medicine unit and Higher Monitoring Unit. The unit has a sophisticated intensive care clinical information system. We are able to provide advanced respiratory, cardiovascular and renal support to all our patients including percutaneous tracheostomy insertion. There are about 60 critically ill paediatric patients a year who require local stabilisation prior to retrieval to Southampton or Oxford. The unit is recognised for advanced training by the Faculty of Intensive Care Medicine. There is an active teaching programme for all tiers which includes regular on-unit high fidelity multi-disciplinary simulation scenarios. Point of care ultrasound and echocardiography training is provided by CUSIC and FICE registered Consultants. There is an excellent outreach service which operates 24h a day. The ICU follow up clinic service is nationally recognised and there is also a highly valued bereavement team. There is a very active research team led by two Consultants and five research nurses recruiting critically ill patients to a number of current large multi-centre trials.

Pain: There is a Pain management unit in purpose built area. There are three consultants and four pain nurses with an interest in pain management. The unit offers both exposure to outpatient clinics, in patient ward rounds and ultrasound guided as well as X-ray guided procedures. The Unit has been involved in active research and has links with Reading University. It has also been part of an integrated service with the community so there is opportunity for exposure to community based MDT service. We have introduced an Advanced Training Module in Pain for senior trainees. All our other trainees have the opportunity to have a dedicated attachment in pain to cover specific topics, gain competencies and to give them an opportunity to see what it involves as a subspecialty.

Training and rotas: We are EWTD (Aug 2009) compliant with a 1:8 or sometimes 1:10 on-call rota. Each trainee is allocated an Educational Supervisor, signs an Educational Contract and develops a personal development plan. There is weekly viva practice, weekly FRCA based teaching as well as opportunities to deliver teaching/viva practice. A Simulation Centre opened in November 2009 featuring SimMan 3G, SimNewB and SimBaby. This is a high fidelity, multidisciplinary facility with access for anaesthetic trainees. One morning a month is dedicated to anaesthetic trainee teaching. In addition there is a growing programme of 'in situ' simulation in the ED, delivery suite and ICU.

We are lucky that we have been able to develop a team of high calibre clinical anaesthetists with a variety of different special interests as well as styles. Some of the consultants have a high profile either politically, within management or specialist anaesthetic associations. We have a group of keen consultants who are particularly involved in teaching, training, help with examinations and career progression of trainees. Over the last few years we have introduced consultant appraisal by trainees and are pleased to say that the feedback has been very positive

in the main. We have achieved a very impressive success rate at the primary and final examinations. Year on year our trainee satisfaction recorded by PHEEM feedback shows that trainees look upon the Royal Berkshire as a great place to train.

Milton Keynes Hospital - [Milton Keynes University Hospital NHS Trust](#)

Milton Keynes General Phase I opened in April 1984 and contained 361 beds and 4 operating theatres. Phase II, commissioned in 1991, comprised 188 beds – only a portion of these Phase II beds are currently open but the final bed complement will be 529. There are two theatre blocks totaling 8 working theatres, together with a treatment and diagnostic unit, which increases the total number of theatres to 12. The hospital has a 9 bed Critical Care Unit offering invasive and non-invasive ventilation, intracranial pressure monitoring, haemofiltration and invasive cardiac monitoring.

Specialities covered include: general surgery, trauma and orthopaedics, urology, ENT, ophthalmic, vascular, emergency medicine, obstetrics and gynaecology and paediatric and day surgery. The obstetric unit covers approximately 3000 deliveries per year, there is a 24 hour epidural service and twice-weekly elective caesarean section lists. The hospital also has a chronic pain relief unit, CT scanning unit, community dental clinic, pathology and x-ray.

Stoke Mandeville Hospital - [Buckinghamshire Healthcare NHS Trust](#)

We are a District General Hospital with a difference! We do all the emergency surgery for Buckinghamshire Hospitals except for Vascular and some Obstetric and Gynae emergencies. General, including acute medicine is now based at Stoke Mandeville, with a consequent increase in critical care requirements. Paediatric in-patients are here. There is also a busy (6000 deliveries) obstetric unit, with some innovative practices – EG the use of mobile interventional radiology in the delivery suite theatres. We also house the National Spinal Injuries Centre and do elective and emergency Spinal Surgery. There is a sub-regional Burns/Plastics Unit on site and a large (3 dedicated operating theatres) Ophthalmic Unit.

Our weekly FRCA based teaching has been completely reorganised with integrated critical care and anaesthetic components and online resources. We have a well equipped and expanding simulation centre and run the “RIACT” course for new trainees.

Wycombe General Hospital - [Buckinghamshire Healthcare NHS Trust](#)

Wycombe is the main site for elective general, orthopaedic, urological and vascular surgery. Acute stroke and cardiac services are also based here. There is a paediatric day case ward with paediatric ENT and dental lists.

Final FRCA teaching (including SAQ and Viva practice) happens at Wycombe. We are also developing post FRCA “masterclasses” to complement “OXDAT” training days. There are various opportunities for management and educational roles for senior trainees, including intensive “modules”.

Across the two sites, we are a dynamic and expanding department and offer an exciting range of training opportunities in a friendly and supportive environment.

Wexham Park and Heatherwood Hospital - [Frimley Health NHS Foundation Trust](#)

Wexham Park Hospital, Slough is a busy District General Hospital. It provides services for acute medicine and surgery, emergency medicine, ENT, gynaecology, haematology, obstetrics, orthopaedics and trauma, plastic surgery, and urology. Wexham Park has 9 theatres and a 12

bedded ITU/HDU close to the theatre suite which has full time dedicated consultant cover. There is also an active invasive cardiology unit undertaking angiography, permanent pacemakers and implantable defibrillators, and an established PCI service. The Obstetric Unit has over 4000 deliveries per year.

Heatherwood Hospital, Ascot provides services for elective orthopaedics, urology, general and day-care surgery. There is also a Chronic Pain Clinic. Heatherwood Hospital has a suite of 5 operating theatres with two dedicated to orthopaedics and one to day-case surgery.

In total there are 94 operating lists including 10 emergency lists, 2 community dental lists, 1 paediatric oncology session, 1 paediatric MRI session and 7 chronic pain relief sessions. There is an active teaching programme and excellent facilities at the Post Graduate Medical Education Centre.

The Great Western Hospital - [Great Western Hospitals NHS Foundation Trust](#)

The Great Western Hospital is a large District General Hospital, the Department provides Anaesthesia for Ophthalmic, ENT, Oral, Orthopaedic, Emergency Medicine, Gynaecology, General, Urological and Vascular Surgery. There are 15 operating theatres all equipped with modern anaesthetic machines and full monitoring equipment. There is also a 12 bedded single room HDU/ICU.

The Obstetric Unit is housed one floor above main theatres. There is a Delivery Suite with integral operating theatre. A Special Care Baby Unit is nearby. A 24-hour epidural service is provided with 11 dedicated anaesthetic sessions to the Delivery Suite per week. An antenatal anaesthetic assessment clinic is held twice a week for routine and complex cases.

The Pain Service offers in and out-patient care for acute and chronic pain patients, respectively. There is also a Pain Management Programme which runs in conjunction with colleagues from Clinical Physiology, Occupational Health and Physiotherapy.

A consultant led pre-assessment clinic with cardio-pulmonary exercise testing runs daily.