**Placement:** North Middlesex Hospital

**Speciality: GIM**

**DGH**

**Location:** Tottenham, North London – just inside the North Circular

**How many renal trainees in post?** 2 trainees

**Public transport links:** Nearest tube station: Silver Street (Overground) – approx. 10 min walk to hospital; multiple bus stations around hospital. Does have a staff car park. Bike storage facilities available.

**Average day:** Renal run the top floor of the tower (T8) – patients are a mixture of general medical patients and anything else renal-flavoured – e.g. AKI, nephrotic syndrome, unwell transplants. The renal consultants and registrars also look after up to 5 general medical patients on Podium 1 (nominally an oncology ward). Podium 1 ward has its own junior doctors.

Standard day = ward round morning; assisting juniors with ward jobs/seeing referrals in the afternoons.

North Mid **does not have on site dialysis facilities** so any sick HD/PD patients who can’t be transferred to the Royal Free (local tertiary) have to go to ITU. Similarly, if you have a very sick transplant the ideal will be to stabilise and then transfer to the Free. Rapid COVID swabs can be performed to facilitate early transfers. It is usually **not** possible to dialyse HDx patients at the local dialysis unit at Tottenham Hale.

**On-call commitments:** the usual mixture – the rota (pre-COVID) was essentially a 21 week pattern duplicated. On-calls consist of:

* Med reg on call running the take – random days during the week – and 1 take weekend in 21
* Twilight – 2pm to 9pm shift- second on-call med reg – invariably covering the tower and seeing O&G/Surg referrals – 1 week in 21
* Weekend ward day cover – 1 weekend in 21.
* Weekend AMU cover – 1 weekend in 21
* Nights – self-explanatory: Weekday nights - Monday – Thursday (2 in 21), Weekend nights (2 in 21). There are 2 regs on-call – usually alternating every night between take and tower – but up to you!

You take your annual leave on “normal days”.

Please note the on-call commitment is likely to change as the new IMT3 rota is incorporated.

**Team structure:**

Overall: There are 4 consultants who cover the wards for a 2-week block.

2 renal regs; 3 SHOs, 2 FY1s and a physician assistant.

Ward team: consultant, reg (usually just one of you due to the on-call rota), 1-2 SHOs, at least 1 FY1

On-call team: day: 1 reg and 3 SHOs, 1 FY1; bolstered by additional SHOs/FY1s and a reg in the afternoon

On-call team: night: 2 regs; 5 SHOs – take/tower/geris/acute

**Teaching duties:** regs are expected to contribute to the on-site medical student, FY1 and SHO teaching rotas. There is also departmental teaching by the whole team including FY1s and SHOs. Renal also have a slot in the Grand Round rota.

**Food and drink (e.g. in hospital/locally – or is it a pack lunch every day situation?):** Average hospital canteen – with efforts to provide “healthy alternatives”. M&S within the WH Smith in the hospital lobby can be a lifesaver for the days you’ve forgotten your lunch. Microwaves in mess and renal offices.

No real local eateries or watering holes – not really possible to take team out for a beverage at the end of the day unless you all take the tube together to somewhere more salubrious.

**Ok, ok – but specifically coffee?:** There is a Costa coffee near the canteen that stays open late enough to provide you real coffee prior to a night shift; otherwise the renal secretaries usually have a well-stocked tea and coffee caddy and a kettle for you to fortify yourself.

**R&R facilities (e.g. hospital mess? Registrar office?):**

Hospital mess in basement/lower ground was pretty sparse but efforts were being made by junior doctor committee to improve facilities. Contains 3 computers.

Renal offices were in the old pathology building (this is likely out of date) – regs sit in with the very lovely secretaries who will mother hen you and provide you with tea and coffee.

Computers in clinic 8 can be used if no clinics are occurring. These computers also have access to RFH vitaldata system.

**Regular teaching?:** Endocrine and Renal teams hold a joint teaching session on Monday morning. Junior doctors present selected topics. Ad hoc teaching on ward/clinic.

**Opportunities for sub-speciality experience:** Pretty ad-hoc depending on what referrals you receive. Trainees should focus on achieving GIM competencies whilst at North Mid.

**Opportunities for research:** Be self-directed – probably best to focus on a GIM audit/QUIP to fulfil portfolio requirement.

**Best thing about this placement:** Small hospital with friendly medical teams and consultants – they will know your name pretty quickly and you can discuss referrals/cases directly with consultants who will often respect your opinion as the renal reg! Busy take serving a deprived area – will gain a lot of GIM experience and helping patients here can feel very rewarding.

**Worst thing about this placement:** Busy take often with multiply co-morbid patients who present late – sandwiched with variable quality of A&E referrals and sometimes questionable ITU decisions (no ITU/Anaes trainees on their rota). Be aware that at present NIV is performed only in HDU.

**Describe this placement in one sentence:** Busy DGH where you will gain experience in range of pathologies and in managing the chaos of the take.