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**Case study**

Name: Chris Hebbes

Job title: Consultant Anaesthetist, Critical Care & Theatres

I’m a consultant in anaesthesia and critical care in Leicester’s hospitals.  I always wanted to be a doctor, and developed my interest in anaesthesia during my time at medical school.

The job now is as rewarding as I’d hoped it would be – I am privileged to look after patients during the worst times in their lives.  I completed my A-levels and then moved on to medical school, before completing my specialty examinations in anaesthesia and intensive care.  There are other routes into medical school, for those that have degrees in other subjects such as biomedical sciences.

**What did your early career look like?**

Like all junior doctors, I rotated through a number of different specialties, gaining knowledge and learning skills over the first two years before starting my training in anaesthetics.  Anaesthetics is usually a 7 year training programme, although I added intensive care. I took some additional time to undertake research study, extending my training to 12 years.  I rotated through hospitals in the East Midlands in all areas of anaesthesia and intensive care, and passed my specialty exams. I (finally) finished training in 2020, and was appointed as a consultant in Leicester.  A lot has changed over the last 12 years, but the intensive care unit on which I now work always felt like “home”, and I’m proud of the team that I work with.

**How did you become a Consultant?**

I followed a fairly standard route through school (A-levels in Chemistry, Biology, Statistics and Information Technology), and studied medicine at the University of Leicester.  I had the opportunity to study for a BSc degree during an additional year of my medical training – this was a research based year, in the research area of the department of anaesthetics in Leicester, which sparked my interest.  I qualified in 2006, and then started my NHS training in the East Midlands.

**What is a typical day as a Consultant Anaesthetist?**

My day is very varied, very “hands-on”, and usually not desk based, which is one of the reasons I decided on my specialty. On clinical days, I work in theatres, assessing and looking after patients before their surgery, anaesthetising and caring for patients during and after their surgery.  Intensive care days are spent working with our multidisciplinary team looking after critically ill patients from all specialties.  Out of hours, if I’m on-call, I’m in the hospital when needed, and help to answer queries and referrals from the team by telephone.

As a consultant, I also share the responsibility for the administration of the service – writing rotas, teaching and training junior colleagues and quality improvement.

**Do you have any words of encouragement for anyone thinking about a career in health and social care?**

Many colleagues that I work with talk about our NHS family. I couldn’t be prouder of the dedicated people that I work with – the work is rewarding and a genuine privilege.