SPECIALTY TRAINING PROGRAMME IN RESPIRATORY MEDICINE AND
GENERAL INTERNAL MEDICINE IN HEALTH EDUCATION WESSEX

This is a 5 year training programme in RESPIRATORY AND GENERAL INTERNAL MEDICINE at ST3-7 aimed at doctors who can demonstrate the essential competences to enter this level of training. The programme is designed to support training for a CCT in both Respiratory Medicine and GIM. Details of essential competences and qualifications are set out in the MMC person specification for Respiratory Medicine and GIM at ST3-7 which is available from www.mmc.nhs.uk

The programme is based in the following hospitals in Health Education Wessex including:

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Hampshire Hospital</td>
<td>Basingstoke</td>
</tr>
<tr>
<td>The Royal Bournemouth Hospital</td>
<td>Bournemouth</td>
</tr>
<tr>
<td>Dorset County Hospital</td>
<td>Dorchester</td>
</tr>
<tr>
<td>Poole Hospital</td>
<td>Poole</td>
</tr>
<tr>
<td>Queen Alexandra Hospital</td>
<td>Portsmouth</td>
</tr>
<tr>
<td>Salisbury District Hospital</td>
<td>Salisbury</td>
</tr>
<tr>
<td>Southampton General Hospital</td>
<td>Southampton</td>
</tr>
<tr>
<td>Royal Hampshire County Hospital</td>
<td>Winchester</td>
</tr>
</tbody>
</table>

Health Education Wessex is responsible for the planning, development, education and training of the healthcare and public health workforce across Hampshire, Dorset, Isle of Wight and Salisbury. We also provide medical training for the States of Jersey.
and GP appraisal services for Jersey and Guernsey. We believe that the key to improving the health and healthcare of the 2.8 million people living in Wessex is investment in the skills and values of the 52,000 people working in the NHS and in primary care.

Within the field of postgraduate medical education and training, we manage across primary and secondary care for these health communities – totalling around 2,400 doctors in training at any one time across 12 Trusts and 160 GP practices. In addition, we support the workforce development for GP Practice Nurses and Public Health practitioners as well managing a bespoke GP appraisal service for established GP Practitioners to meet the requirements for revalidation in accordance with the statutory requirements set by the General Medical Council.

We manage training programmes for postgraduate medical training according to the statutory standards set by the General Medical Council (GMC) and have responsibility for establishing and maintaining quality management systems for all posts and programmes as required by the GMC.

The work of Health Education Wessex is guided by the principles embedded within the NHS constitution.

**STUDY AND TRAINING**

The primary aim of all posts is the delivery of the regional training programme. There is a region wide syllabus and minimum standards of education agreed by all Trusts within the rotation.

Health Education Wessex is committed to developing postgraduate training programmes as laid down by the GMC, Royal Colleges and Faculties and by COPMED - the Postgraduate Deans’ Network. At local level, college/specialty tutors work with the Programme Director and Directors of Medical Education in supervising these programmes. Trainees will be expected to take part in these programmes (including audit) and to attend meetings with their nominated educational supervisor.

All posts within the training programme are recognised for postgraduate training by the General Medical Council (GMC) in accordance with their standards for training.
Study leave is granted in accordance with Deanery/Trust policy and are subject to the maintenance of the service.

All posts have a service element and the following covers the majority of duties. There will be minor variations in different hospitals but the list is aimed at covering the majority of duties:

1. Supervise, monitor and assist the House Officer (F1) in the day-to-day management of in-patients in posts with an attached F1.
2. Liaise between nurses, F1 and F2 Doctors, patients, relatives and senior medical staff.
3. Attend and participate in ward rounds as timetabled
4. Attend outpatient clinics.
5. Take part in rostered emergency work.
6. Dictate discharge summaries.
7. Study for higher examination(s) and maintain continued professional development.
8. Attend weekly educational and multidisciplinary sessions.
9. Undertake audit at various times throughout the rotations.
10. Teach medical students and junior doctors as directed.
11. Co-operate with members of the personnel department when monitoring hours of work and other personnel issues.
12. Attend induction in each hospital or new department
13. Comply with all local policies including dress code, annual and study leave

**GENERAL PROGRAMME DETAILS**

The general format of training is that trainees spend the first two years of training in a DGH, the middle two years in Southampton and Portsmouth, and the final year in a DGH. From time to time, as appropriate, this pattern may need to be varied. The mandatory 60 days' training in ITU is provided at Salisbury and Southampton. Training in Adult Cystic Fibrosis is provided at Southampton, although Portsmouth and Poole have satellite clinics. Most other special interest training is available at Southampton and Portsmouth, although most of the participating trusts provide training in some/many of these clinical areas. Most trusts provide training in bronchoscopy. Three trusts (Portsmouth, Poole, Dorchester and Winchester) have
local anaesthetic thoracoscopy services. Most trusts provide experience in pleural ultrasound. TB and HIV experience are available at Southampton, Portsmouth and Bournemouth. Domiciliary NIV is available at Southampton. The programme encourages placements to provide training in lung transplantation and pulmonary hypertension. Some training in occupational and environmental respiratory medicine is available locally and the programme is developing training in integrated care.

There is a well developed regional structured training programme, consisting of one day per month which, over a 2.5 year period, covers the entire Respiratory Medicine curriculum.

Research is encouraged, but trainees must give adequate notice of intended OOPR. There are formal research opportunities available at Southampton and Portsmouth. In particular, Southampton has an international reputation in Respiratory Medicine research.

RITAS/ARCPS occur once per year for all trainees. The programme is moving to undertaking these in the Spring rather than the Autumn, in line with the timetable for forthcoming nationally co-ordinated recruitment to the specialty. It is the trainee’s responsibility to maintain an up to date e-portfolio, undertake WPBAS, undertake regular appraisal and obtain a yearly Educational Supervisor’s report for consideration at the ARCP.

**INDIVIDUAL TRUST INFORMATION**

**Portsmouth Hospitals NHS Trust**

**Background**

Portsmouth provides outstanding opportunities for training in Respiratory Medicine, together with General Internal Medicine. Portsmouth Hospitals NHS Trust serves approximately 1% of the UK population, providing an exceptional range of clinical experience. The department is housed in a new, purpose-built Respiratory Centre and dedicated wards at Queen Alexandra Hospital.

**Respiratory Medicine Training Posts in Portsmouth**

Portsmouth is allocated 7 full-time NTN holders from the Wessex rotation and is able to provide training and experience for additional flexible or supernumerary trainees.
There are nine consultant respiratory physicians, a tenth shared with ITU and 2 further posts advertised, making this one of the largest units in the UK. The team includes 4 CT1/2, 2 FY2 and 5 FY1 trainees. There are also 4 clinical research fellows.

**The Department of Respiratory Medicine**

The department’s professional and educational opportunities are strong. The department has an enthusiastic air of innovation, a wide interest in teaching and education, numerous research activities and believes strongly in supporting the welfare and professional development of its staff. This complies with a firm commitment to quality assurance, clinical governance and risk management.

There is a well-established multi-disciplinary ethos, including a team of 9 specialist respiratory nurses, 4 lung-function technicians and a closely-integrated secretarial and clerical staff. There is a clinical specialist in respiratory physiotherapy, at superintendent grade, who supports, in particular, the large domiciliary NIV service and the inpatient physiotherapy team. There is a large sleep service, including domiciliary sleep studies and inpatient polysomnography, provided by a specialist clinical and physiologist team of 5. A clinical psychologist supports the asthma clinic. A team of 6 supports our clinics and day ward.

The new QA Respiratory Centre includes a clinic area with 6 consulting rooms, each linked to all-digitised imaging via a PACS system. There are 3 nurse treatment rooms, 2 pulmonary function laboratories and 2 counselling rooms. There is a dedicated chest radiography service just across the corridor. There is a procedures room specifically for bronchoscopy, EBUS, local anaesthetic thoracoscopy and other ultrasound-guided pleural procedures, served by a 6-bedded day-case ward which also provides our day-case beds. The departmental offices are immediately beside the clinic area. All other Respiratory outpatient, secretarial and support staff are co-located, including the team of specialist nurses, facilitating a cohesive multi-professional ethos. There is an education and meeting room, with appropriate IT and projection facilities, immediately beside the department. There is a dedicated office for the Respiratory SpRs on one of our wards. “Up to Date” is available throughout the Trust.
In-Patient Respiratory and G(I)M

There is an excellent range of acute general medicine experience in Portsmouth, including a 58-bedded medical assessment unit. The consultant respiratory physicians all participate in acute general (internal) medicine and are committed to maintaining that involvement, together with developing the specialist respiratory service. They are responsible for 76 dedicated and co-located respiratory beds, including a brand-new 10-bedded respiratory high-care unit providing invasive monitoring, CPAP and non-invasive ventilation, served by its own blood gas analyser. The intensive care unit is sited next-door and there are close functional links.

Outpatient experience

Out-patient work has been organised into general clinics, which include specialist respiratory referrals and follow-up cases, together with general medicine follow-up of previous in-patients. All clinics are consultant-supervised. In addition, there is a range of specialist respiratory medicine clinics. These have proven highly successful and popular with trainees.

Specialist respiratory clinics are held for the following: Lung cancer and mesothelioma (multidisciplinary clinic with clinical oncologist, medical oncologist, thoracic surgeon, palliative care team and specialist nurses), Difficult asthma, Tuberculosis, Bronchiectasis, Pleural diseases, Interstitial lung disease, Domiciliary ventilation, COPD (nurse-led, physician supported), Sleep and nasal CPAP, Pulmonary Hypertension (jointly with Cardiology); ultrasound is available in-clinic.

Special Investigations

There are four procedures lists per week, but the procedures suite is used preferentially for most interventions at other times. Training is aided by video camera equipment and supervised by consultants at all times. Training in image-guided and trans-bronchial biopsy is included; endobronchial ultrasound-guided biopsies are performed. Medical video-thoracoscopy has been developed as a special interest in Portsmouth for over 25 years; the high frequency of asbestos-related pleural disease, including mesothelioma, makes this a particularly valuable educational
asset. Pleural procedures are facilitated by our own four ultrasound machines, and include tunnelling catheter (PleurX) placement.

High-specification helical CT scanners and good nuclear medicine facilities are adjacent to the department, including a PET/CT scanner; MRI is also on-site. We have dedicated, pre-booked diagnostic CT slots and image-guided biopsy appointments. There is a dedicated cadre of radiologists, of whom two are full-time thoracic radiologists, with regular attendance at the weekly radiology and lung cancer clinical conferences. The Respiratory Centre provides comprehensive physiological testing, including CPET and allergy testing, which SrRs are expected to report under supervision. There is a weekly pathology review at the lung cancer MDT meeting, run by specific histopathology consultants.

**Education**

Each SpR is supervised by a specific consultant, with regular formal appraisals having been the norm for many years. Training and general experience are pursued under the aegis of the educational supervisor, but the close team-working in Portsmouth allows the SrRs to benefit from the experience of all the consultants. This is particularly the case in their exposure to specialist clinics and bronchoscopy lists. SrRs are released for and expected to attend every Regional SrR training day. There is a general internal medicine training day, held in Portsmouth, every 2 months. There are G(I)M grand rounds for 30 weeks per year. On Wednesday mornings there is a lung cancer MDT meeting. There is an educational X-ray meeting each Thursday morning. Each Friday lunchtime there is a multiprofessional departmental clinical meeting, followed by a specialist respiratory tutorial, for the SrRs alone.

There is considerable multidisciplinary education and interaction within the Respiratory Centre. This encourages mutual respect and understanding for the different but complementary roles of various professionals and helps to promote teamwork. There are frequent lectures and courses for health-care professionals from primary care. The SrRs are encouraged to develop their teaching skills in these venues, with confidential feedback at the end of each session.
Portsmouth has provided clinical attachments and formal teaching for students from the University of Southampton Medical School since its inception. Medical students from Southampton are attached at most times of the year. The StRs contribute to their teaching and supervision, as well as to the training of FY1/FY2/CT1/CT2 trainees. StRs are consulted prior to the confidential appraisals of all these groups and encouraged to develop their skills in pastoral care.

The respiratory consultants have a strong commitment to medical education, with considerable experience practically and major ongoing contributions to regional and national educational initiatives.

**Research & Audit**

The department has active interests in numerous research projects, so there is expertise, support and encouragement freely available. There are 4 clinical research fellows, 2 basic scientists and 2 full-time research nurses, supported by a research administrator. There is close collaboration with the Universities of Southampton and Portsmouth. The RDSU in Portsmouth provides statistical and other research support. It has been the norm for registrars to pursue research during attachments in Portsmouth, most leaving with abstracts or full peer-reviewed publications. Portsmouth StRs have been major contributors in the development of national guidelines published by the British Thoracic Society, involving extensive literature searches and critical appraisal.

There is a rolling audit of lung cancer care, to which the StRs are expected to contribute, particularly by reviewing the clinical staging data for individual patients. The department participates in all national BTS audits, contributing large cohorts of patients. The department has launched a Trust-wide management pathway for thrombo-embolic disease, which includes a rolling audit. Numerous local audit projects have been pursued, recent examples including domiciliary oxygen therapy, use of oxygen for treatment of acute type II respiratory failure, availability of CT scanning and the screening programme for tuberculosis.
Timetable

StRs work 4 or 5 spells per annum of night shifts for acute medicine lasting 3 - 4 days and typically, in addition, 2 spells of twilight cover. The remainder of their time is dedicated to respiratory medicine, with spells typically of a fortnight dedicated to ward work and the remainder to clinics, bronchoscopy and other learning opportunities. The StRs run their own timetable to allocate these sessions.

Hampshire Hospitals NHS Foundation Trust - Winchester

Respiratory Medicine Training Post in Winchester

Winchester has one NTN holder from the Wessex rotation who works in a team with an acute medicine NTN. The team includes 2 StR, 2 CT1/2, and 3 F1 trainees. There are two consultant respiratory physicians.

The Department of Respiratory Medicine

The department has 2 respiratory nurses and a lung-function technician. There is a sleep service offering domiciliary sleep studies

In-Patient Respiratory and G(I)M

Acute inpatients are managed on Shawford ward (27 beds). The StRs participate in acute general medicine take. The Respiratory team liaises closely with the intensive care unit.

Outpatient experience

Out-patient work has been organised into general clinics, which include specialist respiratory referrals and follow-up cases, together with general medicine follow-up of previous in-patients. All clinics are consultant-supervised.

Special Investigations

There are 2 bronchoscopy lists per week, to which thoracoscopies are sometimes added. Training is aided by video camera equipment and supervised by consultants at all times. Training in image-guided and trans-bronchial biopsy is included. Medical video-thoracoscopy has been developed.
The Respiratory Unit provides physiological testing includes Cardio-Respiratory assessment and allergy testing, which SpRs may report under supervision. There is a weekly pathology review at the lung cancer MDT meeting.

**Education**

The StR is supervised by a specific consultant, with regular formal appraisals.

**Timetable**

The work involves a 1 in 10 on call daytime, and 1 in 10 night cover. The remainder of the time is dedicated to respiratory medicine.

**Royal Bournemouth and Christchurch Hospitals NHS Trust**

**The Work of the Departments**

The main interest of the post is Acute General Medicine with an emphasis on Respiratory Medicine. The other Physicians on the staff have interest in Diabetes, Endocrinology, Cardiovascular disease, Gastroenterology. There are 272 medical beds. The Respiratory wards have 48 beds plus a 4 bedded Acute Lung Unit for NIPPV support.

**Medical Staff on Respiratory Firms**

<table>
<thead>
<tr>
<th>Consultant x 2</th>
<th>Consultant x 2</th>
<th>Ward Outliers x all 4 Consultants</th>
</tr>
</thead>
<tbody>
<tr>
<td>SpR/STR x1</td>
<td>SpR/STR x1</td>
<td>SpR/STR x2</td>
</tr>
<tr>
<td>SHO x 2</td>
<td>SHO x 2</td>
<td>SHO x 2</td>
</tr>
<tr>
<td>FY1</td>
<td>FY1</td>
<td>FY1</td>
</tr>
</tbody>
</table>

Since the amalgamation of Medicine and Medicine for the Elderly, all ages for medical admissions from 16 years upwards are accepted. The average number of admissions is in excess of 46 per 24 hours.

**Other Staff in the Department of Thoracic Medicine**

2 Lung Cancer Nurse Specialists
1 Respiratory Team Nurse

1 Asthma Nurse Specialist

2 Specialist Nurses (TB)

1 Pulmonary Rehab Co-ordinator

**Education and Training**

This post offers training in the management of a wide range of patients with acute and chronic respiratory disease, as well as acute general medicine. The post offers training in fibreoptic bronchoscopy, transbronchial biopsy, TBNA and percutaneous lung aspiration /biopsy under ultrasound. Formal training in pulmonary physiology includes supervised lung function reporting. The post includes a close linkage with the Department of Genito-Urinary Medicine, and the opportunity to learn about the management of patients with HIV related disorders. The Department runs the District TB contact tracing service and 2 TB Nurse Specialists work in the Department of Thoracic Medicine. Cancer care is an important and integral part of this post, and training in all aspects of management from bad-news breaking, to palliative care is part of an on-going programme of postgraduate education specific to this firm. Two full-time Lung Cancer Nurse Specialists work in the Department. There is a weekly Multi-Disciplinary Lung Cancer Meeting. The Department runs an Open Access admission service for Asthma. Attached to the department is a full time Respiratory Nurse Specialist and an Asthma Nurse.

The Department has an active Postgraduate Clinical Tutor, and has an active interest in postgraduate education. Each trainee has a dedicated educational supervisor. Attendance at regular postgraduate activities is encouraged. There are fixed educational sessions during lunchtimes throughout the week. In addition the department has a fixed session each week for Research/Audit and Education and Training. The post holder will be expected to take an active role in these areas. There is a Consultant led weekly Respiratory Grand Round. Formal training in audit methodology and participation in regular audit activity will be given. Active participation in the Wessex Regional StR Training Programme is encouraged and facilitated. Regular postgraduate medical meetings are held in the Education Centre, and in the Department of Thoracic Medicine.
Research
The Registrar will be encouraged to develop an active audit and research interest and will be expected to undertake at least one project during his/her attachment. Facilities for research are provided in the department. Technical assistance for clinical projects involving the Respiratory Lung Function Laboratory is available.

Clinical Duties of the Post
The Registrar is responsible for the day to day care of in patients under the care of the Respiratory Consultants and for the supervision of the junior doctors on the team. Trainees are required to attend ward rounds and liaise with General Practitioners on discharge of patients to the community. They are also required to participate in 2-3 outpatient clinics per week (respiratory and general internal medicine) and to attend bronchoscopy sessions. They are also expected to be involved in the work of the pulmonary function laboratory, which is staffed by three technicians. The Department of Thoracic Medicine runs an open access asthma admission service, a Respiratory advisory bleep, and a TB Contact Tracing Clinic, with which the Registrar will be associated.

Teaching
Teaching medical students and junior doctors is an integral part of the job. There are fifth year medical students on each general medical firm. Lectures to nursing staff are also given and are arranged by the School of Nursing. MRCP teaching is expected where appropriate. The formal MRCP exam is held each year in June in Bournemouth. The post offers experience in a wide range of general medical problems, as well as acute and chronic chest disorders. Supervision and teaching of junior staff, including the demonstration of practical procedures; occasional teaching of nursing staff and participation in teaching programmes in the Postgraduate Medical Centre, is expected.

Poole Hospital NHS Foundation Trust

The Department of Medicine
The Department of Medicine has a total of 122 acute medical beds. There are 14 general physicians (3 in each of the specialties: respiratory medicine and cardiology, 4 in diabetes and endocrinology, and gastroenterology/hepatology) and 10 specialist physicians (3 neurologists, 3 dermatologists and 4 rheumatologists). There are also
7 elderly care physicians, all of whom come under the umbrella of the Medical Directorate.

The Department holds well-attended multidisciplinary clinical meetings every week and runs regular educational session for junior staff including designated teaching programmes for F1 and F2/CMT doctors, a weekly Journal Club and medical student teaching.

There is a Departmental clinical governance programme and planned monthly meetings and we have a postgraduate library that is well stocked with computer facilities, internet access and readily available inter-library loans and photocopies.

The Department of Respiratory Medicine

Poole Hospital has a very strong, developing Respiratory Department with 3 full time Consultant posts: Dr Simon Crowther, Dr Mark Allenby and a third post, currently vacant. We have 2 StRs, 3 SHO/CMT doctors and 3 FY1 doctors. There are 2 respiratory nurse specialists in asthma and cystic fibrosis, 2 in lung cancer and 1 in tuberculosis. Within the department there is also an outreach respiratory service, known as PORT, but soon to be Poole DAIRS (Dorset Adult Integrated Respiratory Service), who provide a hospital-at-home service, with early discharge of patients from the hospital back to the home environment and integrated working with the community teams. This is run by 1 sister, 6 senior nurses, 2 junior nurses and a dedicated PORT physiotherapist. They also provide the Oxygen assessment and provision service as well as the nebuliser service. PORT undertake a COPD clinic on Tuesday afternoon. The StRs take an active role in running and coordinating this service.

The department is based on ward A4 and has strong links with the Dorset Cancer Centre which is also based at Poole. All patients with lung cancer in Dorset receiving radiotherapy are assessed and treated at Poole where they see just over 150 patients with lung cancer a year.

The Respiratory StRs attend the Multi Disciplinary Lung Cancer Meeting held every Tuesday at 1pm, which is attended by a full multi disciplinary team, including radiologists, oncologists, pathologists, palliative care nurses, the respiratory physicians, and a Consultant Cardiothoracic Surgeon from Southampton General Hospital who attends on alternate weeks.
The hospital has a state of the art endoscopy suite with medical thoracoscopy and interventional bronchoscopy services including transbronchial needle aspiration, diathermy and cryotherapy and the StR will be exposed to regular experience in these. There is one fixed session a week on a Monday afternoon and a second alternating Thursday afternoon session. Thoracoscopy is performed on a Monday morning. Urgent bronchoscopies, however, are performed at other times at short notice, thanks to the efficient and accommodating endoscopy staff.

Poole Hospital has been accredited as a specialist centre for lung cancer achieving the standards required by the Department of Health.

**Cystic Fibrosis**

Dr Mark Allenby is the Consultant responsible for the care of the adult cystic fibrosis patients in Poole Hospital and is covered by Dr Sugamya Mallawathanthri during periods of leave. We currently have a cohort of 30 CF patients, one of the largest populations of adult cystic fibrosis patients in a district general hospital on the south coast. Inpatient care is centralised to a specialist respiratory ward, A4, and there is a weekly MDT meeting and clinic run together with the adult CF physiotherapist, dietitian and specialist nurses. Inpatient workload amounts to over 200 days a year and valuable experience in the management of adult cystic fibrosis patients will be provided for the StR as well as additional experience in the management of long lines, vascuports and PEG feeding tubes. Joint clinics are held with the Paediatrician for the transition of paediatric patients through to the adult service and there are close links with the tertiary centre at Southampton General Hospital. An annual review of our cystic fibrosis patients is performed by a visiting team from Southampton General Hospital. The StR will be expected to take an active part in this service.

**Non-Invasive Ventilation**

Ward A4 has a dedicated two bedded area for patients requiring non-invasive ventilation. The respiratory StRs will have exposure to this and the management of patients with both acute and chronic respiratory failure. The StR will be expected to perform a daily ward round of such patients.
General Respiratory Medicine

In addition to the specialist clinics in lung cancer and cystic fibrosis the StR will gain general respiratory experience in our Outpatient Clinics and in particular patients with asthma, COPD, sarcoidosis and interstitial lung disease as well as vasculitis and Wegener’s granulomatosis. There will be three outpatient clinics a week seeing new patients and follow up patients, with one of these clinics having a strong bias towards the diagnosis and management of patients with lung cancer.

We have a state of the art respiratory function laboratory having purchased brand new equipment that has replaced our older machines in 2003. The laboratory is in regular use providing routine respiratory function testing, including flow volume loops, arterial blood gases, lung volumes and transfer factor measurements. We also provide full respiratory muscle function testing, histamine challenges, skin prick testing and an overnight oximetry service. The laboratory is staffed by 2 full time respiratory technicians and a student. We also link in with the cardiopulmonary exercising testing (CPEX) service.

General Medicine

The StR will be responsible for the care of general medical patients under the Consultants’ care. The hospital runs an unselected general medical admission policy in parallel with the Department of Medicine for the Elderly, with 122 acute medical beds, including a dedicated medical assessment/admission area of 32 beds. The hospital is also the major accident centre for Dorset.

Education

The StR will take part in the Wessex StR training programme in both respiratory medicine and general internal medicine. This is an active programme, which has been well received and currently consists of ten full day sessions. The StR will be expected to take an active part in teaching the junior doctors. There is an active clinical audit and clinical governance committee and the StR will be expected to undertake at least one audit during his/her time at Poole. There is a long term ongoing audit of lung cancer management and the StR will be encouraged to take an active role in this.
There will be opportunities for research and personal development and the job description contains a full day to allow the individual StR to address his or her own training needs.

A Grand Round is held every Thursday lunchtime at Poole for the Department of Medicine and the Department of Medicine for the Elderly and a weekly journal club is held on a Tuesday lunchtime, again for both of these departments.

**SpR 1 Timetable**

<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
</tr>
</tbody>
</table>
| 09.00 Consultant Ward Round / Medical Thoracoscopy | 12.30 Respiratory Function Test Reporting  
14.00 Bronchoscopy |
| Tuesday             |                                              |
| 09.00 Consultant Ward Round / SpR Ward Round        | 12.15 Journal Club  
13.00 Multi Disciplinary Lung Cancer Meeting and X-ray Meeting  
14.30 Audit/Research |
| Wednesday           |                                              |
| 09.00 Out Patient Clinic         | Personal Development / Research |
| Thursday             |                                              |
| 09.00 Out Patient Clinic | 1300 Grand Round  
1400 Ward Round |
| Friday               |                                              |
| 09.00 Consultant Ward Round       | 1400 Outpatients Clinic |

**SpR 2 Timetable**

<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
</tr>
</tbody>
</table>
| 09.30 SpR Ward Round / Thoracoscopy | 12.30 Respiratory Function Test Reporting  
14.00 Bronchoscopy |
<p>| Tuesday             |                                              |
| 09.00 Consultant Ward | 12.15 Journal Club |</p>
<table>
<thead>
<tr>
<th></th>
<th>Round / SpR Ward Round</th>
<th>13.00 Multi Disciplinary Lung Cancer Meeting and X-ray Meeting 14.30 Out Patient Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wednesday</strong></td>
<td>Personal Development</td>
<td>1300 Cystic Fibrosis MDT 1400 Cystic Fibrosis Clinic</td>
</tr>
<tr>
<td><strong>Thursday</strong></td>
<td>09.00 Out Patient Clinic</td>
<td>1300 Grand Round 1400 Ward work and review of respiratory referrals</td>
</tr>
<tr>
<td><strong>Friday</strong></td>
<td>09.00 Consultant Ward Round</td>
<td>14.00 Out Patient Clinic</td>
</tr>
</tbody>
</table>

**Dorset County Hospital NHS Foundation Trust**

**The Trust**
Dorset County Hospital NHS Foundation Trust is a modern District General Hospital serving a catchment population of 220,000. The full newly built hospital was opened in 2000. All main acute DGH specialties are on site including main accident & emergency, ITU, CCU, general medicine, paediatrics, general surgery and the Dorset sub-regional Renal Unit. There is a full cardiac service with onsite catheter lab offering the full range of cardiac interventions. There is a sub-regional renal unit, providing services to all of Dorset and East Somerset. There is a dedicated renal ward plus a haemodialysis unit. There is a dedicated stroke unit and a stroke thrombolysis service. The critical care unit comprises a 4 bedded HDU, 6 bedded CCU and 6 bedded ITU, all located together.

**Medical Services Directorate**

Medical: 106 beds on one floor incorporating CCU, HDU, Haematology and adjacent to ITU.

Elderly Care: 72 acute beds on one floor incorporating a stroke unit and orthopaedic rehabilitation
Renal Unit: 14 bedded acute renal ward with haemodialysis. Twelve station chronic haemodialysis unit incorporating CAPD.

Medical Day Unit

Emergency Admissions Unit

**Department of Medicine:**

There are 4 cardiologists, 5 renal physicians, 8 physicians with a specialty interest – 2 respiratory, 3 gastroenterology and 3 diabetes and endocrinology. There are 2 dermatologists, 2 visiting neurologists, 1 rheumatologist, 3 visiting oncologists and 2 haematologists. There are 5 elderly care physicians.

**Respiratory Medicine Department:**

There is a dedicated respiratory medicine department containing offices, 2 lung function laboratories and a sleep laboratory. The department has 2 full time consultants, 1 locum part time consultant, 2 StRs, 2 lung function physiologists (one is a senior chief), one student physiologist, one part time AMO, 3 nurse specialists, 1 clinic co-ordinator and 2 secretaries. The department undertakes the full range of lung function testing – spirometry, flow volume loops, gas transfer, methacholine challenge, shunt testing, respiratory muscle testing, body plethysmography, domiciliary and in patient sleep studies, oxygen assessments, fitness to fly assessments and shuttle walk tests. There is a dedicated endoscopy unit. There are 1.5 bronchoscopy sessions per week, approximately 250 bronchoscopies per year. This includes diathermy and laser capability. The department runs a local anaesthetic thoracoscopy service. There is a dedicated ultrasound machine for pleural ultrasound.

There is a helical CT scanner and a new, recently upgraded, MRI scanner. There are nuclear medicine facilities. There is a weekly lung cancer MDT and a weekly chest radiology meeting. A thoracic surgeon visits alternate weeks.
The department runs a community service for Weymouth and Portland, providing a domiciliary outreach service for COPD, pulmonary rehabilitation and an oxygen assessment service.

**Sample Timetable**

<table>
<thead>
<tr>
<th>Day</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Consultant ward round</td>
<td>Bronchoscopy / ward work / sleep clinic</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Radiology Meeting&lt;br&gt;Lung Cancer MDT&lt;br&gt;Ward work / on take</td>
<td>Ward work / on take</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Post-take ward round / trainee lead ward round</td>
<td>Postgraduate teaching</td>
</tr>
<tr>
<td>Thursday</td>
<td>Consultant ward round / Bronchoscopy</td>
<td>Journal Club&lt;br&gt;OP clinic DCH</td>
</tr>
<tr>
<td>Friday</td>
<td>Private study / research&lt;br&gt;or&lt;br&gt;Outpatient clinic DCH</td>
<td>Ward work</td>
</tr>
</tbody>
</table>

The post provides very good general internal medicine and general respiratory medicine experience. In particular, since there are only two respiratory medicine trainees, there are excellent opportunities to learn bronchoscopy as well as pleural ultrasound and thoracoscopy. The lung function set up is particularly good for training, including the interpretation of sleep studies, and all trainees spend some time with the pulmonary physiologists.
The StR will be responsible for the supervision and training of the junior staff as well as teaching as part of the medical directorate education program. They will be expected to undertake a management course and to undertake at least one respiratory medicine audit. Development of research ideas is encouraged.

Trainees will be encouraged to attend at least one relevant international or national meeting each year and encouragement will be given to the Trainee to submit and to present research at these meetings. The trainee will attend at least one course each year of special interest as deemed appropriate by trainee and trainer.

Each of the two respiratory medicine trainees has a dedicated educational supervisor. There is regular appraisal.

**University Hospital Southampton NHS Foundation Trust**

Staffing of the Respiratory Department
13 Consultants

7 Specialist Registrars

**Duties of the Post**

We have designed seven placements and timetables to enable individual SpRs to gain experience in a variety of subspecialty respiratory disciplines, as well as improving training in both general respiratory and medical conditions. We currently have three respiratory firms to manage the inpatient workload, as well as to provide a daily ‘in reach’ service to our acute medical unit. We have a six bedded Respiratory High Dependency Unit adjacent to our ward, which we run seven days a week with respiratory consultant cover at night. We also offer a daily outreach service to review and advise on management of in-patients with respiratory problems, under other medical and surgical teams. Each consultant holds specialist respiratory clinics each week, the majority of which have pairs of consultants working together to support subspecialist services, as well as a multidisciplinary x-ray meeting. A weekly combined pathology and x-ray meeting is held on a Thursday evening, and we now have a monthly Interstitial lung disease MDT meeting. SpRs are encouraged to participate in the weekly bronchoscopy list and opportunities exist for training in lung function testing. We can offer subspecialist training in the following areas:- cystic fibrosis, sleep medicine, non-invasive ventilation (acute and domiciliary), tuberculosis, allergy, difficult airways, COPD, interstitial lung diseases, HDU and the immunocompromised patient.
Three firms currently exist to provide leads on in-patient care.

**RHDU SpR**

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AM</strong></td>
<td>HDU WR</td>
<td>HDU WR</td>
<td>HDU WR</td>
<td>HDU WR</td>
<td>HDU WR</td>
</tr>
<tr>
<td><strong>PM</strong></td>
<td></td>
<td></td>
<td>Alt weeks</td>
<td>ILD</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>HDU OPD</td>
<td>(KOR/BGM/RML)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(KOR/APL)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Ward Team 1 SpR**

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AM</strong></td>
<td>Cons WR</td>
<td></td>
<td>RSH TB / General (BGM/AKB)</td>
<td>Personal WR</td>
<td>Cons WR</td>
</tr>
<tr>
<td><strong>PM</strong></td>
<td>Bronchs 1/4</td>
<td>Personal WR Resp/Rheum 1st Tues each month</td>
<td>Wards / Cons WR</td>
<td>ILD (KOR/BGM/RML)</td>
<td>Bronchs 1/4</td>
</tr>
</tbody>
</table>

**Ward Team 2 SpR**

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AM</strong></td>
<td>Cons WR</td>
<td>Personal WR</td>
<td>Cons WR</td>
<td>Personal WR</td>
<td>Cons WR</td>
</tr>
<tr>
<td><strong>PM</strong></td>
<td>Bronchs 1/4 1/2 Combined</td>
<td>General Bronchiectasis</td>
<td>Week 1 NIV(WEJ/APL)</td>
<td></td>
<td>Bronchs 1/4</td>
</tr>
</tbody>
</table>
### Ward Team 3 SpR

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Cons WR</td>
<td>SGH lung cancer (WEJ/AKB/APL)</td>
<td>Cons WR</td>
<td>Personal WR</td>
<td>Cons WR</td>
</tr>
<tr>
<td>PM</td>
<td>Bronchs 1/4</td>
<td>Personal WR</td>
<td></td>
<td>ILD (KOR/BGM/RML)</td>
<td>Allergy (RJK)</td>
</tr>
<tr>
<td></td>
<td>1/2 Combined lung clinic (lung cancer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Cystic Fibrosis SpR

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>CF Ward</td>
<td></td>
<td></td>
<td></td>
<td>CF Ward</td>
</tr>
<tr>
<td>PM</td>
<td>SGH CF OPD</td>
<td>SGH CF OPD</td>
<td></td>
<td></td>
<td>SGH CF discussion</td>
</tr>
</tbody>
</table>

**SpR 6**

4 months ITU

**SpR 7**
<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Respiratory Outreach</td>
<td>Lung cancer</td>
<td>Outreach</td>
<td>Outreach</td>
</tr>
<tr>
<td>PM</td>
<td>Difficult airways clinic</td>
<td>Outreach</td>
<td>Respiratory Outreach</td>
<td>Bronchs 1 in 4 Sleep reporting</td>
</tr>
</tbody>
</table>

**Research**

Southampton University is recognised as an international centre of excellence for respiratory research, with the major thrust being in the area of airways diseases. The portfolio of research includes genetics of asthma cells and mediators that promote inflammation and tissue remodelling, viral infection and innate immunity. The group is also elucidating the mechanisms that result in the susceptibility of patients with COPD to viral and bacterial infections, focusing on the epithelium. The newly developed Southampton Respiratory Institute has broadened these interests and has attracted substantial funding from the National Institute of Health Research to build and run a Biomedical Research Unit. There are plenty of opportunities therefore to start and develop research in respiratory medicine.

**Education**

The SpR will take part in the Wessex SpR training programme in both respiratory medicine and general medicine. This is an active programme, which has been well received and currently consists of ten full day sessions run at within the region, under the supervision of the Respiratory Training Committee in Wessex. The SpR will be expected to take an active part in teaching junior doctors, medical students and allied health professionals at Southampton in both general and respiratory medicine. Southampton is home to a large medical school with an intake of over 250 medical students. There is an active clinical audit and clinical governance committee at Southampton and the SpR will be expected to undertake at least one audit during his/her time at Southampton.
A weekly in house educational meeting is held for Junior Doctors specifically on a Monday lunch time, and for all respiratory staff of a Thursday morning.

**Visiting**

Candidates are encouraged to visit and should contact Dr Katherine O Reilly (lead consultant for Respiratory Medicine) telephone number 02380 79 6228 or Dr Jane Wilkinson (SUHT representative on Specialist Training Committee) 02380 796866 to arrange a visit for more information.

**Salisbury NHS Foundation Trust**

**The Trust**

Salisbury District Hospital is a 550 bedded District General Hospital situated 2 miles to the south of the cathedral city of Salisbury. The population served is approximately 250,000. In addition to the usual services at an acute Trust, it also provides the regional Maxillofacial & Burns & Plastic Surgery Units & the supra-regional Spinal Injuries service.

**The Department of Medicine**

There are 130 acute medical beds including Coronary Care. There are three acute medical consultants covering on the admissions ward from 9am to 7pm. The out of hours acute medical service is provided on a 1:6 basis across six teams. The Consultant teams are Respiratory, Gastroenterology, Endocrinology, Acute Medicine and two teams of Elderly Care. There is additional out of hours support from Cardiology, Haematology & the Gastroenterology services. Outpatient & inpatient expertise is also provided by the departments of Dermatology, Rheumatology, Haematology and Medical Oncology. There are frequent clinics for Neurology (UHS) & Renal Medicine (Portsmouth). The Trust liaises closely with the regional Cardiac, Neurosciences & Thoracic Surgery Centers in Southampton and the Renal Unit at Portsmouth.

**The Respiratory Department**

There are three whole time Consultants in Respiratory and General Medicine working with three Specialist Registrars; two Respiratory & one Acute Medicine, a CMT and two Foundation 1 Doctors. Additional juniors support one of the outlying wards. The team have a regular commitment to the acute medical take (1:6).
There are 5.5 Respiratory Nurse Specialists & a Respiratory Technical Assistant. Their responsibilities include outpatient services & providing specialist support for inpatients & ward staff.

There is a Clinical Respiratory Specialist Physiotherapist who provides an outpatient service including domiciliary NIV. The department is well supported by six clerical staff.

A Pulmonary Physiologist provides full lung function tests & contributes to the Dorset & Wiltshire Sleep Services. There are weekly bronchoscopy lists.

Outpatient services include Sleep Apnoea assessment & treatment for Dorset & Wiltshire, Oxygen assessment & prescription for patients in the catchment, inpatient & domiciliary Non-invasive Ventilation, Lung Exercise & Education Programme & TB Screening amongst others.

The Lung Cancer team hold weekly multidisciplinary meetings with the Thoracic Surgeons attending fortnightly. The team have the support of an on site Hospice & a Lung Cancer Nurse Specialist who works closely with patients & their families & also holds weekly follow up clinics.

There are two separate radiology meetings per week, General & Respiratory Radiology meeting. The latter follows on from the Lung MDT.

The Respiratory Department also holds monthly educational sessions, co-ordinated by the registrars, which complement the weekly educational programme held by the Department of Medicine & bi-monthly Clinical Governance sessions.

**The Intensive Care Unit**
There is a 12 bedded general ICU which has just been re-furbished, it supports the tertiary Burns, Plastics, Maxillo-facial and Spinal Injury departments. It is staffed by 7 dedicated Consultant Anaesthetists with an interest in ICU & rotating SpRs in Anaesthetics and 1 Medical CMT. The Respiratory Specialist Registrars have the opportunity to have a 3-4 month ICU attachment according to their training needs. They are fully integrated into the Intensive Care department & are actively involved in the daily ward rounds, patient management & the teaching programme. The on call commitment remains acute medical rather than Anaesthetics.

**The Respiratory Post**
There are two NTN posts in Respiratory and General Medicine. The on call commitment is 1:12 as a partial shift with cross cover.
Three to four months of the year is spent attached to the Intensive Care Unit (ICU), according to training needs, enabling the post holders to fulfil the requirements for ICU training in the Respiratory Medicine curriculum.

The rest of the year is spent working with the Respiratory Team on the wards and in outpatients. The work includes three out-patient clinics each week. Outpatients is predominantly general respiratory but will include some General Medicine.

There is the opportunity to learn bronchoscopy and lung function reporting. A dedicated ultrasound is available for inpatient & outpatient pleural procedures.

The registrars also have the opportunity to participate in the Sleep Clinic Service provided for Dorset & Wiltshire. Pulmonary rehabilitation classes are also held on site & may be attended.

**Education & Teaching**

All registrars are expected to make regular presentations at weekly clinical and radiological meetings, and give clinical & practical tutorials for the CMTs, Foundation Doctors, medical students, student nurses & ward-based staff. Formal feedback on teaching activities is encouraged.

One registrar should take a lead on organising the respiratory department breakfast teaching sessions & the other on co-ordinating the respiratory team leave. All registrars are expected to co-ordinate the Trust based chest drain insertion training. There is an active audit programme both within the respiratory department & across the Trust. All registrars must engage actively in audit & are advised to discuss this promptly after starting with their educational supervisor. Original audit, not just national, is actively supported.

Study leave is available to attend educational courses & all must attend at least the minimum requisite number of days. Attendance at regional general medical & respiratory training days & BTS events are included in the study leave allowance. The work of the hospital is largely clinical however participation in research projects is encouraged.

**Specialist Registrar Timetable (example) – 2 Respiratory Registrars, 1 Acute Medicine**

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
</table>

We are the Local Education and Training Board for Wessex
Hampshire Hospitals NHS Foundation Trust - Basingstoke

Respiratory Medicine Training Post in Basingstoke

Basingstoke has Two NTN holders from the Wessex rotation who works in a team with, 2 CT1/2, and 2 F1 trainees. There are two consultant respiratory physicians. The hospital covers a catchment area of 280 000 population. The Respiratory team has a significant input to acute medicine. All respiratory cases are triaged to the team. The SpR on call medical rota is 1 in 10 with internal cover.

The Department of Respiratory Medicine

The department has 2 respiratory nurses and a lung-function technician. The department offers general training in respiratory medicine including lung cancer MDT working, ILD MDT and a diagnostic sleep service. There is good liaison with the community respiratory team who provide pulmonary rehabilitation and oxygen assessment. A liaison respiratory nurse for COPD discharges is in the process of being appointed and the department will offer integrated respiratory services.
Thoracic Surgery is provided by a visiting surgeon from Oxford Radcliffe hospital who attends the Lung cancer MDT and a clinic. The registrar is encouraged to attend a thoracic surgical list at Oxford.

**In-Patient Respiratory and G(I)M**

Acute inpatients are managed by the respiratory team within the respiratory ward and in the medical bed stock. Inpatient NIV is offered on the respiratory ward and within critical care. All critical care cases are managed jointly between the respiratory team and critical care. The team also provides inpatient care for lung cancer patients in conjunction with the dedicated lung medical and clinical oncologists.

**Outpatient experience**

Out-patient work has been organised into general clinics, which include specialist respiratory referrals and follow-up cases, together with general medicine follow-up of previous in-patients. All clinics are consultant-supervised. There are two dedicated lung cancer clinics per week. There is a monthly sleep clinic and outreach clinics at Alton hospital. The registrars can also attend HIV clinics at Basingstoke by arrangement.

**Special Investigations**

There is one bronchoscopy list per week. Training is aided by video - bronchoscopy and supervised by consultants at all times. Training in trans-bronchial biopsy and TBNA is included.

The Respiratory Unit provides physiological testing includes Formal Pulmonary Function Testing, mouth pressures and histamine challenge testing. There is an on-site cardiac catheter lab with access to right heart catheter. Full echo is available. Imaging services with CT and MRI are available.

The department has its own pleural ultrasound service and a dedicated pleural procedures clinic. Previous registrars have run an in-house chest drain insertion course.
Education

Each Registrar is supervised by a specific consultant, with regular formal appraisals. There is an extensive in house training programme. Time is made available for the registrars to attend the Wessex training programmes in both respiratory and general medicine.

Audit

Each registrar is expected to contribute to the ongoing audit programme of the department. Encouragement is given to the registrars to present at national meetings.

Main Conditions of Service

The posts are whole-time and the appointments are subject to:

1. The Terms and Conditions of Service (TCS) for Hospital Medical and Dental Staff (England and Wales)
2. Satisfactory registration with the General Medical Council
3. Medical Fitness – You may be required to undergo a medical examination and chest x-ray. Potential applicants should be aware of the Department of Health and GMC/GDC requirements with regards to HIV/AIDS and Hepatitis viruses. Candidates must be immune to Hepatitis B. You will be required to provide, in advance of appointment, evidence of immunity or have a local blood test (as deemed necessary by the Occupational Health Department)
4. Right to work in the UK
5. Criminal Records Check/POCA check carried out by the Trust Medical HR department.
6. Pre-employment checks carried out by the Trust Medical HR department.
Hours

The working hours for junior doctors in training are now 48-hours averaged over 26 weeks (six months). Doctors in training also have an individual right to opt-out if they choose to do so, but they cannot opt-out of rest break or leave requirements. However, the contracts for doctors in training make clear that overall hours must not exceed 56 hours in a week (New Deal Contract requirements) across all their employments and any locum work they do.

http://www.nhsemployers.org/PlanningYourWorkforce/MedicalWorkforce/EWTDD/Pages/EWTD.aspx

Pay

You should be paid monthly at the rates set out in the national terms and conditions of service for hospital medical and dental staff and doctors in public health medicine and the community health service (England and Wales), “the TCS”, as amended from time to time. The payscales are reviewed annually. Current rates of pay may be viewed at

http://www.nhsemployers.org/PayAndContracts/Pay%20circulars/Pages/PayCircularsMedicalandDental.aspx

Part-time posts will be paid pro-rata.

Pay supplement

Depending upon the working pattern and hours of duty you are contracted to undertake by the employer you should be paid a monthly additional pay supplement at the rates set out in paragraph 22 of the TCS. The current payscales may be viewed at: http://www.nhsemployers.org/. The pay supplement is not reckonable for
NHS pension purposes. The pay supplement will be determined by the employer and should be made clear in their offer of employment and subject to monitoring.

**Pension**

You will be entitled to join or continue as a member of the NHS Pension Scheme, subject to its terms and rules, which may be amended from time to time.

**Annual leave**

Your entitlement to annual leave will be five or six weeks per annum depending upon your previous service/incremental point, as set out in paragraphs 205 – 206 of the TCS.

The TCS may be viewed at http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/JuniorDoctorsDentistsGPR/head/DoctorsInTraining-JuniorDoctorsTermsAndConditions150908.aspx

**Sick pay**

Entitlements are outlined in paragraphs 225-240 of the TCS.

**Notice**

You will be required to give your employer and entitled to receive from them notice in accordance with paragraphs 195 – 196 of the TCS.

**Study leave**

The employer is expected to offer study leave in accordance with paragraphs 250 – 254 of the TCS. Local policy and procedure will be explained at your induction.
Travel expenses

The employer is expected to offer travel expenses in accordance with paragraphs 277 – 308 of the TCS for journeys incurred in performing your duties. Local policy and procedure will be explained at induction.

Subsistence expenses

The employer is expected to offer subsistence expenses in accordance with paragraph 311 of the TCS. Local policy and procedure will be explained at induction.

Relocation expenses

The employer will have a local policy for relocation expenses based on paragraphs 314 – 315 of the TCS and national guidance at http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/JuniorDoctorsDentistsGPReg/Pages/DoctorsInTraining-JuniorDoctorsTermsAndConditions150908.aspx

You are advised to check eligibility and confirm any entitlement with the employer before incurring any expenditure. In addition to local policy there is Deanery guidance which can be viewed on www.wessexdeanery.nhs.uk

Pre-employment checks

All NHS employers are required to undertake pre-employment checks. The employer will confirm their local arrangements expected to be in line with national guidance at http://www.nhsemployers.org/RecruitmentAndRetention/Employment-checks/Pages/Employment-checks.aspx
Professional registration

It will be a requirement of employment that you have professional registration with the GMC for the duration of your employment.

Health and safety

All employers have a duty to protect their workers from harm. You will be advised by the employer of local policies and procedures intended to protect your health and safety and to comply with these.

Disciplinary and grievance procedures

The employer will have local policies and procedures for dealing with any disciplinary concerns or grievances you may have. They will advise you how to access these, not later than eight weeks after commencement of employment.

Educational supervisor

The employer will confirm your supervisor on commencement.

General information

Health Education Wessex’s management of Specialty Training programmes, including issues such as taking time out of programme and dealing with concerns or complaints, is available at www.wessexdeanery.nhs.uk and in the national ‘Gold guide’ to Specialty Training at http://www.mmc.nhs.uk/specialty_training_2010/gold_guide.aspx