The primary purpose of sub-specialty training in stroke medicine is to promote the development of physicians with the knowledge, skills and attitudes to function as an expert consultant within specialist stroke services. Stroke Medicine sub-specialty accreditation is an additional qualification and involves 1 year of basic training in the parent specialty and a minimum ONE year period of additional training in an approved post for the ‘Advanced Year’ of the Stroke Medicine curriculum.

This ‘Advanced Year’ is usually undertaken in the penultimate or final year of the trainee's parent specialty training and whilst still retaining an NTN in their parent specialty. This will enable the trainee to complete sub-specialty certification in Stroke Medicine. Trainees may come from specialty training posts in Geriatric Medicine, Neurology, Cardiology, Rehabilitation Medicine, Clinical Pharmacology and Therapeutics, General Medicine and Acute Medicine.

It is recommended that trainees who are interested in Stroke Medicine accreditation should discuss this with a Stroke Medicine training programme director as soon as possible. The training programme director for the trainee's parent specialty will also be able to offer advice. This will ensure that the Stroke Medicine competencies acquired in the parent specialty during the ‘basic year’ of Stroke Medicine training will be reviewed at an appropriate parent specialty ARCP. Details of essential competences and qualifications are detailed in the person specification for Stroke Medicine which is available from [www.wessexdeanery.nhs.uk](http://www.wessexdeanery.nhs.uk).

On completion of subspecialty training in stroke medicine and subject to satisfactory progression the trainee will be accredited in stroke medicine as well as their parent specialty.

The programme is based in hospitals in Health Education England – Wessex including:

<table>
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<tr>
<th>HOSPITAL</th>
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<tr>
<td>Southampton University Hospital NHS Trust</td>
<td>Southampton</td>
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<tr>
<td>Poole Hospital NHS Foundation Trust</td>
<td>Poole</td>
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<tr>
<td>Queen Alexandra Hospital</td>
<td>Portsmouth</td>
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<td>Salisbury District Hospital</td>
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<td>Royal Bournemouth Hospital</td>
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<td>Hampshire Hospitals Foundation Trust</td>
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Health Education England – 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 England – Wessex is guided by the principles embedded within the NHS constitution.

**Rotation Information**

Expected rotation arrangements for the Advanced Stroke Training year are:

- 1 year in any of the hospitals listed above approved for stroke training
- 1 year split between 2 or maximum 3 of the hospitals listed above approved for stroke training.

It is intended that the rotations would be split geographically e.g. 6 months in Southampton followed by 6 months in Portsmouth, 6 months in Bournemouth followed by 6 months in Poole. However rotations could be modified according to individual trainee need.

**Study and Training**

The primary aim of all posts is the training programme developed and there is a region wide syllabus and minimum standards of education agreed by all Trusts within the rotation.
Health Education England – Wessex is committed to developing postgraduate training programmes as laid down by GMC, 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 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 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

Comply with all local policies including dress code, annual and study leave

Trust/Rotation Information

**Department of Stroke Medicine, Southampton University Hospitals NHS Trust**

The Department of Stroke Medicine at Southampton is integrated within the Division of Neurosciences and is the regional tertiary referral centre serving 2.8 million people in central southern England.
There are 5 Stroke consultants (4 Stroke Physicians and 1 Neurologist), 6 Stroke Specialist Nurses, 1 Community Stroke Nurse, 1 TIA Specialist Nurse and 1 Stroke research nurse.

There are 8 Hyper Acute Stroke beds based on the Hyper Acute Stroke Unit (HASU) in the Wessex Neurological centre and 28 post acute/rehabilitation beds on ward F8. We also have the Solent Community Stroke Rehabilitation team who will rehabilitate patients at home and support earlier discharge for our patients. New Forest patients may be transferred to Lymington Hospital for rehabilitation or discharged home with the Southern Health Community Stroke Rehabilitation Team.

There is a 24 hour thrombolysis service 7 days a week with paramedics screening patients pre-hospital. Approximately 14% of stroke patients are thrombolysed.

‘FAST’ positive pathway so that all potential strokes are pre-alerted to the Stroke team by paramedics using a mobimed system or Stroke mobile phone.

Rapid Access to CT pathway

The Southampton Stroke team also works closely with the Interventional Neuroradiologists, Neurosurgeons and Neurointensivists to offer the potential for Intra Arterial Clot retrieval, hemicraniectomy’s or Neurointensive care monitoring.

There is a 7 day a week TIA service for high risk TIA’s offering same day imaging (CT, Carotid Dopplers), Bloods, ECG, early assessment and treatment.

Rapid access Vascular referral system for patients requiring Carotid endarterectomy

Monthly meetings with Cardiologists to review cases and suitability of patients for PFO closure from Southampton and regional referrals

Stroke follow up Clinics (Consultant and Nurse led)

TIA follow up clinics run by TIA Specialist Nurse

7 day Consultant led HASU ward rounds and 5 x weekly Post acute/rehabilitation Ward rounds

Weekly Neuroradiology meetings

Weekly Stroke teaching

Monthly Stroke Morbidity and Mortality meetings with Quarterly Best Practice Forum

Quarterly Stroke Thrombolysis M&M

Active teaching commitments for 3rd and final year medical students, ED clinicians, eye department and stroke specialist nurses

Active Stroke research including recruitment to a number of National and international Trials including TICH2, RESTART, FOCUS, ENCHANTED.
Poole Hospital NHS Trust

- Poole Hospital NHS Trust has an Acute Stroke Unit admitting 500 strokes/year and a Stroke Rehabilitation Unit.
- There are currently 2 Consultant Stroke Physicians, 2 Stroke Nurse Practitioners and 1 Stroke Research nurse.
- There is a 24 hour thrombolysis service 7 days a week with paramedics screening patients pre-hospital. Approximately 10% of stroke patients are thrombolysed.
- There is a Rapid Access to CT protocol
- Use of telemedicine for thrombolysis out of hours
- There is an Acute Stroke Unit ward round 5 days/week which is consultant led
- There is a Stroke Assessment Bed on the ASU operational 7 days a week 8.30-8.30
- There is a Stroke Rehabilitation Ward Round which is consultant led 2 days/week
- There is a psychologist within the Hospital Stroke Team
- There is an Early supported Discharge Rehabilitation team
- There is a rapid access neurovascular clinic 7 days/week one-stop with same day CT/carotids/echo/24 hr tape/bloods/ECG/start treatment
- There is a Stroke Follow Up Clinic
- There is a spasticity service
- There are weekly neuroradiology meetings (joint with neurosurgeons at Southampton)
- There is access to transcranial Doppler ultrasound.
- There is an active research programme including a number of multi-centre international trials including FOCUS, RESTART and TARDIS.

Royal Bournemouth NHS Trust

- Paramedics pre-hospital screening for thrombolysis (24/7)
- Direct door-to-CT protocol (during office hours)
- Rapid stroke assessment <1 hour for all admissions (during office hours)
- 24/7 stroke thrombolysis with approximately 16.4% of patients thrombolysed
- Use of telemedicine for thrombolysis out of hours
- Weekly thrombolysis MDTs
- ASU – 5 consultant WR / week, direct admission protocol 24/7
- SRU – 3 consultant WR / week
- 7 day a week 0700-midnight stroke outreach service to facilitate rapid initial stroke care and assist in management of stroke referrals and outliers
- Urgent cardiac and vascular surgery referral service for patients with multi-vascular disease
- Rapid access to trans-oesophageal echocardiogram, PCI, pacing and bubble echo service (and referral for PFO closure)
- TIA clinic – 5 per week and weekend TIA clinics in rotation with Poole and Salisbury
- TIA Follow up clinic led by TIA Specialist Nurse
- Stroke Follow up clinic led by Stroke Consultant Nurse. Weekly MDT stroke follow up clinic
- Community Stroke Outreach Service
- OP Stroke Rehab Service at Day Hospital
- Joint stroke/psychiatry led mood pathway
- Spasticity service
- Early Supported Discharge Service
- Active research programme with dedicated research nurses

**Portsmouth Hospital NHS Trust**

- The Stroke Service was established 16 years ago and has grown in size and scope. The acute stroke unit has 29 beds with about 6 at any one time reserved for hyper-acute stroke care. There are daily consultant ward rounds on weekdays by one of the three stroke physicians.
- There is a 24/7 thrombolysis service for acute ischaemic stroke.
- There are twice weekly TIA clinics with plans to incorporate these clinics into daily, including weekends, fast track TIA assessment on the ward. Patients are admitted directly from the Emergency Department to the acute stroke ward.
- There is a 20 bedded stroke rehabilitation ward at Queen Alexandra Hospital. There are stroke rehabilitation beds available at Petersfield Community Hospital and also at Gosport War Memorial Hospital. The plan is that over the next month Gosport War Memorial Hospital facility will be decommissioned and resources re-invested in a comprehensive district wide community stroke rehabilitation team (early supported discharge) covering all areas and all patients. At present there is a comprehensive community stroke rehabilitation team for the Portsmouth and surrounding areas only. There are in-patient rehabilitation facilities for stroke patients under 65 available on the Queen Alexandra Hospital site.
Statistics: Admits approximately 870 acute strokes through F3 ward per year. Community stroke rehabilitation team sees 190 patients per year. Approximately 600 patients seen in the TIA clinics per year.

Services provided to patients: Hyper-acute and acute stroke services. In-patient rehabilitation. Community stroke rehabilitation is also available. There are psychological services available for under 65 year old stroke patients. TIA facilities are available but currently not on a daily basis although there are plans for this to be improved in the near future.

Staffing: There are 3 consultants involved in the stroke care on the acute stroke ward (one is part-time). There are a variable number of trainees and specialist registrars passing through the department both in the acute hospital and community hospitals. There is 2 staff grade doctors involved in the community hospital in-patient stroke rehabilitation and 2 rehabilitation consultants see under 65 in-patient stroke rehabilitation patients. There is one consultant nurse in stroke disease and 1 nurse stroke co-ordinator monitoring the care and flow of patients through the service and monitoring stroke patients on other wards.

Timetable: There are daily ward rounds on weekdays by consultant stroke physicians on the acute stroke ward and by consultant stroke physicians or consultant geriatricians at the weekend. There are weekly consultant ward rounds on the rehabilitation wards. There are community rehabilitation services and at present 2 TIA clinics per week but access to the Rapid Access Service is requested by general practitioners.

Teaching programme: There are weekly neuro-radiology meetings and discussion of thrombolysis patients. There is also an in-house education programme with general radiology meetings and weekly grand rounds and department education meeting. There are other ad-hoc educational events and access for specialist registrars to Westec and other regional GIM training programmes.

Research: The department is currently involved in a number of multi-centre international research projects including ENOS, DNA, LACUNA, SOS and CLOTS3. We also contribute to NSA in Stroke and SITS-ITR.

Hampshire Hospitals NHS Trust

- The Trust provides stroke care on 2 sites, the Royal Hampshire County Hospital (RHCH) and Basingstoke and North Hampshire Hospital (BNHH).
- RHCH has a 24 bed stroke unit, including HASU beds. BNHH has a 24 bed rehabilitation ward.
On the HASU site we have 7 day a week working, including, Consultant delivered daily ward rounds and TIA clinics. There are twice weekly rehabilitation ward rounds, weekly MDT’s and a weekly relatives’ clinic.

- We offer a 24/7 stroke thrombolysis service.
- Across the 2 sites there are 4 Stroke Consultants (Dr. Duffy, Dr. Giallombardo, Dr. Smyth and Dr. Sykes). We have recently employed 2 stroke co-ordinators to improve our service further.
- Dr. Giallombardo runs a spasticity / Botox clinic.
- We are well supported by our radiology colleagues and have developed a FAST head MRI protocol with them. We have access to other imaging and have a weekly neuro-radiology meeting.
- We have a weekly, multi-disciplinary, stroke education meetings including a monthly M&M review. There are other GIM educational opportunities including 'Hot cases' and Grand Rounds.
- We have an established ESD service.
- We have an active research portfolio, currently recruiting to 9 stroke trials.
- We consistently score highly in the region for our SSNAP / National stroke audit data.

**Salisbury General Hospital**

- The stroke unit admits 400 stroke admissions annually. This is a mixed acute and rehabilitation unit with 30 beds.
- There are twice daily Consultant led acute ward rounds five days a week. There are twice weekly acute/ rehabilitation Consultant ward rounds.
- Currently there are two stroke Consultants with funding for a third. This will enable weekend ward rounds.
- The ward has direct admissions from the community and from the Emergency Department. Radiology is close geographically and we have direct access to emergency CT scanning or MRI scanning.
- There is a 24/7 thrombolysis service which is supported out of normal working hours by a thrombolysis telemedicine network (AGWS – Avon, Gloucestershire, Wiltshire and Somerset).
- There is a seven days a week TIA clinic service. At weekends this service is shared with Poole and Royal Bournemouth Hospitals on a 1 in 3 weekend rota.
- Salisbury hosts the regional Functional Electrical Stimulation Service.
- Salisbury is involved with several international and regional research trials and projects.
- There is an early supported discharge service.
Curriculum

- The curriculum covers the fields of acute stroke management (including thrombolysis), stroke rehabilitation and stroke prevention.

The objectives can be defined as follows:

- Undertake a clinical assessment of a suspected stroke or TIA in an adult patient referred as an emergency to hospital or in an out-patient setting
- Arrange and interpret appropriate investigations to support or exclude diagnosis of a suspected stroke or TIA and its cause
- Manage hyperacute treatment for stroke TIA and common stroke mimics
- Manage immediate post-acute care of stroke
- Provide end-of-life care for stroke patients
- Manage secondary prevention strategies following stroke or TIA
- Assess rehabilitation requirement for patient and initiate appropriate input from other members of the MDT
- Contribute to the on-going rehabilitation process by providing appropriate medical management to maintain patient fitness for rehabilitation
- Provide leadership of a multidisciplinary team
- Contribute to effective decision making for discharge planning
- Contribute to post-discharge medical care, rehabilitation and longer term social and vocational integration
- Provide effective communication and information to patients and carers throughout the journey of care.
- Manage a patient with asymptomatic cerebrovascular disease or a family history of stroke
- Undertake a clinical assessment of a patient with suspected vascular dementia and advice on appropriate management
- Contribute to the development of a stroke service and provide leadership to such a service
- Undertake teaching and training of stroke related topics for medical undergraduates, post-graduates and other healthcare professionals
- Collaborate in research studies relating to stroke and other aspects of cerebrovascular disease
- The curriculum is available in full at www.jrcptb.org.uk

Teaching
There will be formal teaching provided locally at the Trust but also at a Network and Regional level.

This will include participation in Grand Rounds, Stroke Governance meetings, Departmental meetings, Regional Stroke Clinical and Research 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 xray. 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/your-workforce/need-to-know/european-working-time-directive.

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 pay scales are reviewed annually. Current rates of pay may be viewed at: http://www.nhsemployers.org/your-workforce/pay-and-reward/pay/agenda-for-change-pay. 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 pay scales 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.


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/your-workforce/pay-and-reward/nhs-terms-and-conditions/junior-doctors-dentists-gp-registrars. 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/your-workforce/recruit/employment-checks.

Pro

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://specialtytraining.hee.nhs.uk/news/the-gold-guide/.