SUB-SPECIALTY TRAINING PROGRAMME IN STROKE MEDICINE IN WESSEX DEANERY

This is a 1-2 year training programme in Stroke Medicine at Specialty Training level aimed at doctors in the relevant specialities of medicine i.e. they must be holders of an NTN. Trainees may come from specialty training posts in Geriatric Medicine, Neurology, Rehabilitation Medicine, Clinical Pharmacology and Therapeutics, General Medicine and Acute Medicine. The programme is designed to support training for a subspeciality CCT in Stroke Medicine. Details of essential competences and qualifications are detailed in the person specification for Stroke Medicine which is available from 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 the Wessex Deanery including:

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<tr>
<th>HOSPITAL</th>
<th>LOCATION</th>
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<tr>
<td>The Royal Bournemouth Hospital</td>
<td>Bournemouth</td>
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<tr>
<td>Poole Hospital</td>
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<tr>
<td>Queen Alexandra Hospital</td>
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<td>Salisbury District Hospital</td>
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Wessex Deanery is a relatively small deanery with a defined geographical area which does lead to there being a single unit of application. In the majority of cases successful candidates will be asked to preference their choice of location for either one or two years. Some specialties will require successful candidates to preference both commencing location and specialty. Future placements will be based, as normal, on individual training and educational needs. Please note that applications are to the Wessex Deanery as a whole. This may mean that you may be allocated to any geographic location within the Wessex Deanery depending on training needs.

The Wessex Deanery covers a geographical area from Basingstoke in North Hampshire to Dorchester in West Dorset and the Isle of Wight to the South; in addition some programmes rotate to Jersey and Chichester in West Sussex. This is a spread of approximately 65 miles North to South and 76 miles East to West. The Wessex Deanery serves a population of around 2.8 million people.

The Wessex Deanery is part of South Central Strategic Health Authority which covers Berkshire, Buckinghamshire, Oxfordshire in the north (under Oxford Deanery) and Hampshire and Isle of Wight. In addition, Wessex Deanery provides training programmes within Dorset and South Wiltshire under a formal agreement with the South West Strategic Health Authority. The Wessex Deanery is responsible for the training of some 2,500 trainees.

Rotation Information

Expected rotation arrangements for this programme are:
Wessex Deanery is part of the South Central Strategic Health Authority and provides postgraduate medical and dental education for Hampshire, Isle of Wight, and the States of Jersey, and for Dorset and South Wiltshire on behalf of the South West Strategic Health Authority.

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.

The Deanery 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.
13. Comply with all local policies including dress code, annual and study leave.

**Trust/Rotation Information**

Wessex Deanery is part of the South Central Strategic Health Authority and provides postgraduate medical and dental education for Hampshire, Isle of Wight, and the States of Jersey, and for Dorset and South Wiltshire on behalf of the South West Strategic Health Authority.
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 28 beds on the Acute Stroke Unit at Southampton General Hospital with a further 28 beds at the Stroke Rehabilitation Unit at Tannersbrook Ward at the Western Hospital and 16 beds at Lymington Hospital in the New Forest. Patients are assessed in the Emergency Department and admitted directly to the Acute Stroke Unit where they have early specialist input, rapid neuroimaging and assessment from members of the multidisciplinary team prior to medical therapy and rehabilitation. The service offers a 7 day a week TIA clinic to see urgent referrals within 24hrs of symptom onset and there is 24/7 provision for delivery of thrombolysis. Approximately 8% of admissions undergo thrombolytic treatment.

- Facilities: There is a comprehensive Medical Library available on the Southampton General Site, which forms part of a dynamic Postgraduate Medical Education Centre. There is a cafeteria restaurant open 24hrs a day, and onsite coffee shops and a WH Smith.

- Education: There are a number of educational opportunities within the post, including weekly multidisciplinary neuroradiology meetings where CT and MR scans are discussed, weekly tutorials with our stroke neurologist on a whole range of topics, monthly stroke departmental meetings and quarterly thrombolysis meetings.

- Services provided to patients: 7 day a week TIA service. Hyperacute stroke care with early consultant input, rapid access to neuroimaging, carotid Doppler studies and multidisciplinary assessment. 24/7 thrombolysis service provided integrated within the service. Timely review and treatment by skilled neurophysiotherapists, occupational therapists and speech and language therapy. Tertiary referral specialist input from neurosurgery, neurology and cardiology when needed. Stroke rehabilitation with regular goal setting and discharge planning on the 28 bedded stroke rehabilitation unit. 6 week follow up of all patients through Community Stroke Co-ordinator. Stroke follow-up clinics for ongoing secondary prevention.

Poole Hospital NHS Trust

- Poole Hospital NHS Trust has a 28 bedded integrated Stroke Unit admitting 500 strokes/year. This consists of 12 acute monitored beds and 16 rehabilitation beds.
- There are currently 2 Consultant Stroke Physicians with plans to recruit a third, 1 Stroke Nurse Practitioner and 1 Stroke Research nurse.
- There is a 24 hour thrombolysis service 7 days a week with paramedics screening patients pre-hospital. Approximately 6% of stroke patients are thrombolysed.
- There is a Rapid Access to CT protocol (during office hours)
- 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 a Community Rehabilitation team
- There is a rapid access neurovascular clinic 5 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 ENOS, IST-3, SOS 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 9% of patients thrombolysed
- Use of telemedicine for thrombolysis out of hours
- ASU – 5 consultant WR / week, direct admission protocol 24/7
- SRU – 2 consultant WR / week
- 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
- TIA Follow up clinic led by TIA Specialist Nurse
- Stroke Follow up clinic led by Stroke Consultant Nurse
- Community Stroke Outreach Service
- OP Stroke Rehab Service at Day Hospital
- Joint stroke/psychiatry led mood pathway
- Spasticity service

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 week day thrombolysis service for acute ischaemic stroke in office hours only. There are plans to extend this in the next few months to include thrombolysis until 10pm in the evening and day time hours at the weekend. There are plans for having 24/7 thrombolysis by Spring 2011.
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.
Salisbury General Hospital

- Regional Functional Electrical Stimulation 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.
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 (or 52-hours if working on a derogated rota) 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.

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/PayAndContracts/Pay%20circulr/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 pay scales may be viewed at xx. 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

This will include participation in Grand Rounds, Stroke Governance meetings, Departmental meetings, Regional Stroke Clinical and Research Meetings.
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/JuniorDoctorsDentistsGPReg/Pages/DoctorsInTraining-JuniorDoctorsTermsAndConditions150908.asp

**Sick pay**

Entitlements are outlined in paragraphs 255-240 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/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](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**

The Deanery’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](http://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](http://www.mmc.nhs.uk/specialty_training_2010/gold_guide.aspx)