SPECIALTY TRAINING PROGRAMME IN REHABILITATION MEDICINE IN WESSEX DEANERY

This is a 4 year training programme in Rehabilitation Medicine at ST3 level 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 Rehabilitation Medicine. Details of essential competences and qualifications are detailed in the MMC person specification for Rehabilitation Medicine at ST3 level which is available from www.mmc.nhs.uk

Details of the anticipated outcome are subject to satisfactory progression (eg completion of CCT, Dual Accreditation, CESR, CESR/CP, Core Training).

The programme is based in hospitals in the Wessex Deanery including:

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>LOCATION</th>
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</thead>
<tbody>
<tr>
<td>The Royal Bournemouth Hospital</td>
<td>Bournemouth</td>
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<tr>
<td>Poole Hospital</td>
<td>Poole</td>
</tr>
<tr>
<td>Queen Alexandra Hospital</td>
<td>Portsmouth</td>
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<tr>
<td>St Mary’s Hospital</td>
<td>Portsmouth</td>
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<tr>
<td>Salisbury District Hospital</td>
<td>Salisbury</td>
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<tr>
<td>Southampton General Hospital</td>
<td>Southampton</td>
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<tr>
<td>Western Community Hospital</td>
<td>Southampton</td>
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</tbody>
</table>

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 NHS South of England, comprising South Central, South East Coast and South West Strategic Health Authorities. The Wessex Deanery currently covers the health communities of South Wiltshire, Dorset, and Hampshire and the Isle of Wight. The Wessex Deanery is responsible for the training of some 2,500 trainees.

**Rotation Information**

Currently, the Rehabilitation Medicine training programme is a 4 year rotational post consisting of 12 months placements in each of the following 4 locations:- Poole/Bournemouth, Portsmouth, Salisbury and Southampton. The actual order of the rotation will be based on individual training and educational needs as well as taking into account other trainees already on the rotation.
New starters to the programme will commence in August with subsequent rotations happening in September, this will usually mean that your first placement will be for 13 months and your final placement for 11 months.

StRs may start their training at any position in the rotation. In each location the degree of clinical responsibility would depend upon the stage in training that the postholder had reached at the time. In general, Poole and Southampton are the preferred placements earlier in the rotation with trainees gaining the most from their time in Portsmouth and Salisbury towards the end of the programme once they have had previous significant exposure to Neurological Rehabilitation.

There are 5 NTNs in total on the Wessex Rehabilitation Medicine programme (as there with 2 different posts available in Southampton). If all 5 posts become filled after recruitment then the rotation will be altered to provide five periods of 10 months time in each post in order to maximise opportunities to experience different aspects of rehabilitation training. In this instance the actual order of rotation will be based on individuals needs and previous training already received.

StRs who wish to spend their study/research time in obtaining a further degree could either register for a part time PhD over four years or alternatively a part time MSc over two and a half years. They are also encouraged to obtain the European Diploma in Physical and Rehabilitation Medicine.

**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 Generic/Specialty Information**

Detailed information on each individual placement is given below:-

- **Poole Hospital NHS Trust**

Poole Hospital NHS Foundation Trust is a large General Hospital of 760 beds serving the western half of Bournemouth/Poole conurbation and surrounding areas. It is the main Trauma Centre for East Dorset and is the local referral centre for Paediatrics, Oncology and Maxillo-facial Surgery. All medical and surgical specialities are represented apart from Urology which is based at The Royal Bournemouth Hospital. There is ready access to intensive care and diagnostic facilities. The hospital looks to Southampton for Neurosurgical and Carditheracic Surgery. The Neurology and Brain Injury Services comprises part of the Medicine Care Group.

The Neurology Department also trains a rotating Neurology StR and there are close links between the Neurology and Rehabilitation Departments. The Care Group runs a monthly clinical governance programme in which the Neurology departments meet separately for alternate meetings. This complements a weekly grand round and a number of other journal clubs and specialty educational meetings. The Brain Injury Service runs its own weekly multidisciplinary clinical governance programme based on a Thursday morning session at Poole Community Clinic.

**Neurology**

Three Consultant Neurologists lead a County-wide Neurology Service from Poole Hospital with peripheral clinics at Bournemouth and Dorchester and diagnostic / assessment beds on Portland Ward. The service is supported by a large Neurophysiology Department at Poole Hospital, and extensive diagnostic imaging with both CT scanning and MRI are available on site. The department has established close links with Neurosurgery at the Wessex Neurological Centre at Southampton. Consultants hold regular clinics in the hospital and attend a weekly neuroradiology meeting. The department has developed specialist Parkinson’s Disease and MS services and is in the process of developing an Epilepsy service incorporating the appointment of a fourth Neurology consultant. The Neurology Service has access to a designated therapy team in the hospital which attends the weekly combined ward round. A Neurology F2 post is established as part of a medical rotation.

**Rheumatology**
Two Consultant Rheumatologists run a predominantly out-patient service from the hospital but with access to assessment beds on Portland Ward. The service is supported by a designated therapy team. An F2 post on the medical rotation is shared between Rheumatology and Dermatology and a Specialist Registrar in Rheumatology works at both Poole and Christchurch Hospital visiting the ward at least weekly.

**Brain Injury Service**

A Specialist Brain Injury rehabilitation service was established at Poole Hospital in 1993/94 as part of a County-wide initiative designed to improve the management of traumatic brain injury. The service offers assessment and out-patient management of patients with minor head injuries, intensive in-patient rehabilitation of patients with severe brain injury and a programme of community rehabilitation. The five beds on Portland Ward are supported by an interdisciplinary rehabilitation team providing an intensive goal directed rehabilitation programme. The service has close links with Clinical Psychology, the Admitting Trauma Team, the Department of Medicine for the Elderly and Medical Physics. Medical input is provided by the RM StR and the Neurology F2 trainee supporting the Consultant in Rehabilitation and Brain Injury. The Consultant also shares the leadership of a community brain injury service with a consultant neuropsychologist, working from Poole Community Clinic adjacent to the hospital.

Clinics are held once or twice a week with a defined StR list fortnightly. There are specialist Spasticity, Huntington's Disease, Brain Injury and Neurovascular clinics with an opportunity to attend the multidisciplinary MS clinic held fortnightly.

In-patient responsibility at Poole Hospital will centre on Portland (D1) Ward. This was built initially as an Infectious Diseases unit with single rooms arranged around a central clinical area. The Brain Injury Team is accommodated on the ward and an adjoining clinic space has been converted to provide office space for the Specialist Registrar, Secretaries and Consultant staff. The ward has been recently extended to provide a better living and rehabilitation environment. The ward comprises: 7 Beds Neurology, 4 Beds Rheumatology, 5 Beds Brain Injury Rehabilitation, 4 Beds Dermatology

**Staff**

**Consultants**
3 Consultant Neurologists, 2 Consultant Rheumatologists, 1 Consultant in Rehabilitation and Brain Injury, 2 Consultant Neurophysiologists

**Junior Medical Staff**

StR in Neurology, StR in Rehabilitation Medicine, F2 Trainee in Neurology, F2 Trainee in Rheumatology/Dermatology

**Duties of the Post**

- Supervision and support of the Neurology F2 Trainee in the assessment and management of Brain Injury Service in-patients.
- Contributing to the successful rehabilitation of the brain injury patients through integration into the interdisciplinary team and attendance at rehabilitation planning meetings.
- Attending Rehabilitation Medicine out-patient clinics and responding to ward referrals as requested.
- Supporting the audit and educational work of the Department.
The responsibility of the postholder will vary according to the length of time that he/she has been on the rotation.

Educational Opportunities

It is expected that the postholder will attend the weekly Clinical Governance Meeting of the Brain Injury Service.

Two sessions a week are set aside for research or private study. It is anticipated that the postholder might wish to register as a part time student for the MSc degree in Rehabilitation studies with the University of Southampton. This course offers gifted candidates the opportunity to upgrade their candidature to MPhil or PhD according to progress. This would require attendance at the RRU on either a Tuesday or Friday.

Up to one session a week would be available for specific training modules in areas identified by the postholder such as:

- Clinical Neurophysiology
- Acute Stroke
- Clinical Psychology
- Chronic Fatigue Service
- Rehabilitation in Elderly Care
- Assistive Technology and Medical Physics
- Palliative Medicine

The postholder will have the opportunity to attend environmental control system assessments.

The postholder will be expected to attend the weekly Neuroradiology / Neurosurgery meeting, the Medical Care Group clinical and audit meetings and departmental presentations.

- Royal Bournemouth and Christchurch Hospitals

Forest Dene Ward

This is a community Rehabilitation Unit offering intermittent Rehabilitation and reassessment of patients with progressive conditions. The unit has 12 beds and special expertise for patients with Multiple Sclerosis. It is closely linked with the Community Rehabilitation Service ‘Disability Action’. The therapy team consists of two part time Physiotherapists and a half time Occupational Therapist, medical care is provided by a Rehabilitation Consultant and an F2 Trainee which is shared with Rheumatology. The StR has inpatient responsibility for Rehabilitation patients, supervising and supporting the F2 Trainee. He/she should contribute to the Rehabilitation patients through integration with the therapy team and attendance at the weekly ward round. There may be an opportunity to attend the multidisciplinary rehabilitation clinic. He/she should contribute to the educational and audit work of the ward.

Royal Bournemouth Hospital

Chair: Dr Geoffrey Harris

Chief Executive: Sir Ian Carruthers OBE
There is opportunity to attend Neurology clinics under the tutelage of a Consultant Neurologist, and attend Neurology ward referrals. The timetabled Neurology clinic with is highly regarded for the opportunity it offers to gain expertise in Clinical Neurology.

Example Timetable

<table>
<thead>
<tr>
<th>Day</th>
<th>AM</th>
<th>PM</th>
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</thead>
<tbody>
<tr>
<td>Mon</td>
<td>Neurology Clinic, Royal Bournemouth Hospital</td>
<td>Specialist Registrar Educational Supervision Neurology ward referrals, Forest Dene Ward, Rehabilitation Medicine Clinic (alt weeks)</td>
</tr>
<tr>
<td>Tues</td>
<td>Ward round, Forest Dene Ward</td>
<td>Ward work, Forest Dene Ward and Poole Hospital</td>
</tr>
<tr>
<td>Wed</td>
<td>Neuroradiology meeting, MRI suite Neurology round, Portland Ward Brain Injury team meeting</td>
<td>Ward Work Poole Hospital Spasticity clinic (alt weeks)</td>
</tr>
<tr>
<td>Thurs</td>
<td>Brain Injury Service Clinical Governance Brain Injury round Lunch Medical Directorate Clinical Meeting PM Case Reviews Ward work Poole Hospital</td>
<td></td>
</tr>
<tr>
<td>Fri</td>
<td>Research/Personal Study</td>
<td>Optional Training Modules</td>
</tr>
</tbody>
</table>

- **Portsmouth Hospitals NHS Trust**

Rehabilitation Medicine

The Department of Rehabilitation Medicine is part of the ‘Medicine for Older Adults, Rehabilitation and Stroke’ Clinical Services Centre. The medical staffing comprises 2 full time Consultants in Rehabilitation Medicine and a full time Associate Specialist in addition to the StR. A Clinical Nurse Specialist in Acquired Brain Injury works closely with the 2 Consultants. The department has good links with acute medical services, Paediatrics, Vascular and Orthopaedic Surgery, all therapy departments and the Wessex Neurological Centre in Southampton.

Disablement Services Centre (DSC)

Based at St Mary's Hospital (located near the centre of Portsmouth on Portsea Island), the DSC provides a range of specialist technological services for patients of all ages. A regional prosthetic rehabilitation service is provided (in partnership with Otto Bock Healthcare) for ~1900 upper and lower limb amputees. The DSC also houses the district wheelchair service which provides services for over 12,000 wheelchair users. Specialist OT/RE clinics provide assessments and prescriptions for manual chairs, power chairs and moulded seating. An interdisciplinary special seating and postural assessment clinic occurs monthly. Other DSC services include the Department of Orthotics, the Environmental Controls Assessment service and outpatient Rehabilitation Medicine clinics.
Phoenix Rehabilitation Centre (PRC)

Based at Queen Alexandra Hospital, PRC is a ten bed specialist in-patient neurological rehabilitation service. Staffed according to the RCP standards, PRC provides comprehensive rehabilitation services for younger adults aged 16–65 years who have severe and complex physical/cognitive disability. Most admissions are from the acute medical and orthopaedic beds for rehabilitation following stroke and other acquired brain injury but some patients with chronic progressive neurological disorders are also admitted directly from the community for assessment and rehabilitation if necessary. The interdisciplinary team operates using a patient centered and goal directed rehabilitation programme.

Acute neuro team (ANT)

A separate multidisciplinary rehabilitation team, based at Queen Alexandra Hospital and led by the Clinical Nurse Specialist with medical support from the StR, promotes and co-ordinates early neurological rehabilitation for suitable patients who are admitted onto acute medical and orthopaedic wards but who are not yet ready for discharge or transfer to post-acute rehabilitation services.

Rheumatology

Rheumatology services are based in the Queen Alexandra Hospital. There is an in-patient unit where the majority of patients have acute multi-system disease and an active day-case treatment service in addition to outpatient clinics. The Rheumatology Department has five Consultants, an Associate Specialist and three StRs. Combined clinics are held with Orthopaedics and Dermatology and there is a special interest in Paediatric Rheumatology, Osteoporosis and Vasculitis. The StR works alongside the Rheumatology StRs and participates in the on call rota for Rheumatology for the duration of the post. There is opportunity for work in childhood rheumatic diseases and also anti-TNF therapy.

Training provided

The Portsmouth arm of the rotation provides 12 months experience of obligatory training in Rehabilitation Medicine in a modular format as below:-

- Rheumatological and Musculoskeletal Rehabilitation (half time over 6 months)
- Rehabilitation of People with Amputations and Limb Deficiencies, Wheelchair provision and Orthotics (half time over 6 months)
- Rehabilitation Process and Neurological Rehabilitation (half time over 12 months)
- Environmental Control Systems and Assistive Technology (throughout year)

Learning is based on practical clinical experience with help readily available from the Consultants and all MDT staff. Depending on the level of previous experience and identified training requirements of the post holder, a variety of optional training modules are also available in Portsmouth including:- learning disabilities, pain management, palliative care, paediatric rehabilitation, cardiac rehabilitation.

Duties of the Post

Chair: Dr Geoffrey Harris
Chief Executive: Sir Ian Carruthers OBE
These vary according to the module being undertaken but can include:-

1. Assessment and ongoing management of neurological rehabilitation inpatients at PRC under the direction of the two Consultants (including participation in relevant interdisciplinary and patient orientated meetings).
2. Attendance at weekly acute neuro team meetings at QAH to provide medical input and support to the multidisciplinary team.
3. Responding to ward referrals for Rehabilitation and Rheumatology assessment and opinion/advice as requested in conjunction with support from the Consultants.
4. Regular attendance at Rehabilitation Medicine and Rheumatology outpatient clinics, other specialised clinics and up to 5 environmental control assessments in order to complete obligatory training modules.
5. Other clinical duties as requested eg community visits, peripheral outreach clinics.
6. Participating in the ongoing audit, clinical governance and educational work of the departments of Rehabilitation Medicine and Rheumatology. One audit should be completed during the year and access to a computer and other IT will be provided.
7. The Specialist Registrar is expected to help in the clinical instruction of medical students attached to the Rheumatology department.
8. Regular participation in the Wessex Deanery SpR training programme with responsibility for organising the Portsmouth training day.

Work Timetable

The timetable is variable according to previous experience and training needs and changes throughout the year due to modular training. A typical example is shown below.

<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
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<tbody>
<tr>
<td>Mon</td>
<td>PRC MDT meeting and ward work</td>
</tr>
<tr>
<td>Tues</td>
<td>Prosthetic clinic (medical)</td>
</tr>
<tr>
<td>Wed</td>
<td>Orthotic clinic</td>
</tr>
<tr>
<td>Thurs</td>
<td>Rehabilitation clinic</td>
</tr>
<tr>
<td>Fri</td>
<td>Prosthetic clinic</td>
</tr>
</tbody>
</table>

- **Salisbury Health Care NHS Trust**

**The Duke of Cornwall Spinal Treatment Centre**

The Spinal Unit has 48 beds. It admits 80 new patients per annum of all forms of spinal cord trauma, in addition to 300 others for elective medical, rehabilitation, and/or surgical management. The Spinal Unit manages the patients from the day of injury, through their acute trauma management, subsequent rehabilitation and life-long follow-up of the spinal injured patient in terms of the psychological, social and physical problems eg management of the neurogenic bladder and bowel; tissue viability; seating; neurogenic pain and spasticity.

The Unit provides exposure to the assessment and management of the neurogenic bladder and bowel, including videourodynamics, medication and surgical procedures: bladder augmentation, formation of continent urinary stomas, implanted sacral anterior root stimulators and colostomy formation. The Spinal Unit works closely with a Consultant Urologist.
Salisbury is the birthplace of the Tissue Viability Service and clinical measurement of interface pressures. Much work is concentrated on the prophylactic management of skin in the avoidance of pressure sores, both in seating and in bed. There is ample opportunity to liaise with the Unit's Pressure Clinic which also undertakes posture assessment and offers experience in the use of a wide range of mattresses and overlays and indications for their use. Experience will also be gained in the management of pressure sores, both conservatively and operatively.

We provide a full range of treatment modalities for spasticity including botulinum toxin and intrathecal baclofen and have a service for implantation of intrathecal pumps and their follow up. There is also a specialist weekly clinic to look at issues of sexual function and fertility.

The Spinal Unit is actively involved in an upper limb rehabilitation service for the tetraplegic patient which involves a thorough functional assessment followed by the planning of surgical procedures involving tendon transfers to improve upper limb function. We are also actively involved in a research programme for the implantation of electrical stimulators to improve the upper limb function in tetraplegics. Trainees should be able to join in the assessment programme and in the post-operative follow up of patients.

The Spinal Unit also undertakes the ventilatory management of not only the acutely injured patient, but is involved in long term domiciliary ventilation. It is hoped that people passing through the Unit will gain some insight into the problems of establishing such a dependent patient at home.

There are other excellent rehabilitation facilities within the Trust that the StR will be encouraged to get involved with. They include:

- **Cardio-Respiratory Rehabilitation Services**

- **Wessex Rehabilitation Centre**
  - Provides training in musculoskeletal medicine and rheumatology.
  - Hand Rehabilitation: Input from therapists, specialised workshops, plastic surgeons
  - Ergonomics Lab
  - Industrial therapy in assessment
  - Back pain including acute and chronic back pain; programme on early return to work
  - Combined clinic with Orthotist, Chiropodist and Rehab Consultant for lower limb care.

- **Medical Physics and Biomedical Engineering**
  - Pressure sore management in the community, in liaison with Plastic Surgeons, and tissue viability nurses
  - Assessment and management of scoliosis in liaison with the Rheumatology Department
  - Special seating and posture
  - Orthotic clinics
  - FES for many neurological conditions: drop-foot for stroke, SCI, free-hand surgery for SCI in collaboration with Plastic Surgery, and the Spinal Unit

- **Neuro-rehabilitation Services**

- **Other Services**
- Locomotor Rehabilitation: either secondary to a rheumatological condition, or post-surgery, or on out-patient basis (back pain)
- Speech, Swallowing: (Speech and Language Therapists) including specialist clinics: videofluoroscopy, nasoendoscopy
- Psychological issues: (Clinical Psychology)
- Communication aids (SALT and OT)
- Environmental Control assessments

Training provided

The StR will initially spend three months full-time in the Spinal Treatment Centre. Thereafter they will continue to spend time on the Spinal Unit, but will also be encouraged to avail themselves of all the facilities available in the hospital and the Wessex Rehabilitation Centre to gain obligatory experience in rheumatology and other areas of rehabilitation medicine. The training will be tailored to meet the individual and professional needs and will be defined after consultation with the local Educational Supervisor, Regional Specialty Trainer and postholder.

Duties on the Spinal Treatment Centre

(i) Example Unit Weekly Timetable

<table>
<thead>
<tr>
<th>DAY</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
<td>Consultant ward round / MDT</td>
<td>Out-patient clinic</td>
</tr>
<tr>
<td>Tues</td>
<td>Videourodynamics/ward work</td>
<td>Out-patient clinic</td>
</tr>
<tr>
<td>Wed</td>
<td>Fortnightly meeting with Urologist/ Bowel Surgeon to discuss urinary/ bowel problems/ward work</td>
<td>Out-patient clinic</td>
</tr>
<tr>
<td>Thurs</td>
<td>Ward work</td>
<td>X-ray meeting</td>
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<td></td>
<td></td>
<td>Lecture</td>
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<td></td>
<td></td>
<td>Sexual function clinic</td>
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<tr>
<td>Fri</td>
<td>Videourodynamics/ward work</td>
<td>Grand Round</td>
</tr>
</tbody>
</table>

(ii) Out-patient Responsibilities

Depending on the experience of the Trainee coming to the Spinal Unit, he/she will initially be expected to sit in on clinics and urodynamics, but with sufficient clinical experience, will be expected to see patients independently. There is a maximum of ten patients which can be seen in a clinic session therefore allowing opportunity for teaching and discussion.

(iii) Teaching

Teaching can be informal (by the bedside) or more formal x-ray meetings (Thursday 1230-1330), bladder meeting (Wednesday 1030-1130), lectures on a topic of spinal cord injury (Thursday 1400-1530). Grand rounds are organised on Fridays from 1230 to 1345 in the Postgraduate Centre. The Educational Supervisor sets aside half an hour each week for supervision of the trainee.
• Southampton University Hospitals NHS Trust

Please note that there are two Rehabilitation StR posts in Southampton. The jobs are different and complementary. There are two consultants in Rehabilitation Medicine supported by an SHO rotating every six months on the Southampton General Practice rotation. There are two inpatient units and a community team. The medical team is part of a large multidisciplinary team. Secretaries at both sites support them.

Victoria House is an 8 bedded inpatient unit in the grounds of Southampton General Hospital (SGH). Patients are at least 16 years old, and have an acute neurological insult. The commonest diagnoses are stroke and head injury. The unit can accept those with cognitive impairment, including those who are mobile and confused.

Snowdon House is a 14-bedded inpatient unit at the Western Community Hospital situated 1 mile from SGH. It accepts people for rehabilitation with various neurological impairments, specialising in those with deteriorating disease. The commonest diagnoses are multiple sclerosis, stroke and motor neurone disease.

There is a Community Neurological Rehabilitation Team which is also based at Snowdon House. The team assess and treat patients in their own home, working closely with the two inpatient units. The StR based at Snowdon Rehab Centre (SRC) is part of the team. The consultants have an outpatient clinic once a week at the general hospital. The StRs have their own lists, supervised by the consultants. The Consultants do environmental control assessments and the StR also has the opportunity to attend spasticity clinics (including Botulinum Toxin clinics).

StR at SGH - This post offers experience in neurological rehabilitation working closely with a skilled multidisciplinary team. The example timetable is shown below.

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<tr>
<th>AM</th>
<th>PM</th>
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<tbody>
<tr>
<td>Mon</td>
<td>Ward MDT meeting</td>
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<tr>
<td>Tues</td>
<td>Ward Cover/ ward referrals</td>
</tr>
<tr>
<td>Wed</td>
<td>Ward round with SHO</td>
</tr>
<tr>
<td>Thursday</td>
<td>Ward referrals</td>
</tr>
<tr>
<td>Friday</td>
<td>Clinic</td>
</tr>
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</table>

StR at SRC - The unit offers experience in community based rehabilitation, with time with the community team. By the end of the attachment you will be undertaking home visits alone. There is ample opportunity to attend and chair case conferences both within the hospital and outside. The unit supports between 5 and 10 terminally ill patients (usually MND), of whom approximately one per year choose to die in SRC. An attachment to our local palliative care team is arranged for you if you require it. About 25 % of the inpatient rehabilitation is MS and other deteriorating diseases. The remainder have had strokes or other neurological insult, and provide an opportunity to maintain skills learned in other parts of the rotation. The timetable for this post is shown below.

<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
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<tbody>
<tr>
<td>Mon</td>
<td>Ward round</td>
</tr>
<tr>
<td></td>
<td>Visits/admin</td>
</tr>
</tbody>
</table>
Study Leave

The study days would be flexible, to accommodate the trainees undertaking an MSc. To permit cross cover, both trainees would rarely be permitted to have the same study half day. Thought will need to be paid to this when choosing an MSc or MSc module. The educational supervisors will do all they can to ensure that the experience in a placement is as wide as possible. However it is not possible to move team meetings or clinics to accommodate changing MSc days, so the StRs will be encouraged to choose study days accordingly. If a compulsory module clashes with an essential part of the training at either site, the consultant involved will ensure that experience is gained in another way. If possible, compulsory modules that clash with essential experience should not be undertaken in the first few months of a job.

Optional modules training (Elective Periods)

We would like to encourage StRs to obtain a wide range of experience in related specialities. There are many departments in the teaching hospital that might accommodate such a request, such as Neurophysiology, Palliative Care, Psychiatry, Neurology, Elderly Care (especially the Stroke Physicians), Orthogeriatrics, Paedics and Nutrition. We anticipate short periods of one or two weeks will be spent in other departments. There is some flexibility about this, and experience could be gained by attending another department for a day or half day. The day-to-day work of the StR will be done by the other junior doctors, so elective periods may not be taken while another doctor is on leave. Approval from the SAC and Wessex Programme Director may need to be obtained if an StR wants to spend a longer period in a particular field.

Other Duties

It is important that trainees gain experience during their programme of dealing with absconding patients, who are usually cognitively impaired and vulnerable. Patients likely to abscond are usually predictable. Such events happen rarely, and usually out of core hours. When a patient likely to abscond is in the unit, arrangements will be made to call the StR as well as the consultant should they leave without permission. Time off in lieu will be provided for the StR, ensuring that that week is compliant with current legislation.

Curriculum

All the posts are mapped onto the 2010 curriculum for Rehabilitation Medicine but each leg of the rotation concentrates on particular areas of experience important for Consultant practice in the specialty. In Poole the emphasis is on gaining experience in clinical neurology and the rehabilitation management of traumatic brain injury. In Southampton the emphasis is on in-patient and community neurological rehabilitation and support of people with severe complex neurological disorders. In Salisbury the emphasis is on rehabilitation of traumatic spinal injury and rheumatology / musculoskeletal rehabilitation with an opportunity to be involved with the FES programme, while in Portsmouth the emphasis is on prosthetic rehabilitation, assistive technology and rheumatology as well as additional experience in neurological rehabilitation. The

Tues | Educational supervision  
Ward Meeting | Ward Round (consultant)

Wed | CNRT Visits/admin | Visits and options

Thurs | Ward referrals | Study

Fri | Clinic | Visits/admin/options
training programme is approved by the European Board of Physical Medicine and Rehabilitation. For details of the curriculum please visit: 

**Teaching**

Teaching in each arm of the rotation is tailored to the trainee and takes place in a variety of forms both formal and informal. Some specific examples can be found in the detailed post information above.

As well as attending planned educational activities during individual placements there is also a regional teaching programme in operation. This consists of 4 StR training days per year on a 4 yearly rotational cycle (16 different training days over the full 4 year cycle). These training days rotate around the region and attendance is compulsory, forming part of the Study Leave allocation. Topics covered are those considered more suitable for regional training. We are trying to join with neighbouring deaneries to establish a fully comprehensive supra-regional educational programme for 2011.

It is expected that each StR will contribute to the training days held in their own area (eg an audit presentation, journal club, clinical case discussion) as well as aiding in the organization of the day if necessary.

**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 payscales are reviewed annually. Current rates of pay may be viewed at [http://www.nhsemployers.org/PayAndContracts/Pay%20circulars/Pages/PayCircularsMedicalandDental.aspx](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/PayAndContracts/Pay%20circulars/Pages/PayCircularsMedicalandDental.aspx](http://www.nhsemployers.org/PayAndContracts/Pay%20circulars/Pages/PayCircularsMedicalandDental.aspx)

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/JuniorDoctorsDentistsGPReg/Pages/DoctorsInTraining-JuniorDoctorsTermsAndConditions150908.aspx](http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/JuniorDoctorsDentistsGPReg/Pages/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

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 and in the national ‘Gold guide’ to Specialty Training at http://www.mmc.nhs.uk/specialty_training_2010/gold_guide.aspx