

**GUIDE FOR EDUCATIONAL AND CLINICAL SUPERVISORS
ON
INTERNAL MEDICINE TRAINEES
SOUTH YORKSHIRE**

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August 2020

Introduction

Successful completion of Internal Medical Training involves attaining many skills and competencies throughout the training period overseen by both Clinical and Educational supervisors (CS and ES). This guide provides supporting guidance for both the ES and CS following the new curriculum changes from August 2019. In addition, there are training guides produced by the RCP explaining all the changes and in particular the “Rough Guide to IMT” is a condensed version of what an ES and CS need to know in briefer terms.

<https://www.jrcptb.org.uk/documents/rough-guide-imt>

The ES is guided to the IMT Decision Aid which succinctly indicates the requirements needed by the trainee for ARCP at the end of the year and is a very useful summary document.

<https://www.jrcptb.org.uk/documents/imt-arcp-decision-aid-2019>

Clinical and educational supervision are underpinned by good documentary evidence which occurs through eportfolio.

The e-portfolio has other important functions:

- A record of training experience
- Reflection on learning
- A collection of evidence of competence
- A record of career discussions
- A personal library

Roles and Responsibilities of Educational Supervisors

The Educational Supervisor is responsible for overseeing the clinical and educational progress of a named trainee usually over a period of 1 year. The trainee will have one Educational Supervisor for the year at STH, and another Educational Supervisor for the year in the DGH.

The Deanery expand on the roles and responsibilities of the ES for further interest

https://www.yorksandhumberdeanery.nhs.uk/faculty/elearning/clinicaleducational_supervisors

Educational Supervisors should:

- be trained to offer educational supervision and undertake appraisal and feedback
- be trained to perform work place based assessments (WPBA)
- oversee (and perform) work place based assessments
- be trained in equality and diversity
- assist the trainee to develop a personal development plan (PDP), and sign an educational agreement with the trainee. The learning needs of the trainee should be conveyed to the trainers.
- Conduct regular appraisals with the trainee (in consultation with Clinical Supervisor), which should take place at the beginning, in the middle (optional but advisable) and at the end of a placement to:
 - a) agree/review educational agreement
 - b) review learning objectives (is the PDP completed?)
 - c) review assessments (e.g. WBPAs)
 - d) Discuss MRCP (UK) progress specifically
 - e) provide feedback
- **ensure that the trainee maintains an up-to-date e-portfolio, including assessment of CiPs and to understand entrustment**
- ensure that trainees are making both clinical and educational progress (a-d above), with regular feedback to the trainee on their progress (e)
- provide the trainee with specialty information and general career guidance
- be responsible for their educational supervision to the RCP Tutor and then to the training programme director
- **Review evidence periodically to provide an Educational Supervisor's Report at the end of the year** (e.g Is there evidence accumulating to support key CiP 1, management of the acute take, such that I will be happy to assure entrustment at end IMT2?)
- know the structure of the training programme and be able to discuss the curriculum, the e-portfolio and WPBAs with the trainee
- work in close collaboration with the Clinical Supervisor
- Report any concerns regarding a trainee or their clinical practice especially if patient safety is a concern
- Know how to guide trainees towards available support to avoid stress, burnout and depression (see Y+H website)
- Be supportive and provide a pastoral environment ensuring there is no suspicion of bullying or harassment in the workplace
- identify trainees in difficulty (see **page 10** for details of Deanery Policy)

If a trainee is not reaching the required standard the Educational Supervisor should discuss this with the trainee and keep a written record. The local Royal College of Physicians Tutor should also be informed. The trainee will address the deficiencies and other actions agreed. The TPD should be informed of any significant problems.

Roles and Responsibilities of Clinical Supervisors/Trainers

The Clinical Supervisor for each placement is the consultant to whom the trainee is attached, who is responsible for the day-to-day clinical supervision of the trainee.

Clinical Supervisors should:

- ensure that there is **induction** to the Clinical Department/Specialty e.g. duties of the post, handover (especially for late starters)
- teach and train the trainee in the workplace, provide feedback and undertake WPBA
- offer a level of supervision appropriate to the trainee's level of training
- ensure adequate clinical supervision of the trainee; including direct supervision, indirect supervision, regular reviews and feedback
- ensure that trainees only perform tasks without direct supervision when the supervisor is satisfied that they are competent so to do; trainee and supervisor should be aware of their direct responsibilities for the safety of patients in their care
- **ensure that no trainee is expected to work beyond their level of competence and experience.**
- facilitate the trainee's professional and personal development
- be trained in equality and diversity
- be able to discuss the curriculum, the e-portfolio and WPBA with the trainee
- **Raise concerns early, consult ES, CT tutor or TPD where appropriate. Document**
- work in close collaboration with the nominated Educational Supervisor

Training for the role of Supervisor

All Educational and Clinical Supervisors should have been trained to arm them with the necessary knowledge and skills.

The Deanery provide numerous courses for Educational Supervision, and all aspects of support from supporting trainees in difficulty to Clinical supervision. These can be reviewed at the Y+H website below and are listed and booked on Maxcourse and courses run at the Deanery and are also being rolled out in blended e-learning or face-to-face sessions.

https://www.yorksandhumberdeanery.nhs.uk/faculty/educational_supervisor_training

Health Education England (HEE) requires **ALL** STH Educational/Clinical Supervisors to have completed the Medical Supervision Blended e-Learning course which consists of an online module and a half day face to face classroom session.

For those of you who have previously completed this module there is now **NO** requirement to redo the Medical Supervision Blended e-Learning Course every 5 years. HEE have decided that review of the educational role at appraisal and completion of the educational module within MyL2P will cover this.

However if you feel you would still like to complete the online and/or attend a face to face course for CPD you can still do so.

If you are new to the Trust and/or haven't completed the Medical Supervision Blended e-Learning course, please see page 5:

Medical Supervision Course Outline

The format of blended e-learning & face to face delivery consists of an online module and a half day face to face classroom session to complete the course.

The online learning will take approximately 3 hours to complete and the areas covered are:

- Supervision
- Assessment
- Trainees in Difficulty

It is important to complete all 3 sections of the e-learning programme before attending a half day face to face training session and to bring your development plan template from the e-learning to the face to face session.

The Medical Supervisors e-learning can be found via the below link. If you do not already have an account an nhs.net email is required to sign up.

<https://heylearning.org/theme/dynamic/login.php>

Please note Face to Face sessions should be booked via the maxcourse website, which can be found directly through the link below.

<https://www.maxcourse.co.uk/HEEYHME/guestHome.asp>

MAXCOURSE - IMPORTANT: Ensure you select your relevant profession under your user details, as not all courses are open to all.

Local Trusts also provide e-learning packages such as on PALMS (or equivalent) to provide additional courses such as Equality and Diversity.

Appraisals – should occur at the start and end of every post. The mid-post review is not mandatory but advisable particularly if there are concerns or the posts are 6 month placements. **It is the trainee's responsibility to arrange appraisal meetings and not the supervisor's and theirs to maintain an up-to-date eportfolio.** This does not mean a trainee may not need reminding to book a meeting or complete their eportfolio. A trainee not filling in their portfolio can be an early indicator of much wider problems and should be explored carefully. Trainees in difficulty rarely have a single problem such as not performing a QIP but frequently exhibit multiple issues of concern such as falling behind on their eportfolio and not achieving early exams in conjunction.

Induction meeting with Educational Supervisor

The Educational Supervisor will:

- check induction occurred --- there is local hospital induction; there is specific IMT induction during August.
- identify learning objectives for the attachment with the trainee
- **agree a PDP;** where a PDP has already been agreed with the Clinical Supervisor, the Educational Supervisor will check that it exists, is realistic, and is linked to the curriculum (use the SMART objectives!). Simply regurgitating day- to-day clinical duties or expanding on “I would learn the specialty I am in” in a PDP are not good examples of PDPs.
- check that the trainee has signed the **Educational Agreement and Probity sections** and then you should countersign the Educational Agreement
- **Ensure the trainee knows their responsibility in requesting annual leave and study leave** at the outset including the period of notice (usually 6 weeks) and that an email to a rota co-ordinator is not acceptable practice. This causes Clinical departments numerous problems so is very much in the department’s own interest to set out properly right from the start.
- check that the trainee is aware of the JRCPTB decision aid and minimum requirements for progression at ARCP
- Identify MRCP goals specifically --- progress, study leave, courses, PACES diet teaching involvement. Trainees are expected to complete Part 1 by end IMY1 for satisfactory progress and full MRCP (UK) by end IMY2
- reinforce the message that **evidence should be accumulated steadily throughout the year** to avoid a last minute rush to get signed off just before ARCP. WBAs and SLEs should be completed by the trainee over the year and these should provide evidence to link to the 14 specific CiPs which can be reviewed by the ES at later meetings akin to generating a satisfactory body of evidence to assure a CiP is on track.
- Remind trainees QIP needs considering and planning months in advance and check on progress

Mid point review with Educational Supervisor

Although this meeting is not mandatory it is advisable to check on the trainee’s clinical and educational progress. If there are concerns about the trainee’s progress, a midpoint review is mandatory and should be recorded in the trainee’s e-portfolio. The midpoint review should also address:

- attendance at teaching
- competences and evidence of their acquisition
- areas of concern identified by trainers
- areas of concern identified by the trainee
- PDP, which can be amended if necessary
- WPBA
- progress towards the MRCP diploma

End of placement meeting with Educational Supervisor

The end of post meeting should address:

- clinical and educational progress and record this in the e-portfolio
- **check the PDP goals** – have they been met?
- Review WPBAs, SLEs and MSF
- Check on satisfactory progress against the **JRCPTB decision aid** as a guide
- Encourage trainees to self-reflect and report on their CiPs
- Check progress in MRCP examinations – address MRCP goals with trainee each during each placement (for example it is important for the ES to recognise that failure to achieve Part 1 at end IMY1 is not satisfactory progress and an action plan should follow recognition).
- resolution of issues previously identified as of concern
- areas that need addressing in the next placement – to be added to PDP
- **Understand entrustment, check on CiP progress and advise trainee on gaining evidence for their CiPs each placement**
- Review evidence is accumulating for CiPs. This will be essential for your later signing off and entrustment at critical progression points such as end IMY2.
- Where appropriate, the end of placement appraisal meeting can be combined with the induction meeting for the next attachment
- **Recognise when satisfactory progress is not being made** so action and support can be provided Examples might be exam failure, lack of regular eportfolio upkeep, not completing SLEs, lack of accumulating evidence for CiPs and should in this case ‘ring alarm bells’. If this is the case, consult CT tutor or TPD for further advice.

Educational and Clinical Supervisors: who does what?

- Educational Appraisals should be performed by the Educational Supervisor in close collaboration with the Clinical Supervisor. The Educational Supervisor may delegate some tasks to the Clinical Supervisor but (s)he shall retain overall responsibility for monitoring the trainee’s educational and clinical progress. The end of placement appraisals and the Educational Supervisor’s Report should be done by the Educational Supervisor. The Clinical Supervisor is responsible for the trainee’s day to day Clinical management, support and supervision. Patient safety remains paramount.
- Trainees must now accumulate evidence on 14 CiPs and their WPBAs and SLEs should provide supportive evidence towards these 14 CiPs
- The 14 CiPs provide evidence for both Clinical care and Generic care. Clinical CiPs are much easier to understand and the trainee should provide evidence to support for example, their ability to provide acute emergency care which is provided for example through an ACAT. This evidence then supports a CiP and the trainee must generate more evidence to ultimately provide ‘entrustment’ which is a long term aim rather than an immediate ‘sign off’.
- The educational supervisor has to be fully satisfied that a trainee has provided enough evidence to assure the ES they meet standard required to progress to a higher entrustment level (for example entrustment level 2 to 3). An ES should only ‘sign off’ or entrust a trainee if they are fully comfortable they have been given

sufficient justification. This underlines why it is important to plan with trainees, how they should accumulate evidence (through WBPAs, MCRS, MSF, ACAT, DOPS tools) to provide that justification for final entrustment at a later stage. It is entirely reasonable for an ES to require further evidence from a trainee and ask them to obtain this, but should allow the trainee sufficient time to do so (i.e. not last minute)

- **Supervisors must have completed the Deanery Educational Supervisors' Course (blended e-learning/face-to-face) to be indemnified by the Postgraduate Dean. You must be up to date on Equality and Diversity too.**

	Activity	Educational supervisor	Clinical supervisor	Note
POST 1 (August – November)	Initial appraisal	✓		Educational and Clinical Supervisor usually the same person in the first post
	Mid appraisal	✓		Usually the same person
	End appraisal	✓		Review progress and set educational goals for next post
POST 2 (December – March)	Initial appraisal		✓	Induction / timetable / PDP
	Mid appraisal		✓	Review progress and release MSF
	End appraisal	✓		Review progress, release MSF (if no mid-appraisal) and set educational goals for next post
POST 3 (April - July)	Initial appraisal		✓	Induction /time table / PDP
	Mid appraisal		✓	Review progress
	End appraisal	✓		Review progress
	Educational supervisor report (beginning of June)	✓		To cover the whole year (All 3 Attachments)

https://www.yorksandhumberdeanery.nhs.uk/medicine/core_medical_training

Process	Tasks before meeting (by trainee)	Tasks during meeting
Post Induction Appraisal (Clinical/ Educational Supervisor)	Review curriculum Initially complete self-assessment Review record of competence (for later appraisals) Review progress with WBA	Agree objectives of post to include in PDP Complete post timetable Sign educational agreement Sign induction appraisal form
Mid-point review* (Educational Supervisor)	Review curriculum and self-assess competences Review objectives in PDP Review progress with WBA	Use PDP and portfolio to review progress and identify future development needs Amend PDP Highlight any training concerns Discuss outcomes of Workplace-based assessments Sign off competences Sign mid-point review form
End of post appraisal (Educational Supervisor)	Review curriculum and self-assess competences Review objectives in PDP Review progress with WBA	Use PDP and portfolio to review progress and identify future development needs Highlight any training concerns Sign off competences Sign end of post appraisal form

SPECIALTY TRAINING CURRICULUM FOR INTERNAL MEDICINE TRAINING August 2020

The curriculum can be accessed electronically:

https://www.jrcptb.org.uk/sites/default/files/IM_Curriculum.pdf

ARCPs (Annual Review of Competency Progression)

Provisional ARCP Dates (all dates to be confirmed but indicative of time frame to complete portfolio competences).

Month 8 and Month 20 interim review

E-Portfolio review March 2021

Interim Review April 2021

ARCP

E-Portfolio Review June 2021 (without trainees)
Remote ARCP panel June 2021 (without trainees)
ARCP F2F with selected trainees to attend July 2021

IMT ARCP Decision Aid August 2019

<https://www.jrcptb.org.uk/documents/imt-arcp-decision-aid-2019>

Most of the assessments will be familiar to you: MSF, CbD, mini-CEX, DOPs, ACAT

One **MSF** should be completed/ year – ideally this should be done in one placement (minimum of 12 responses required and must include at least 3 Consultants). The request list should be approved by the Educational Supervisor and ,should include the Clinical Supervisor. It should be done around 6 months into the year (**06 – 31 January 2020**). If any concerns are highlighted, there is an opportunity to repeat the MSF. The results of the MSF should be discussed with and released to the trainee.

ACAT (Acute Care Assessment Tool)

The assessment is done over a take shift (or could be a busy day on the ward **not** an out-patient clinic). A minimum of five patients should have been assessed over this period.

An Educational Supervisor's report (ESR) covering the whole year of training, must be completed before the ARCP (months 11&23). This is the most important document of all and informs the ARCP of trainee progress. It is also the basis for entrustment, and an educational supervisor needs to have enough evidence gathered for them, over the year, by the trainee, to ensure the trainee is making good progress towards entrustment of the CiP by the ES.

An ES does not need to ensure all 14 CiPs are complete by the end of IMY 1 or even 2 in some cases but the trainee should be presenting evidence for most (or even all) of them during this time. They should also be accumulating sufficient evidence too. The CiP is much broader than a single clinical competency and so a breadth of evidence using a range of different tools (e.g. MCRs, MSF, ACAT, DOPS, SLE) should be gathered by the trainee so they can demonstrate or satisfy the ES, satisfactory progress is being made towards entrustment. The opportunity should be taken by the ES during the year to encourage trainees who are not on course to providing sufficient evidence to satisfy the ES, to provide more or different evidence in specific areas.

Enrolment with the JRCPTB

Trainees have been informed to enrol with the above in order to get their CCT in IMT at the end of the 2/3 years and have access to the e-portfolio.

If they are not enrolled the e-portfolio will lock them out after 4 weeks.

Quality assessment

All trainees are expected to complete a HEE YH placement feedback questionnaire in October/November. The Feedback Questionnaire has been designed to capture the views of trainees about postgraduate medical education training posts that they have occupied in HEE YH (Yorkshire and the Humber Postgraduate Deanery). The questionnaire can be found in the Quality Assessment section on the website. They MUST complete the generic questionnaire, which is part of the educational agreement they have signed up to. Completion of the questionnaire will take approximately 10 - 15 minutes. They are encouraged to collect a time-stamped ticket on completing the questionnaire which should be printed and shown to you, their Educational Supervisor, as evidence of completion.

Trainees in difficulty

Trainees in difficulty can take many forms so it is important to be alert. If you have concerns, please raise the issue as early as possible as many issues are tackled more easily or rectified if identified at an early stage.

Just like Clinical practice, it is essential to make good records. It is strongly advised to make contemporaneous records and preferably using the eportfolio which protects everybody's interests for both ES and trainee alike.

Personal, private or sensitive detail should not be included [or may need to be separately documented] and PID should not be entered. Do not login on a trainee's access or vice versa ever. But good documentary records are essential.

No trainee ever is lost or beyond hope. A small change to an individual's personal circumstances can transform the outlook for that individual, and repeatedly, apparently failing trainees, demonstrate a return to good practice, successful outcomes and later career progress with support and an interested team to help them. Never assume.

Please inform/ involve your College Tutor and discuss any concern or trainee.

Serious concerns should be immediately discussed or escalated to the TPD.

Guidance on the lines of responsibility is within the Deanery Policy "**Policy for supporting Doctors & Dentists in Difficulty**"

https://www.yorksandhumberdeanery.nhs.uk/learner_support/policies/trainee_support

Typical pitfalls to avoid

This is not a formal list nor is it exhaustive but here are just a few thoughts or pointers identifying problems that the ES can avoid for a successful trainee- trainer outcome.

- At the start, sign off educational agreements, check the PDP is done and that it meets SMART objectives. At the end of each attachment, check whether the PDP is met or not. If it is met, it a confirmation of educational progress.
- Check with trainee they are aware of leave, how to book study leave, they must do so in good time and that it must be discussed and signed off with an ES at least 6 weeks beforehand.
- Trainees are expected to attend 100% of mandatory teaching. Trainees should have booked leave in good time and then Clinical and Educational supervisors should ensure they are permitted to go. On call activity is exempted.
- Encourage them to book their procedural courses early, even if they are booked for later in the year or even close to ARCP.

- It is most important they obtain the agreement of the rota co-ordinator for leave and not to believe they can command the rota co-ordinator by (a late) email which is poor professional practice and unacceptable.
- When trainee problems occur, they usually do not relate to poor medical skills in isolation, most trainees are amply able and highly intelligent individuals. The GMC have identified the Generic CiPs based on areas where doctors have difficulties – encourage development of generic CiPs as well as Clinical CiPs in keeping with GMP.
- **Ensure trainees begin early and regularly attend their eportfolio by accumulating evidence with a small but steady, regular output of evidence being fine.**
- Use the Decision aid as a quick guide to indicate to trainees where they might need to produce evidence to prepare for completion of the educational supervisor's report and their ARCP
- QIP requirements have recently reduced. But, A QIPAT report still requires time to produce and involves many steps. This cannot be done last minute so check your trainee acts on this over months not days.
- 80 OPA clinics are now required in 3 years and a minimum of 20 per annum. Clinical supervisors should identify Clinic attendance with the trainee at the start of each clinical attachment. Educational supervisors need to check this is occurring.
- The ES should not ignore warning signs. If an eportfolio is not being filled in, it can be a warning sign of wider underlying issues for a trainee and action should be taken early. If an exam is failed, it should not be automatically assumed that progress is still satisfactory and the failure should not be disregarded; it raises concern at that point in time. Be able to recognise trainees not making satisfactory progress (exam failure, lack of evidence for CiPs, lack of eportfolio upkeep)
- Mental health problems and depression are just as common in doctors and trainees. Be alert to this.
- Always seek help and advice when unsure or in doubt, there are many people available to support you.

E-Portfolio support

Contact your local Postgraduate Centre who may be able to help or the College Tutor.

Regionally contact Catherine Smith IMT Coordinator csmith52@nhs.net or telephone 01709 424543

Please inform Catherine Smith of any changes with named Clinical/ Educational Supervisors, so amendments can be made to allow e-portfolio access by emailing csmith52@nhs.net

Educational supervisor roles

Educational supervisors do more than just supervise trainees. Please consider the essential roles all of us are needed for, that we all need to contribute to and we periodically ask for your help on during the year

- IMT interviewing [usually late January/early February – 1 day]
- PACES course faculty [you do not need to be an MRCP examiner, rather you tend to learn with CPD and keep your general medical skills up-to-date—1 session]
- ARCPs [1 day]

If a department or particular area/individual doesn't contribute persistently, we reserve the right to not send them a trainee in the event of either poor recruitment or low junior doctor numbers. You have been warned!

Further support

IMT training is complex and has become more involved and demanding but the rewards in sharing in the development of trainees are both very significant and fulfilling. Navigating the ins and outs of both eportfolio and Educational supervision can be challenging at times and further support is available. A new (or not so new) ES may feel bewildered by the latest iteration of educational needs or change to the eportfolio system. Cath Smith as Regional administrator can often answer any technical query on the eportfolio or the administration of IMT. Your local College Tutor is best placed to advise on unclear issues regarding trainees or eportfolio actions. Please come through to the TPD if you are not getting anywhere, are struggling or need help on any matter either serious or small. The Deanery also offer very significant support and ongoing learning for all Educational supervisors. Y+H Deanery are fully committed to supporting Educational supervisors and provide helpful advice on Educational supervision; they also offer specific advice in relation to Job planning (which is performed at Trust level with a CD) to support and strengthen educational supervision; the Deanery Y+H advice can be found here:

https://www.yorksandhumberdeanery.nhs.uk/faculty/elearning/clinicaleducational_supervisors

References

The Gold Guide: <https://www.copmed.org.uk/publications/the-gold-guide>

How to Guides: <https://www.ircptb.org.uk/eportfolio-information/user-guides>

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First Edition

August 2009

Revised

July 2020

Date of Next Review

August 2020