

## **Job Description for Health Education England across Yorkshire and the Humber Stroke Subspecialty Training programmes (2018)**

*Details for prospective candidates.*

### **Stroke Medicine overview**

Stroke is the fourth most common cause of death and the largest cause of acquired adult neurological disability in the UK with a social-economic cost of over £9 billion per annum. Clear standards in stroke care have been established over the last twenty years or so; from National Service Framework for Older People, Royal College of Physicians and in Scotland the National Clinical Guidelines and the Scottish Intercollegiate Guidelines Network. This has been consolidated by the implementation of the Government's National Stroke Strategy (2007-2017). These standards, driven by a clear evidence-based approach to stroke care and rapidly evolving therapies (such as cerebral reperfusion strategies) has seen a halving in stroke mortality during this time. Further changes to service provision in order to deliver such care across the whole stroke pathway means we need to train physicians equipped with the skills to do this.

Stroke Medicine encompasses elements of neurology, cardiovascular disease, ageing and rehabilitation and the primary purpose of sub-specialist training is to promote the development of physicians with the knowledge, skills and attitudes to function as an expert consultant resource within specialist stroke services. While the detailed role of a stroke physician will vary depending on the type of service within which they are practising, the training programme recognises this, but expects all stroke specialists to have core knowledge and skills in all areas of diagnosis, investigation and treatment relevant to the care of stroke patients. Furthermore, stroke physicians will require skills in service development, team

working, teaching, critical appraisal and service evaluation. They should be familiar with stroke research methods and keep up to date with relevant research findings.

This programme is open to all trainees holding MRCP (UK) or equivalent and an NTN in a relevant medical specialty; namely Acute Internal Medicine, Geriatric Medicine, Neurology, Rehabilitation Medicine, Cardiology, Clinical Pharmacology and Therapeutics, or General Internal Medicine. The background specialty of such clinicians is considered to be less important than the possession of those capabilities needed to provide a specialist stroke service. After satisfactory completion of Subspecialty training in Stroke Medicine, trainees would be eligible to have the Subspecialty of Stroke Medicine included in their entry in the GMC's Specialist Register, upon the award of a CCT in their parent specialty.

Stroke Medicine sub-specialty accreditation is an additional qualification (involving a total of 24 months training; 12 months in the parent specialty and a further 1 year period in an approved advanced stroke training post – this post). This 'advanced year' is usually undertaken in years ST4, 5 or 6 of the trainee's parent specialty training and whilst still retaining an NTN in their parent specialty. This will enable the trainee to complete sub-specialty certification in Stroke Medicine. Those in ST3 can still apply but would need to have a clear plan with the parent specialty TPD as to how to undertake the additional training in a 'flipped' way. HEE are reluctant to allow those trainees in their final year of training to undertake such OOP training unless there are exceptional circumstances.

It is recommended that trainees who are interested in Stroke Medicine accreditation should discuss this with their parent specialty Training Programme Director (if from Geriatric Medicine, Neurology, Rehabilitation Medicine or Acute Internal Medicine / General Internal Medicine) and with the Stroke Medicine TPD (if from a background of Cardiology or Clinical Pharmacology and Therapeutics) as soon as possible so as to record a declaration of interest within the e-portfolio and so allow prospective training which is mandatory for all trainees who took up post in their parent specialty after 4th August 2010.

## Programmes

The programmes will cover all core areas of the stroke medicine curriculum, but can be adapted depending on the successful candidate's prior experience in their parent specialty, competencies and training requirements. All posts are recognised for stroke training by the JRCPTB. Currently there are 4 posts within the locality office, HEEYH, though these have now moved from a flexible programme to fixed location specific posts.

The Programmes cover all core areas of stroke medicine training:

1. (Hyper) acute stroke including experience in cerebral reperfusion (eg iv thrombolysis, IAT and mechanical thrombectomy)
2. Stroke rehabilitation
3. TIA / Stroke management and prevention with Neurovascular clinic experience
4. Additional stroke specific training (vascular / neuroradiology experience, service development etc)

The duration of the advanced year post is for one year and may be spread across more than one hospital to ensure adequate experience in the core areas of stroke medicine. The 4 training programmes are based within Health Education Yorkshire and Humber.

1. Leeds Teaching Hospitals Trust incorporating Leeds General Infirmary, St James' University Teaching Hospital and Chapel Allerton Hospital)
  - 1 post
2. Hull and East Yorkshire NHS Trust, Hull Royal infirmary
  - 1 post
3. Sheffield Hospitals NHS Foundation Trust, Royal Hallamshire Hospital
  - 2 posts

Each post is summarised here providing an overview of the base hospitals and contacts details of key stroke trainers if any further information is needed.

## **1. Leeds Teaching Hospitals Trust**

This Trust is one of the largest in the UK providing high quality acute hospital services for the population of Leeds and the surrounding area and acts as a regional center for a number of specialist services such as cancer, cardiac and neurosurgery, treating about one million people per year. The stroke service, though well established, has undergone modernisation following centralisation of medical specialties and sees in excess of 1300 stroke patients per year. Training is provided across three hospital sites, though stroke services are centralised to the Leeds General Infirmary (LGI) site.

The LGI currently has an 8-bedded Hyperacute Stroke Unit and a further 24 bedded Acute Stroke Unit (housed on ward L21). The service is now firmly integrated within the Department of Neurosciences and stroke patients are looked after by Drs Garcia, Hassan, Idrovo and Randall (Neurology), Drs Cooper, Limaye, Minns (Geriatrics), Lui (Acute Medicine) and Vasiliou (General Medicine) and Professor Fuller (Geriatrics). There are excellent links with vascular and neurosurgery to further enhance training and experience in vascular / neuroradiology can be gained through a rapidly expanding specialist radiology department including interventional neuroradiology. A well-established Brain Attack Team, led by a dedicated specialist nurses, allows the trainee to have vital exposure to (hyper) acute assessment and experience in cerebral reperfusion strategies such as intra venous / intra-arterial thrombolysis and endo-vascular treatments. Neurovascular clinics operate across the Trust daily allowing the trainee experience in TIA / mimics in all age groups. Other 'specialist' clinics relevant to stroke (epilepsy, hypertension, thrombophilia etc) operate within the Trust. There is opportunity to participate in research (through links with the Cardiovascular Research Network) and audit / QIP relevant to stroke medicine within the Trust, with scope for the trainee to help recruit to clinical trials. Stroke rehabilitation is provided at 2 sites. Leeds General Infirmary provides therapy for over 65s (Fuller and Limaye) on a well-staffed and dedicated unit (L12). Those under 65 are managed at Chapel Allerton Hospital (Dr Devinuwara and Professor O'Connor). Specialist experience in spasticity, wheelchair fitting, vocational and driving fitness is also available.

Within the programme there will be a dedicated educational supervisor (Cooper) and close clinical supervision. Supporting activity time will be allowed to allow the trainee attend regional / local meetings and to participate in a dedicated research (or relevant) audit / QI project. There is strong consultant presence for (hyper) acute stroke for 12 hours a day (Monday to Friday) and 6 hours per day (Saturday, Sunday and Bank Holidays) and through telemedicine. This is supported by the Neurology / Stroke Registrar on call rota, currently operating at an approximate 1:10 on call rota. It is expected that the trainee will participate on this rota to maximise out of hours training opportunities in stroke and enhance their experience in neurology. These are fully supported by the consultants on call in these specialties.

Contact details:

**Dr J Cooper**

**Consultant Physician with an interest in Stroke**

**Honorary Clinical Associate Professor**

**Training Programme Director for Stroke and Regional Specialty Advisor Health Education  
Yorkshire and the Humber**

**Department of Integrated Stroke Medicine, Leeds General infirmary**

**Tel: 0113 3923353**

**E-mail [jon.cooper2@nhs.net](mailto:jon.cooper2@nhs.net)**

## 2. Sheffield Hospitals NHS Foundation Trust

### Royal Hallamshire Hospital

Stroke services in Sheffield have been developed using an integrated care pathway that crosses boundaries between primary and secondary care. Consultants from both neurology and elderly care medicine work within the integrated care pathway to provide services for people with stroke, the clinical lead being a Consultant Nurse in Stroke Medicine. Sheffield has led in implementing thrombolysis for acute stroke and the development of stenting for carotid artery stenosis and has an active programme that offers coiling for aneurysmal subarachnoid haemorrhage as an alternative to surgery. The Neurosciences department also houses the National Centre for Stereotactic Radiosurgery and offers particular experience in the management of intracranial arteriovenous malformations.

This post will provide one year of training across the three areas of stroke medicine defined in the curriculum. Training will be tailored to the needs of the appointee appropriate to their background and competences already acquired and will take place within the regional neuroscience and citywide stroke service.

The topic specific research network for stroke has a hub in Sheffield and is supported by a ½ time stroke nurse and ½ time speech and language therapist. The appointee has an opportunity make an active contribution to research being supported by the network. At present the network supports trials in acute stroke (CHROMIS, ECST2, TITCH etc) and trials in stroke rehabilitation are being developed. The academic division of Neurology has a recently appointed Professor of Neurovascular research to support development of local stroke research. Independent research is also strongly supported, though not the focus on this clinical training year.

Further training is supported by a regular CPD programme in stroke, the neurosciences and general internal medicine. The appointee will have an educational supervisor.

Contact details:

**Dr Kisty Harkness Consultant Neurologist and Stroke Physician, Royal Hallamshire Hospital,**

**Telephone: (0114) 271 3810, E-mail [Kirsty.Harkness@sth.nhs.uk](mailto:Kirsty.Harkness@sth.nhs.uk)**

### **3. Hull and East Yorkshire NHS Trust, Hull Royal Infirmary**

#### **Hull Royal Infirmary**

This is a busy city centre Teaching Hospital seeing 800 acute Stroke patients per year. It offers training in all aspects of Stroke care including Acute, Rehabilitation and Prevention. The thrombolysis service operates daily and there is excellent experience in daily neurovascular clinics. Hull is a Tertiary referral centre for Neurosurgery and offers trainee neuroradiology exposure; including coiling, intra-arterial thrombolysis and endovascular treatment.

#### **Contact Details:**

**Dr Rayessa, Consultant Physician, Hull Royal infirmary**

**Tel: 01482 675230**

**E-mail: [rayessa.rayessa@hey.nhs.uk](mailto:rayessa.rayessa@hey.nhs.uk)**

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## MAIN TERMS AND CONDITIONS OF EMPLOYMENT

### 1 BASIS OF APPOINTMENT

This appointment is on a whole-time basis. However, applicants who wish to job share or undertake flexible training will be considered.

### 2 SALARY

The salary is within the Specialty Registrar (StR) salary scale.

### 3 HOURS

The shift and rota patterns for each placement of the rotation will be confirmed to you by the Trust at which you will be working. All training post working patterns should comply with the TCS 2016 and Specialty Registrars are obliged to work towards this aim.

### 4 OUTSIDE EMPLOYMENT

Specialty Registrars are reminded that they may not engage in any outside employment including locum work when on annual leave etc without the written consent of their employing Trust or Health Authority. They must also declare to their employing Trust/Authority any interests they may have which affect Trust/Authority policies and decisions.

### 5 COVER

The Specialty Registrar will be expected in the normal run of his/her duties, and within his/her contract, to cover for the absence of colleagues and during occasional emergencies and unforeseen circumstances without additional remuneration.

### 6 RESIDENCE

The post is non-resident, but residence must be sufficiently near the hospital for each placement for the general duties to be undertaken without Health and Safety implications arising. Residence must also be sufficiently near for on-call duties to be undertaken if required, but there may also be a requirement to be resident when on-call in accordance with local policy or the requirements of the training programme. If the holder chooses to live in hospital accommodation, and it is available, a deduction from salary for lodgings will accordingly be made in accordance with the Terms and Conditions of Service.

### 7 STUDY LEAVE



Study leave will be granted in accordance with paragraphs 250-254 of the Terms and Conditions of Service for Hospital Medical and Dental Staff, subject to local conditions as agreed by the Educational Supervisor / Programme Director. Applications must be made prospectively and are subject to the approval of the Educational Supervisor / Programme Director. Trainees should be aware that the overall study leave budget is finite in each Trust and that study leave allowances and arrangements may vary between different hospitals on a training rotation.

## **8 RELOCATION**

Removal expenses will be paid in accordance with the provisions of employing Trusts.

## **9 REGISTRATION**

The holder is required to maintain full registration with the General Medical Council/General Dental Council. Medical Staff are advised to continue membership of one of the Medical Defence Organisations.

## **10 NATIONAL TERMS AND CONDITIONS**

This appointment is governed by the Terms and Conditions of Service for Hospital Medical and Dental Staff (England and Wales) and by appropriate local terms and conditions, as amended from time to time.

## **11 CRIMINAL CONVICTIONS**

This post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are, therefore not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Employer. Any information given will be confidential and will be considered only in relation to an application for positions to which the order applies. Where appropriate, more detailed checks will be made in accordance with the Protection of Children Act (PoCA) or the Protection of Vulnerable Adults Act (PoVA)

## **12 NOTICE**

The appointment is subject to three months' written notice (depending on the requirements of the contract) of termination of appointment by either side. This applies when StR / SpRs rotate to other Trusts or leave to undertake research. Any notice given must be copied on the date of issue to the Medical Staffing Manager.

## **13 IONISING RADIATION**

The postholder may be involved in directing exposures under the terms of the Ionising Radiation (Protection of persons Undergo Medical Examination or Treatment) Regulations 1988. If he/she does not already hold an appropriate qualification under these Regulations, he/she may be required to attend training in order to obtain this, and to present a copy of the appropriate certificate to the employing Trust at the start of the appointment.

## **14 PENSION**

You will be subject to the provisions of the NHS Pensions Scheme unless you opt out. Information about the scheme is available from your employing Trust.

## **15 CONFIDENTIALITY**

In the course of your duties, you will have access to confidential material about patients, members of staff and other Health Service business. On no account, must information relating to identifiable patients be divulged to anyone other than authorised persons. Similarly, no information of a personal or confidential nature concerning individual employees should be divulged to anyone without the proper authority having first been given. Failure to observe these rules may lead to further action under local Trust procedures. This requirement is not intended to conflict with the rights and principles under whistle blowing and data protection legislation.

## **16 DETERMINATION OF ROTATIONS**

During the course of the training programme, it may be necessary due to training or other reasons, for the Programme Director to make changes to the rotational arrangements. In determining amendments to the rotation, any proposed changes will be discussed with the trainee and consideration given to individual preferences. In the event of further representations from the trainee, the Postgraduate Dean has the authority to determine the placements and to require a trainee to undertake the revised rotation.

## **17 ASSESSMENT OF PROGRESS**

Trainees are required to participate in assessment and other review processes in accordance with Deanery and national procedures, with rights of appeal where progress is not judged satisfactory. Following an adverse assessment, the Postgraduate Dean has the authority to require a trainee to repeat training experience at the same or a different location, or to withdraw a trainee from a training programme in accordance with the Deanery review panel or appeal committee decision.

### **18 PLACEMENT OF SPECIALTY REGISTRARS FOLLOWING NOTIFICATION OF THE COMPLETION OF TRAINING**

Under the national provisions Specialty Registrars can in certain circumstances remain in the grade after they have been notified that their training is complete and are no longer pursuing either a training programme leading to a CCT or undertaking sub-specialty training. It may not be appropriate for them to remain in the final placements they occupied before the award of the CCT. The Postgraduate Dean will, therefore, place the trainee in an appropriate location in the programme which will allow the Specialty Registrar to maintain their skills while seeking a consultant post. The trainee may make any representations in writing to the Dean, who will give this full consideration.

Appropriate locations will include: -

- A placement at the beginning of the rotational programme.
- Vacancies elsewhere in the programme, including those where trainees are undertaking research, or where cover is required.

### **19 RESEARCH AND SPECIALTY REGISTRAR TRAINING**

Trainees wishing to undertake research during specialty training must submit details, including the timing and duration of the research, in writing to the Postgraduate Dean for consideration and prior approval. This includes extensions to the research period, with proposals submitted at least three months in advance. In the case of a doctor wishing to undertake research before starting a training programme, the duration of research must be agreed with the Dean before the NTN is awarded.

Trainees in post wishing to undertake an Out of Programme Experience (OOPE) must give the employing Trust at least three months' notice of their intention to leave the programme.

### **20 CAR DRIVING**

The post holder may be required to be a car driver/owner in accordance with the person specification. Disabled candidates able to meet this requirement by other means, or following reasonable adjustments to the job description, will be considered.

## **21 OCCUPATIONAL HEALTH**

The successful candidate will be required to complete an occupational health questionnaire, and may also be required to supply further information to the Occupational Health Service or to attend a health interview. Offers of employment will not be confirmed until satisfactory occupational health clearance has been obtained. A further occupational health assessment may be required at the commencement of each separate employment during the training programme.

## **22 ANNUAL LEAVE**

Entitlements and procedure for taking annual leave will be in accordance with Terms and Conditions of Service for Hospital Medical and Dental Staff and local terms and conditions. At each placement, the trainee will be allowed pro rata leave for the amount of time spent working at that Trust. Days in lieu of Bank Holidays should also be taken at the Trust where the Bank Holidays were worked. Periods of annual leave cannot be transferred between Trusts and must be taken before the end of each placement.

## **23 INFORMATION TECHNOLOGY**

As an employee of a NHS Trust, you are expected to develop the IT skills necessary to support the tasks included in your post. You will, therefore, be required to undertake any necessary training to support this. This is to take account of the increasing need for all staff to be able to use the information systems relevant to their post.

## **24 TRAINING NUMBERS**

Where entry to the training programme requires the allocation of a training number, continued employment will be dependent on the trainee continuing to hold their individual number.

## **25 HEALTH AND SAFETY**

It is the general duty of every employee to take reasonable care for the health and safety of himself/herself and others, including the use of necessary safety devices and protective clothing and to co-operate with management in meeting its responsibilities

under the Health and Safety at Work Act. Any failure to take such care or any contravention of safety policy or managerial instructions, may result in disciplinary action being taken. Trainees must familiarise themselves with local policies and proceedings.

## **26 SICKNESS ABSENCE**

All sickness absence must be reported to the appropriate person in accordance with instructions issued by the individual Trusts. Full details of the allowances and the conditions governing the allowances are set out in the Terms and Conditions of Service.

### **POSTGRADUATE DEAN'S APPROVAL**

The Postgraduate Dean confirms that this placement and/or programme has the required educational and Dean's approval