

# **Internal Medicine Training & E-Portfolio A Guide for Trainees**

**IMT Programme  
South Yorkshire**

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**August 2019**

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Dear Trainees

We should like to extend a very warm welcome to you as a new Internal Medicine Stage 1 trainee in Yorkshire and The Humber Deanery (South).

This is a very exciting time to be embarking on your training as a physician and we wish you the very best of luck in your training. This new 3 year programme offers trainees new learning opportunities partly based on the requests of prior trainees in the design of IMT training. IMT offers a greater focus on the specifics required for both acute care and outpatient management. A graded progression to the SPR role has been introduced with the introduction of the IMT Y3 year and it will be ensured all trainees will have an earlier attachment in elderly care and a dedicated ICU attachment to better prepare them for this role. As with all new programmes there will be a period of refinement as the programme unfolds so please bear with us.

You should be shortly undertaking your programme induction which will explain what the IMS1 curriculum requires of you. The 'Rough Guide' is one of a number of documents available from the Joint Royal College of Physicians Joint Training Board website (<https://www.jrcptb.org.uk/internal-medicine-training>) that you will find useful and the website will provide on-going support as you undertake your training. If you have any questions regarding the curriculum or your training that cannot be answered locally, there is a FAQ section and the ability to post questions on the monitored forum (<https://www.jrcptb.org.uk/training-certification/new-internal-medicine-curriculum/new-im-curriculum-faqs>).

## **Introduction to the programme**

Now that you are an IMT trainee, you need to organize and formally register yourself with JRCPTB in order to create and access your own eportfolio account which will form a training record throughout your IMT attachment.

Keeping up to date and progressing through IMT has three independent elements which co-ordinate together to define your learning competency.

These are:

- a. Your clinical performance. This is established by your documentation of your clinical competence using WBPAs, Clinical supervisor meeting records and so on.
- b. Your exam performance leading up to the attainment MRCP (UK)—this comprises part 1, 2 and PACES. PACES changes in format 2020. A necessary requisite.
- c. Your eportfolio record—a structured electronic record of your learning performance that constitutes your CPD and makes appraisal at ARCP easier to demonstrate. Without it, you cannot progress satisfactorily.

It is very important to consider each of these as equally important as you cannot progress through IMT without all three showing satisfactory progress. For example, it does you no good to focus on your exams to the detriment of your eportfolio and would not be accepted as justification for not keeping up to date with your training record. Trainees who do this have no guarantee they will pass their exams either and they can end up in greater difficulties with eportfolio

requirements and exam needs both outstanding. A practical tip for success is to attend your eportfolio completing small pieces 'little and often'.

Your progress during IMT is overseen by a Clinical and Educational supervisor who are there to advise you on all three elements listed above. Make the most use of them, as they often have a great deal of experience and advice on how to approach your individual learning needs.

This culminates in your educational supervisor completing your end of year educational supervisor's report which is a vital document that summarizes and reviews all of your learning and training achievements during the year (e.g. WBPA's, OPA Clinic attendances, QIP) in preparation for the ARCP. The ESR is an important document and you should work steadily through the year to help populate it, so that it is fully completed at the year-end in preparation for ARCP.

At the end of each year you will have an ARCP meeting for which you need to meet the necessary standards for progression through IMT. These requirements are set out concisely in the IMT Decision Aid 2019. This is a very useful framework document you should use regularly because it is the blueprint set out by JRCPTB and is used by panels for ARCP decisions and therefore is a reference document. The ARCP is an appraisal meeting that assesses your achievements for successful progression to the next IMT year.

## **The eportfolio**

The NES e-portfolio helps you to plan and develop your learning throughout IMT to attain the competencies defined in the curriculum. To access e-portfolio please use Google Chrome.

The e-portfolio has other important functions:

- A record of your training experience
- A collection of evidence of your competency
- A record of your career discussions

It is important that your e-portfolio is comprehensive and that you use it to record all educational activities. If you have recently completed Foundation training in **the UK** you will have already used e-portfolio in conjunction with the foundation curriculum. Specialty trainees (ST3 and beyond) in medical specialties allied to Joint Royal College of Physicians Training Board (JRCPTB) will continue to use the e-portfolio for higher specialty training.

Development of the e-portfolio is the trainee's responsibility and you should keep it up to date on a regular basis and not leave the completion of it until you have the deadline of an Annual Review of Competency Progression (ARCP). It is also the trainee's responsibility to present their e-portfolio to their educational supervisor on a regular basis for appraisal of the evidence of competencies. Do not expect your Educational Supervisor to spend hours the day before your ARCP, little and often is better.

## **Enrolment with JRCPTB**

In order to gain access to e-portfolio and to be awarded a certificate of completion of IMT and CCT you must enroll with JRCPTB. Instructions for this are found on [www.jrcptb.org.uk](http://www.jrcptb.org.uk). You will receive an email from JRCPTB with an invite to enroll; do not attempt to enroll until you have received this invite as the system will not be ready for you until then. If you have not received an invite within the first two months, then please contact JRCPTB on [ePortfolioteam@jrcptb.org.uk](mailto:ePortfolioteam@jrcptb.org.uk). We have been advised that your e-portfolio account will be frozen if this is not completed within the first 3 months of your start date.

Enrolment fees applicable below (please see enrolment section of the JRCPTB website for further information: <https://www.jrcptb.org.uk/enrolment/fees-and-membership> )

1. Make a one-off upfront payment to JRCPTB
2. Split your training fees into instalments paid annually alongside a Collegiate Membership programme

Stage of training	Option 1	Option 2
IMT (from 2019)	Upfront fee <b>£507</b>	Initial payment of <b>£338</b> to JRCPTB Further four instalments of <b>£169</b> alongside Collegiate membership

Further information on enrolment and fees can be found at;  
<https://www.jrcptb.org.uk/enrolment/fees-and-membership>

## Accessing E-Portfolio

[www.nhseportfolios.org](http://www.nhseportfolios.org)

You can now self-administer your posts on your ePortfolio and add them to your rotations without the need to contact your local deanery/LETB administrator.

To find out more, please read the [user guide](#) and watch the [support video](#) explaining how to administer your posts on the ePortfolio.

Please ensure that you input your post information correctly. This should be checked and verified by your Educational Supervisor and/or Programme Director as well as at your ARCP review. Your local administrators are able to correct this if necessary.

Your training programme start and end dates can only be edited by JRCPTB. Please contact [ePortfolioteam@jrcptb.org.uk](mailto:ePortfolioteam@jrcptb.org.uk) if these dates need to be changed.

General queries can be answered by your IMT Programme Coordinator Catherine Smith.

Please ensure that the IMT Programme Coordinator (Catherine Smith) has a correct email address for you. It is best to use an email address that you use regularly and that will not change when you move hospitals. You are advised **not** to use Hotmail or Gmail accounts as these providers have regular problems with both Hospital and HEEYH servers.

E-portfolio is simple to use. It is navigated using the drop-down **MENUS**. The best way to learn to use it is to practice and it should not take you long to be fully competent. However, if you come up against any difficulty your RCP Tutor or IMT Programme Coordinator will be able to help.

**If you find you are unable to write in any section (denoted by a greyed out box) this is because you do not have access for this task. E.g. you will not be able to write your own end of placement appraisal! This must be completed through your supervisor's log-in by your supervisor personally. Boxes highlighted in green denotes you can create a link or form for that area.**

## Getting started

1. **Check your details** are correct and enter demographic details through the 'Admin Posts' section. You should have 3 posts dated in order and each post should end the day before changeover. Add your Supervisor, if your supervisor does not come up under the Trust you are currently at, try changing the location to south or Y&H. **Please upload a photo of yourself in your e-portfolio.**

2. **Sign your Declaration of Probity and Health. PROFILE MENU.** These need to be signed at **the beginning of each IMT year** when you first log onto e-portfolio. All doctors must have integrity and honesty and must take care of their own health and well-being so as not to put patients at risk. This is clearly set out in Good Medical Practice (GMP). You must read the relevant sections of GMP before completing the self-declarations for health and probity. A copy of GMP can be found in the **HELP MENU** – information.

3. **Certificates.** Check that your relevant certificates are entered using **PROFILE MENU**. These must include a current in-date ALS. The trainee can enter these to be confirmed later by the ES or IMT Coordinator. All parts of MRCP must be verified by your supervisor in the curriculum area of your portfolio. The JRCPTB now upload MRCP results into the PROFILE, College Exams/certificates area of the e-portfolio. There is also a separate Certificate and Exams section for you to upload any relevant certificates to, you are advised not to fill up this section with certificates from online learning modules, but keep it for professional qualifications and mandatory courses. You can enter certificates from online modules into your library and use reflective practice in order to use these to link with the curriculum.

## Curriculum for IMT (Specialty Training Curriculum for Integrated Medical Training – August 2019

Integrated Medical Training (IMT) In response to the recommendations set out in the Shape of Training Report and other drivers, we have developed a model for future physician training. Internal Medicine Training (IMT) will form the first three years of post-foundation training and, for the main specialties supporting acute hospital care, an indicative 12 months of further internal medicine training will be integrated flexibly with specialty training in a dual programme. This model will enhance the training in internal medicine and will prepare doctors for the management of the acutely unwell patient, with an increased focus on chronic disease management, comorbidity and complexity. Generic professional capabilities (GPCs) as set out in the GMC's framework will be embedded in all curricula to emphasise the importance of these professional qualities as well as helping to promote flexibility in postgraduate training.

The Internal Medicine (IM) stage 1 **curriculum (link is external)** was approved by the GMC on 8 December 2017 and will replace Core Medical Training (CMT) from August 2019. The Acute Care Common Stem (ACCS) curriculum will be revised in line with the parent specialty curricula and an intercollegiate group is taking this work forward.

The curriculum was developed with the active input of consultants involved in delivering teaching and training across the UK, trainees, service representatives and lay representatives. This has been through the work of the Internal Medicine Committee (IMC) and its subgroups and at regular stakeholder engagement events. A 'proof of concept' study was conducted in 2016 and a wide consultation exercise was carried out in 2017 to ensure the curriculum is fit for purpose and deliverable across the UK.

The curriculum can be accessed electronically:

<https://www.jrcptb.org.uk/sites/default/files/IMT%20stage%201%20curriculum%20information.pdf>

It is vital that you read and become familiar with the curriculum at the start of your training in order to produce your **Personal Development Plan**. You are advised to refer to the curriculum from the JRCPTB website. Your e-portfolio will be assessed at months 8/9 and 20/21. You will have an ARCP assessment at months 11/12 and 23/24.

The number of competencies at each stage is prescribed by **JRCPTB in the Integrated Medical Training (IMT) ARCP Decision Aid 2019**. A copy of the 2019 decision aid is enclosed in the appendix and can also be found at: [www.jrcptb.org.uk](http://www.jrcptb.org.uk). You are strongly advised to read the decision aid at the beginning of your training and at the start of each new post in order to plan your Personal Development Plan.

**A trainee will be unable to proceed to higher specialist training without a successful ARCP outcome 6.**

## Supervision

You will have both an educational supervisor for 12 months and a Clinical Supervisor for each post. Their roles are similar and will overlap.

## Educational Supervisor

An Educational Supervisor (ES) will be assigned to you at the beginning of IMT Y1 and the beginning of IMT Y2 and each will supervise you for 12 months. It is likely they will be one of the Consultants who will supervise your clinical work in the first post of each year but this is not necessary in all cases.

Your ES will be given access to your e-portfolio and you will be able to check who your ES is by checking your e-portfolio. If the ES attached to you at the beginning of the year is no longer able to undertake this role you should discuss this with your RCP Tutor immediately, so that another ES can be allocated. You should meet with your ES within a couple of weeks of starting IMT1 or IMT2 and thereafter at a minimum frequency of 4 months; they will sign your educational agreement, help you plan your training, help sign off IMT competencies and will write the Educational Supervisor report before any assessment of your progress. **An ES report is mandatory before ARCP and should be submitted 1 month before ARCP and should report on the whole of the training year.** An ES report is not mandatory for each post but may be desirable to help you monitor your progress with the IMT curriculum.

## Clinical Supervisor

You will have a Clinical Supervisor for each post who will undertake induction to the post, supervise and appraise your clinical work within the post and also have access to your E-portfolio in order to sign off IMT competencies whilst you are in the post.

Since Consultant's work patterns change from month to month, if the appointed supervisor is changed at any point in your training, you will need to let the IMT Programme Coordinator - Catherine Smith based at Rotherham Hospital, 01709 424543 ([csmith52@nhs.net](mailto:csmith52@nhs.net)) have the details of your Clinical Supervisor and you will need to change the details on your portfolio, so they can be given access.

You must give your Educational Supervisor a list of four named Consultants who will write your Multiple Consultant Reports (MCR) during the year. At least 4 MCRs are required each year, before your ARCP, to inform the Educational Supervisor Report.

## Complaints and Advice

If you need advice regarding the training programme, are unhappy with your training or you are having difficulties please ask for help sooner rather than later. Generally, you should approach your Educational Supervisor first for most problems but you can also seek help from your RCP tutor or Training Programme Director (see who's who). Medical Education Managers are also an excellent source of information and if they don't know the answer they will know who does.

### Help, advice and guidance with difficulties during the programme

The challenge of a stressful career choice in medicine, coupled with the difficulties of life outside the hospital can be very demanding. We recognize how difficult things can be and wish to help wherever possible. The GMC survey identified that doctors completing FY2 were the most stressed of all doctors at any grade. We need to recognize how doctors at this stage feel and look to wards easing these stresses wherever possible and also building resilience so that doctors are more equipped and able in the future to deal with these stressors.

Medicine is a tricky career and it is well recognized that serious issues such as burnout and depression can affect doctors in training.

Whatever it is, whether it is simple advice relating to the IMT programme, study leave or a personal issue, there is someone there to help. Don't sit on things, or leave them to get worse, but come and ask one of us. We're here to help.

Here are some examples:

Cath Smith – Programme co-ordinator. Basically the fountain of knowledge for all things IMT.

Clinical Supervisor—Responsible for your day-to-day Clinical supervision and needs. Usually the first person to approach.

Educational Supervisor --- advises more directly on educational progression and needs. Is the next port of call after the Clinical supervisor.

RCP Tutor --- A Tutor is present at each hospital. There for more entrenched or tricky areas or where the CS and ES need some support. Usually independent to the directorate you are in, so is there where there may be directorate issues.

TPD ---- The Head of programme covering rotation issues or links between hospitals.

## Preparing for Appraisals

**Your self-assessment of curriculum competencies and personal development plan documents should be completed before you have your initial meeting with your supervisor.**

**Self-assessment:** Complete a self-assessment in your e-portfolio after reviewing the relevant sections of the curriculum. **To access the self-assessment click on the CURRICULUM MENU; Your entries will appear as a trainee rating.** You should identify your strengths and development needs and use these to produce your personal development plan. Your Educational/Clinical Supervisor will sample at least 10% of competencies and explore them in detail over the year to check that you are making progress with your curriculum ([www.jrcptb.org.uk](http://www.jrcptb.org.uk)).



## Personal Development Plan

This needs to specifically reflect the learning objectives that you need to achieve in your post and should map to the IMT curriculum. Your learning objectives should be **Specific, Measurable, Achievable, Realistic** and against a **Time Scale (SMART)**.

**To access the PDP, click on the APPRAISAL MENU and select Personal Development Plan.**

Process	Who does this	Tasks before meeting by trainee	Tasks during meeting
Post Induction Appraisal	Your ES will review your educational plan and progress. You should have a separate meeting with your clinical supervisor in subsequent posts, to document responsibilities of the post, timetable and learning opportunities.	Review curriculum initially/ complete self-assessment. Review record of competence (for later appraisals)	Agree objectives of post to include PDP. Complete post timetable/Sign educational agreement/Sign induction appraisal form.
Mid-point review*	ES or CS	Review curriculum Review objectives in PDP	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 mid-point review form
End of post appraisal	ES	Review curriculum Review objectives in PDP	Use PDP and portfolio to review progress and identify future development needs. Highlight any training concerns Sign end of post appraisal form.
Other additional meeting	ES or CS	Review curriculum Review objectives in PDP	To sign off curriculum competencies

\*Not mandatory but advisable

## Schedule of Appraisals/Meetings

### Initial Appraisal

- This should be within the first 2 weeks of starting your placement. Your supervisor needs to record the details here by accessing the APPRAISAL MENU (add appraisal). This may be done through the trainee or supervisor login.
- **Your educational agreement should be signed electronically by trainee and supervisor.**

### Mid-point Meeting

- This is done by your supervisor in the same way as the initial meeting. It is not compulsory to have this meeting, but essential if either you and/or your supervisor have any concerns.

### Supervisor's report.

- This is completed by your ES through the **Supervisor's login** before e-portfolio assessment/ARCP. The report should cover the entire training period from beginning of training year up to ARCP date. It is in the **APPRAISAL MENU**.
- **It is compulsory before an ARCP.**
- **You need a minimum of 4 MCR which will inform the Educational Supervisor's Report.**

### End of Placement Meeting

- This is done by your supervisor and completed **on the supervisor login**. This meeting serves to link everything together.
- Any paper based certificates may be verified and the Curriculum reviewed.
- **Your supervisor will complete the appraisal of the evidence you present in your e-portfolio to support competencies achieved during the attachment and appraise the curriculum areas (not achieved, some experience or level 1 or level 2 competent).**

**It is best to do this little and often with your supervisor.**

**Don't leave this until you have an ARCP.**

**Ensure you link evidence of QIP and clinics to the curriculum and reflection sections! 40 clinic attendances is the minimum requirement by the end of IMT Y2 and these must be documented in a spreadsheet in your Personal Library with reflection in the Reflective Practice section. The JRCPTB has developed a log of clinic attendances and procedures which has been sent to you by the IMT Programme Coordinator. You are advised to save this to your documents and regularly record clinics and procedures and before your ARCP upload the completed record to your personal library.**

**Note: All final appraisals, supervisor's reports and appraisal of the curriculum can only be performed through your supervisor's login. Your Clinical Supervisor may complete your appraisals and sign off of curriculum competencies. Initial and mid-point appraisals can be done through trainee or supervisor logins.**

## Evidence to Support Competency Attainment

Competency attainment is supported by evidence recorded in your e-portfolio. Appropriate evidence to support your progress is outlined in the curriculum and includes work-based assessments. You should also record and reflect on learning experiences. A log of your experience will become crucial when you enter ST4.

**In order that these can be used as evidence to support your competence you must 'LINK' assessments and reflective practice entries to curriculum areas.**

You will find a list of useful guides on the JRCPTB website which will help when linking documents to the portfolio <http://www.jrcptb.org.uk/eportfolio-information/user-guides>  
Your ES will need to see sufficient evidence linked to curriculum areas for sign off.

### **Work-Based Assessments include:**

- Case Based discussion (CbD)
- Mini-CEX
- DOPS
- ACAT
- MSF
- Teaching assessment tool/ Audit assessment tool/QIPAT

Work-place assessments should be documented immediately and together with the assessor to allow for more focussed feedback.

There are full instructions for completion of an assessment in the **ASSESSMENT MENU**.  
There are 3 ways assessments can be recorded in e-portfolio:

- Directly from a supervisor access
- Directly from a trainee access
- Using a 'ticket' process to provide access to an assessor who may not have an E-portfolio account or be linked to a trainee

The minimum number of work-based assessments is set out in the **JRCPTB Decision Aid for ARCP (appendix) and must be completed by a consultant assessor who does not have to be your supervisor**. This is a minimum requirement and you are advised that more are required to develop a comprehensive e-portfolio and these extra ones can be done by StRs or in some circumstances other specialists such as nurses. It is not appropriate to have these done by other IM trainees. **A multi-source feedback (MSF)** with a minimum of 12 raters will be required half way through the second post of the year and we will prompt you to complete one. **You must include 3 consultant assessors including your ES and CS and senior nurses** and some peers. If there are training concerns you may be asked to complete an MSF at another time as well. **Please do not attempt to do an MSF until you have been advised to do so!**

### **Reflective Practice Entries / Learning from experience could include:**

- Audit/Case presentations
- Course/Formal teaching
- Critical review of a topic/Publications
- Interesting case

(The list is not exhaustive - see e-portfolio)

## Assessment: Signing off Competencies

**All Competencies must be individually signed off in the curriculum area of the e-portfolio by your educational supervisor and this is an absolute requirement for final assessments.**

- You should not be signed off for a competence if you do not have sufficient evidence in your e-portfolio associated with that competence and it is your educational supervisor's role to appraise your evidence. For most curriculum areas you will be expected to have appropriate pieces of linked evidence. Appropriate evidence for curriculum areas is defined in the curriculum.
- Your curriculum menu will be a major area of your e-portfolio assessed in 'Portfolio' and 'ARCP' reviews. **If you do not have the curriculum areas signed off the ARCP panel will judge they have not been completed.**
- Your supervisor will need to do this through supervisor login, click on curriculum, review the linked evidence, and complete the comments box.

Your Educational Supervisor should not sign you off for a competence if it is felt more experience is needed or more evidence needs to be collected. The competence may be signed off as 'Some experience' or 'achieved' (or in case of common competence level 1 or 2). Although the curriculum specifies the knowledge, skills, attitudes and behaviour, to achieve IMT level competence, a 'rule of thumb' is that you have achieved a competence if your supervisor thinks you are at a level ready to progress to ST4 in that area.

## Annual Review of Competency Progression

- Your e-portfolio will be reviewed remotely at months 8 and 20 and months 11 and 23, The ARCP panels convene for these assessments in June and July respectively.
- The ARCP panels will include the Head of School or Training Programme Director/Deputy, Royal College of Physicians Tutors, Educational Supervisors and lay representatives and an external advisor from another LETB (Deanery).
- The panels will assess your progress in achieving the required competencies at the appropriate level. The Criteria for satisfactory progression are set out in the JRCPTB ARCP August 2019 decision aid.
- An interim ARCP will be held in February for trainees who have a non-standard outcome at ARCP in the summer.
- You will be informed of the dates of each meeting in due course by e-mail and through an **ALERT** posted on the IMT home page.

**Unsatisfactory progress may delay or prevent progression to the next stage in your training and trainees who do not meet targets set at ARCP within the set time frame may be exited from the training programme.**

## Regional Training Days - IMT Programme 2019/20

The Internal Medicine Teaching Programme is based on the Internal medicine curriculum. There is a separate programme for IMT Y1 and IMT Y2 trainees and these are in the form of whole day release. Attendance is compulsory and the only reasons for absence are annual leave, sickness, on call or on a night shift (please refer to the complete study leave guidance for IMT included in your induction pack) Most of the training days will be held twice so if you are unable to attend your allocated day then you will be expected to attend the 'mirror' day. IMT Y1s are expected to attend 1 of the 2 scheduled Regional Inductions.

You must attend 8 Regional Teaching days in each training year, six hours of E-learning can be done as an equivalent to an RT day (Only 1 day of e-learning is accepted in lieu of an RT day), plus over the 2 IMT years, 1 medical emergencies simulation day is encouraged (ASCME) and clinical skills lab teaching for procedural competences (APS). It is therefore very important that as soon as you have been given the dates of the training sessions you plan your study leave, arrange cross cover with other members of your team, obtain the agreement of your supervising consultant and submit a form for study leave. It is your responsibility to ensure any swaps are made in good time and agreed with the Rota organiser a minimum of 6 weeks prior to the teaching day. If you cannot attend you must inform the IMT Programme Coordinator (Cath Smith) [csmith52@nhs.net](mailto:csmith52@nhs.net) in order for a record to be made on the register. IMT training days are divided into 3 terms and in order to achieve the minimum number in one year you should aim to attend approximately 2 days each term (starting in September). If your level of attendance at training days is poor it may lead to an unsatisfactory ARCP outcome.

- There will be 8 teaching days for IMT Y1 and 7 teaching days for IM Y2, e-learning or attending days in the east or west, in the event you are unable to attend allocated south days. You are expected to achieve 100% attendance in each year.
- 1 simulation day for medical emergencies is encouraged (ASCME) and 1 day for clinical procedures teaching in skills lab (APS). Book on these courses as early as possible to avoid disappointment.

Course Bookings: Regional Teaching, ASCME & Procedural Skills dates are on the Maxcourse website: <https://www.maxcourse.co.uk/heeyhsom/>

The Maxcourse system allows you to create your own account and book onto teaching/training days, all your booked training/teaching days are saved to your account and once attendance is confirmed for each training day you will be able to access your attendance certificate which will be saved in your account. You must complete the evaluation for each session before you can access the attendance certificate and this must be done as soon after the teaching/training takes place.

- The teaching days will rotate around the Region's hospitals.
- The teaching is based on half day topics so that each teaching day will be made up of 2 main themes.
- There will be other educational opportunities and teaching sessions within each hospital such as Staff Round / Grand Round presentations, X- Ray conferences, Specialty Teaching meetings and MDT meetings. You should also consider organising 'Taster Clinics' in specialties that are not covered in your rotation.
- You should keep a record of all training sessions and meetings that you attend in your e-portfolio and you should use the links to the relevant curriculum in order to use these sessions as evidence in support of competencies.

## Study Leave

For study leave you are required to complete the HEYH study leave form found on the Y&H Deanery website ([https://www.yorksandhumberdeanery.nhs.uk/medicine/core\\_medical\\_training/](https://www.yorksandhumberdeanery.nhs.uk/medicine/core_medical_training/)). All requests for study leave approval *must* be signed by your Educational/Clinical Supervisor or Royal College Tutor or Training Programme Director and your Rota organiser and approved by the IMT Coordinator. (See page 20 for contact details).

IMT Trainees are allowed up to 30 days per year study leave and includes the mandatory teaching below:

Study leave must map to the curriculum and be relevant. Courses that are mandatory for IMT are listed below. Please note, following the move away from individual trainee budgets to funding of mandatory courses your TPD/RCP Tutor has the final decision on any Study leave approved.

- **PACES courses (South Yorkshire/Yorkshire Courses should always be attended as first choice; an alternative course will only be considered when it is impossible for the trainee to obtain leave for a local course or if the local course is full). Normally only one PACES course will be funded per trainee.**
- **Other simulation training courses (e.g. ASCME, Advanced procedural skills courses)**
- **ALS (most trainees will have done this at foundation and will not need to repeat in IMT)**
- **Private study leave is available. 5 days is the maximum study leave *per annum* and is discretionary (at the discretion of your TPD/College Tutor/Rota organiser; there is no formal entitlement to it and it should not be considered as a right).**
- **1<sup>st</sup> attempt at MRCP Exam – each part (expenses only NOT exam fees - further attempts will be allowed time only).**
- **Regional CMT training days.**

**Funding for any other course is unlikely to be approved. Any such requests should be discussed on a case by case basis with the TPD or Deputy. Unfortunately, the curriculum delivery budget is limited and the approved mandatory courses have been agreed as HEEYH policy.**

For your first attempt at MRCP exam, travel and subsistence expenses (hotel, meals) can be claimed. Please ensure you fill in the expenses part of the form (if it is not on the approved form it will not be agreed). If you are travelling by train for example you should work out how much it will be; the same for the hotel and enter an estimation. **This does not include the exam fee which is paid by you.**

Once your study leave form (with any expenses) has been approved by your ES/CS and either college tutor or TPD, plus the rota organiser it should be sent for the attention of Catherine Smith, Medical Education Centre, The Rotherham NHS Foundation Trust, Moorgate Road, Rotherham S60 2UD. Scanned signed copies may be emailed to [csmith52@nhs.net](mailto:csmith52@nhs.net) **Any study leave forms that are incomplete or do not have the necessary signatures will be returned to the trainee, which will lead to delays and could result in your application being considered retrospectively and therefore will not be approved.**

**Please note retrospective claims will not be allowed. All claims for costs must be applied for within 28 days of the course/exam.**

**ALL** trainees (including DGH) should use the e-expenses system to claim any expenses relating to study leave.

### **To claim your expenses:**

Following your attendance on the approved course/exam all receipts should be uploaded onto the e-expenses system. STH Medical Education will then be notified of your claim and will process it. You will be notified via the e-expenses system if there are any queries relating to your claim.

Any questions should be directed to e-expenses; contact e-expenses directly via [expensesadmin@sth.nhs.uk](mailto:expensesadmin@sth.nhs.uk) provide your name, assignment number (found on your pay slip) and the email address you wish to be used for correspondence.

The following amounts must also be adhered to for all study leave claims:

- Hotel Accommodation (outside London) £55
- Hotel Accommodation (London) £80
- £25.00 per night if staying with friends or relatives, this includes meals, receipt not required.
- £5.00 Lunch, receipts required.
- £15.00 Evening Meal, receipts required.
- Road Travel is 0.24p per mile

Please note HEEYH states that all claims for expenses should be submitted within 28 days of the course/exam and that **retrospective claims will not be allowed.**

**YORKSHIRE AND THE HUMBER POSTGRADUATE DEANERY – FORM SL-A**
**APPLICATION FORM FOR CURRICULUM/EXAMINATION LEAVE  
FOR ALL TRAINEES WITHIN YORKSHIRE AND THE HUMBER POSTGRADUATE DEANERY**

THIS APPLICATION FORM SHOULD BE COMPLETED IN LINE WITH CURRICULUM DELIVERY GUIDANCE FOR TRAINEES IN: NORTH & EAST YORKSHIRE AND NORTHERN LINCOLNSHIRE LOCALITY AND WEST YORKSHIRE LOCALITY”

PART A – STUDY LEAVE DETAILS					
Surname:		Forenames:			
Your Address:		Current Employer:			
E-mail:					
Specialty:	Grade/Level: (please delete as appropriate) <div>             FTSTA    ST4              IMT1    ST5              IMT2    ST6              IMT3    ST7              ST1    ST8              ST2    SpR              ST3           </div>		Tel No:		
Main Hospital: Post at time of SL if different from above: <input type="checkbox"/>		Department: <input type="checkbox"/>		GMC No: <input type="checkbox"/>	
<b>Leave requested for:</b> Professional Development      Exam Leave      Exam Preparation      Other					
<b>Dates (inclusive of travel)</b> From:      To:      No of days:					
<b>Title of Course/Conference/Study Day:</b>					
<b>Location:</b>					
<b>Exam details:</b>		<b>Date of Exam:</b>			
<b>Number of previous attempts at this exam:</b>		<b>Dates taken:</b>			
<b>The following colleagues have agreed to cover my duties:</b>					
Name (print):		Signed:			
Name (print):		Signed:			
<b>EXPENSES</b>	Course Fee	Residential Costs No of Nights .....	Travel Road <input type="checkbox"/> Rail <input type="checkbox"/>	Subsistence	Other (Please specify)
Estimated:	£	£	£	£	£
Approved:	£	£	£	£	£
Signed (Applicant):  Date:					

## FORM SL-A: PAGE 2 (continued)

### PART B – APPROVAL OF ROTA CO-ORDINATOR

Signed (rota co-ordinator):

Date:

### PART C – APPROVAL OF EDUCATIONAL SUPERVISOR /CLINICAL SUPERVISOR

**\* Approved / Not Approved**

*\*delete as appropriate*

I CERTIFY THAT:

YES NO

- 1 This study/course activity is appropriate to the applicant's present training requirements ☐
- 2 The applicant has made every effort to prepare him/herself for this course ☐
- 3 The applicant can be released from his/her service commitment for this period ☐

Name (print):

Signed:

Dated:

### PART D – APPROVAL BY SPECIALTY STUDY LEAVE ADVISOR (SSLA)

**Note: SSLA NAMES AND DETAILS ARE AS PER THE CURRICULUM DELIVERY GUIDANCE. THE LOCAL DIRECTOR OF PGME IS THE SSLA FOR FOLLOWING SPECIALTIES: CORE MEDICAL TRAINING, ACCS, PAEDIATRICS AND PSYCHIATRY**

**\* Approved / Not Approved**

*\*delete as appropriate*

Name (print):

Signed:

Dated:

If leave is not approved, please state reasons below (to be completed by the SSLA):

**THIS APPLICATION FORM SHOULD BE COMPLETED IN LINE WITH “CURRICULUM DELIVERY GUIDANCE FOR TRAINEES IN: YORKSHIRE AND THE HUMBER POSTGRADUATE DEANERY AND SENT TO THE APPROPRIATE LEAD MEDICAL EDUCATION CENTRE**



## **PACES Courses**

A course is held in one of the hospitals of the region before each diet of the PACES examination and candidates should apply for a course if they intend to take the PACES examination at the next sitting. You must apply for study leave. The South Yorkshire course will be funded from the IMT curriculum delivery budget. A course in another region will not be funded unless the local course is oversubscribed (and you have applied in good time). You will be expected to attend a course within HEEYH except in exceptional circumstances. PACES Courses will be held as follows:

- Rotherham (RDGH) – 27 – 29 September 2019
- Barnsley (BDGH) 24 – 26 January 2020
- Doncaster (DRI) – 14 – 16 May 2020 (Retford Hospital)
- Sheffield (RHH) September 2020 TBC

**MSF – 06 - 31 January 2020 (Please do not attempt to organise an MSF any earlier than this date)**

**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 16 March – 27 March 2020

Interim Review 09 April 2020

**ARCP**

Remote ARCP panel 09 June 2020 (without trainees).

ARCP with selected trainees to attend 09 July 2020

## Internal Medicine Training (IMT) Stage 1 ARCP Decision Aid - 2019

The IMT ARCP decision aid documents the targets to be achieved for a satisfactory ARCP outcome at the end of each training year. This document is available on the JRCPTB website <https://www.jrcptb.org.uk/training-certification/arcp-decision-aids>

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)
Educational supervisor (ES) report	One per year to cover the training year since last ARCP (up to the date of the current ARCP)	Confirms meeting or exceeding expectations and no concerns	Confirms will meet the critical progression point and can progress to IMY3 and act as medical registrar	Confirms will meet the critical progression point criteria and complete IM stage 1
Generic capabilities in practice (CiPs)	Mapped to <a href="#">Generic Professional Capabilities (GPC) framework</a> and assessed using global ratings. Trainees should record self-rating to facilitate discussion with ES. ES report will record rating for each generic CiP	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training
Clinical capabilities in practice (CiPs)	See grid below of levels expected for each year of training. Trainees must complete self-rating to facilitate discussion with ES. ES report will confirm entrustment level for each individual CiP and overall global rating of progression	ES to confirm trainee is performing at or above the level expected for all CiPs	ES to confirm expected levels achieved for critical progression point at end of IMY2	ES to confirm expected levels achieved for critical progression point at end of IMY3
Multiple consultant report (MCR)	Minimum number. Each MCR is completed by a consultant who has supervised the trainee's clinical work. The ES should not complete an MCR for their own trainee	4	4 - of which at least <b>3</b> MCRs written by consultants who have personally supervised the trainee in an acute take/post-take setting	4 - of which at least <b>3</b> MCRs written by consultants who have personally supervised the trainee in an acute take/post-take setting
Multi-source feedback (MSF)	Minimum of 12 raters including 3 consultants and a mixture of other staff	1	1	1

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)
	(medical and non-medical) Replies should be received within 3 months (ideally within the same placement). MSF report must be released by the ES and feedback discussed with the trainee before the ARCP. If significant concerns are raised then arrangements should be made for a repeat MSF			
Supervised learning events (SLEs):  Acute care assessment tool (ACAT)	Minimum number to be carried out by consultants. Trainees are encouraged to undertake more and supervisors may require additional SLEs if concerns are identified. Each ACAT must include a minimum of 5 cases. ACATs should be used to demonstrate global assessment of trainee's performance on take or presenting new patients on ward rounds, encompassing both individual cases and overall performance (eg prioritisation, working with the team). It is not for comment on the management of individual cases	4	4	4
Supervised Learning Events (SLEs):  Case-based discussion (CbD) and/or mini-clinical	Minimum number to be carried out by consultants. Trainees are encouraged to undertake more and supervisors may require additional SLEs if concerns are identified. SLEs should be undertaken throughout the training year by a range	4	4	4

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)
evaluation exercise (mini-CEX)	of assessors. Structured feedback should be given to aid the trainee's personal development and reflected on by the trainee			
MRCP (UK)	Failure to pass full MRCP by the end of IMY2 will result in a non-standard ARCP outcome	Part 1 passed	Full MRCP(UK) diploma achieved	Full MRCP(UK) diploma achieved
Advanced life support (ALS)		Valid	Valid	Valid
Quality improvement (QI) project	QI project plan and report to be completed. Project to be assessed with quality improvement project tool (QIPAT)	Participating in QI activity (eg project plan)	1 project completed with QIPAT	Demonstrating leadership in QI activity (eg supervising another healthcare professional)
Clinical activity: Outpatients	See curriculum for definition of clinics and educational objectives. mini CEX / Cbd to be used to give structured feedback. Patient survey and reflective practice recommended. Summary of clinical activity should be recorded on ePortfolio	Minimum 20 outpatient clinics by end of IMY1	Minimum 20 outpatient clinics in IMY2	Minimum 20 outpatient clinics in IMY3 and 80 outpatient clinics in total (IMY1-3)
Clinical activity: Acute unselected take	Active involvement in the care of patients presenting with acute medical problems is defined as having sufficient input for the trainee's involvement to be recorded in the patient's clinical notes	Evidence that trainee actively involved in the care of at least 100 patients presenting with acute medical problems in IMY1	Evidence that trainee actively involved in the care of at least 100 patients presenting with acute medical problems in IMY2. ES to confirm level 3 for clinical CiP1	Evidence that trainee actively involved in the care of at least 100 patients presenting with acute medical problems in IMY3 and a minimum 500 patients in total (IMY1-3). ES to confirm level 3 for clinical CiP1

Evidence / requirement	Notes	IM year 1 (IMY1)	IM year 2 (IMY2)	IM year 3 (IMY3)
Clinical activity: Continuing ward care of patients admitted with acute medical problems	Trainees should be involved in the day-to-day management of acutely unwell medical inpatients for at least 24 months of IM stage 1			Minimum of 24 months by end of IM stage 1
Critical care	See curriculum for definition of critical care placements and learning objectives			Evidence of completion of minimum 10 weeks in critical care setting (ICU or HDU) in not more than two separate blocks by end of IM stage 1
Geriatric medicine				Evidence of completion of minimum of four months in a team led by a consultant geriatrician by completion of IM stage 1. At least one MCR to be completed by geriatrician during IM Stage 1.
Simulation	All practical procedures should be taught by simulation as early as possible in IMY1. Refresher training in procedural skills should be completed if required	Evidence of simulation training (minimum one day) including procedural skills	Evidence of simulation training including human factors and scenario training	Evidence of simulation training including human factors and scenario training
Teaching attendance	Minimum hours per training year. To be specified at induction  Summary of teaching attendance to be recorded in ePortfolio	50 hours teaching attendance to include minimum of 20 hours IM teaching recognised for CPD points or organised/ approved by HEE local office or deanery	50 hours teaching attendance to include minimum of 20 hours IM teaching recognised for CPD points or organised/ approved by HEE local office/deanery	50 hours teaching attendance to include minimum of 20 hours IM teaching recognised for CPD points or organised/ approved by HEE local office/deanery

## Practical procedural skills

Trainees must be able to outline the indications for the procedures listed in the table below and recognise the importance of valid consent, aseptic technique, safe use of analgesia and local anaesthesia, minimisation of patient discomfort, and requesting for help when appropriate. For all practical procedures the trainee must be able to appreciate and recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary. Please see table below for minimum levels of competence expected in each training year.

Practical procedures – minimum requirements	IMY1	IMY2	IMY3
<b>Advanced cardiopulmonary resuscitation (CPR)</b>	Skills lab or satisfactory supervised practice	Participation in CPR team	Leadership of CPR team
<b>Temporary cardiac pacing using an external device</b>	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice
<b>Ascitic tap</b>	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain <sup>a</sup>
<b>Lumbar puncture</b>	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain <sup>a</sup>
<b>Nasogastric (NG) tube</b>	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain <sup>a</sup>
<b>Pleural aspiration for fluid (diagnostic)</b> It can be assumed that a trainee who is capable of performing pleural aspiration of fluid is capable of introducing a needle to decompress a large symptomatic <b>pneumothorax</b> . Pleural procedures should be undertaken in line with the British Thoracic Society guidelines <sup>b</sup>	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain <sup>a</sup>

Practical procedures – minimum requirements	IMY1	IMY2	IMY3
<b>Access to circulation for resuscitation (femoral vein or intraosseous)</b> The requirement is for a minimum of skills lab training or satisfactory supervised practice in one of these two mechanisms for obtaining access to the circulation to allow infusion of fluid in the patient where peripheral venous access cannot be established	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice
<b>Central venous cannulation (internal jugular or subclavian)</b>	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice
<b>Intercostal drain for pneumothorax</b>	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice
<b>Intercostal drain for effusion</b> Pleural procedures should be undertaken in line with the British Thoracic Society guidelines <sup>b</sup>	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice
<b>Direct current (DC) cardioversion</b>	Skills lab or satisfactory supervised practice	Competent to perform unsupervised as evidenced by summative DOPS	Maintain <sup>a</sup>
<b>Abdominal paracentesis</b>	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice

<sup>a</sup> When a trainee has been signed off as being able to perform a procedure independently they are not required to have any further assessment (DOPS) of that procedure unless they or their educational supervisor think that this is required (in line with standard professional conduct). This also applies to procedures that have been signed off during foundation training or in other training programmes (e.g. ACCS).

<sup>b</sup> These state that thoracic ultrasound guidance is strongly recommended for all pleural procedures for pleural fluid, also that the marking of a site using thoracic ultrasound for subsequent remote aspiration or chest drain insertion is not recommended, except for large effusions. Ultrasound guidance should be provided by a pleural-trained ultrasound practitioner

## Levels to be achieved by the end of each training year and at critical progression points for IM clinical CiPs

### Level descriptors

Level 1: Entrusted to observe only – no provision of clinical care

Level 2: Entrusted to act with direct supervision

Level 3: Entrusted to act with indirect supervision

Level 4: Entrusted to act unsupervised

Clinical CiP	IMY1	IMY2	CRITICAL PROGRESSION POINT	IMY3	CRITICAL PROGRESSION POINT
1. Managing an acute unselected take	2	3		3	
2. Managing an acute specialty-related take	2*	2*		2*	
3. Providing continuity of care to medical in-patients	2	3		3	
4. Managing outpatients with long term conditions	2	2		3	
5. Managing medical problems in patients in other specialties and special cases	2	2		3	
6. Managing an MDT including discharge planning	2	2		3	
7. Delivering effective resuscitation and managing the deteriorating patient	2	3		4	
8. Managing end of life and applying palliative care skills	2	2		3	

\* This entrustment decision may be made on the basis of performance in other related CiPs if the trainee is not in a post that provides acute specialty-related take experience



## Health Education England Yorkshire and Humber (HEYH)

Health Education Yorkshire and Humber (HEEYH) oversees the delivery and monitors the quality of your training. It is divided into 3 localities: South, West and East and integrated medical training programmes are linked to one locality for the purpose of rotations and training. However, policy relating to training is common to all localities and details of this can be found on the website.

[https://www.yorksandhumberdeanery.nhs.uk/medicine/core\\_medical\\_training/](https://www.yorksandhumberdeanery.nhs.uk/medicine/core_medical_training/)

### Quality Assessment

As part of the Quality Assurance of training in HEYH, all trainees are required to complete a Yorkshire and the Humber trainee survey which runs between September and November. Trainees will be informed of the timing by e-mail with further details available on the Deanery website.

### GMC National Trainee Survey

The National Survey of Trainee Doctors provides a national picture of trainees' perceptions of their training posts and gives GMC and Deaneries invaluable and direct information to help shape the future of postgraduate medical education and training in the UK. If you are asked to complete this survey it is mandatory and on completion you will be given a unique reference number as proof of completion.

### SupportTT

Supported Return to Training (SupportTT) is a centrally funded Health Education England (HEE) programme which aims to support ALL trainees to safely and confidently return to training after a sustained period of absence.

[https://www.yorksandhumberdeanery.nhs.uk/learner\\_support/supported\\_return\\_to\\_training](https://www.yorksandhumberdeanery.nhs.uk/learner_support/supported_return_to_training)

### Policies

You are advised to be aware of and to read relevant (HEEYH) policies published on the website:

- Doctors and Dentists in difficulty
- Expenses
- Study leave
- Out of Programme Experience
- Less than Full Time Training
- Interdeanery transfers
- Intradeanery transfers
- Bullying and Harassment
- Appeals

### GIM Committee and Trainee Forums

Trainees are represented from each Trust on the School of Medicine committees. If you are interested in contributing and representing your peers on these committees you should discuss this with your RCP Tutor.

# Who's who!

## Head of Postgraduate School of Medicine

Dr Peter Hammond [Peter.Hammond@hee.nhs.uk](mailto:Peter.Hammond@hee.nhs.uk)

## Deputy Head of Postgraduate School of Medicine

Dr Trevor Rogers [Trevor.Rogers@hee.nhs.uk](mailto:Trevor.Rogers@hee.nhs.uk)

## Training Programme Director for CMT (South Yorkshire)

Dr Solomon Muzulu [solomon.muzulu@nhs.net](mailto:solomon.muzulu@nhs.net)

## Training Programme Director for IMT

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## Deputy Programme Directors for CMT/IMT (South Yorkshire)

Dr Viv Sakellariou [viv.sakellariou@nhs.net](mailto:viv.sakellariou@nhs.net)

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Dr Rekha Ramanath [Rekha.Ramanath@dbh.nhs.uk](mailto:Rekha.Ramanath@dbh.nhs.uk)

## South Yorkshire CMT/IMT Training Programme Coordinator

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## **Chesterfield Royal Infirmary**

RCP Tutor

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## **Sheffield Teaching Hospitals NHS Foundation Trust**

### **Northern General Hospital:**

RCP Tutor TBC

Medical Education Centre Manager

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0114 2715119

### **Weston Park**

Lynda Campbell [lynda.campbell@sth.nhs.uk](mailto:lynda.campbell@sth.nhs.uk)

## **Study Leave Forms**

Study Leave forms to be sent to; [DrsStudyLeave@sth.nhs.uk](mailto:DrsStudyLeave@sth.nhs.uk)

Cath Smith for any expenses to [csmith52@nhs.net](mailto:csmith52@nhs.net) for TPD/HoS approval

Tel: 01709 424543

Assistant Medical Personnel Manager

Jackie Hodgkinson [Jackie.Hodgkinson@sth.nhs.uk](mailto:Jackie.Hodgkinson@sth.nhs.uk)

Sheffield Teaching Hospitals NHS Trust

Tel 0114 271 1791