A Guide to Acute Medicine specialty training in the East Midlands Deanery

A training guide by trainees for trainees

With thanks to Suzanne Watt and other StRs for putting this information together

Table of Contents

Introduction **2**
General Outline of Acute Medicine training in the East Midlands **2**
The curriculum 2
East Midlands rotations 3
Study leave **4**
Educational and clinical supervisors **5**
To log book or not to log book **5**
ARCPs and PYAs **5**
AIM specialist skills **7**
Acute Medicine Speciality Certificate Examination **9**
Out of programme (OOP) **9**
Advanced communication skills course **9**
Other training opportunities **10**
Ultrasound 10
Gaining experience in leadership and management **11**
List of courses other Acute Medicine trainees have attended to fulfil curriculum requirements **11**
Acting up as a consultant **11**
Society for Acute Medicine **12**
Professional Support Unit 12
Maternity leave as a Medical Registrar **12**
Contacts **15**
Deanery 15
Training Programme Directors – AIM 15
Training Programme Directors – GIM 15
National 15
Your representative 15
NHS Trusts 16

Guide to Acute Medicine speciality training in the East Midlands Deanery

Introduction

Welcome to Acute Medicine training in the East Midlands. Your CCT (Certificate of Completion of Training) may seem some way off, but the next five years will go by quickly so current trainees have put together this guide to give you some pointers in how to achieve your objectives in this particular training programme.

Higher Speciality Trainees are expected to direct their own learning to a greater degree than you may have experienced before. This can be a daunting or exciting prospect depending on your point of view, but by using this guide some of the stress can be limited, allowing you to focus on your learning needs.

This guide includes sections on what to expect from AIM/GIM training, how to navigate some of the hurdles and understand what is required of you. There are sections written by trainees on how to prepare for your ARCP (Annual Review of Competence Progression) and PYA (Penultimate Year Appraisal), apply for OOPE (Out of Programme Experience), and arrange specialist skills. We have included a list of contacts at the Deanery and all of the hospitals in the region so you know exactly who to contact for any particular issue.

Have fun over the next few years – and remember there is always someone to ask.

General Outline of Acute Medicine training in the East Midlands

The curriculum

Trainees are expected to gain dual certification in AIM and GIM, this is because the GIM CCT is internationally recognised. The two curricula are very similar but if you look at the sign off requirements, they are slightly different hence you need to add evidence to both. Have a look at the JRCTB website and under the curricula (you will follow the 2009 with 2012 amendments for both) you can click on the info button next to the headings to see what you need. If you click on the pencil on a similar item on both curricula you will see the sign off levels are different. This guide is not the place to outline your full curriculum requirements, there is plenty of information out there, but remember the ARCP decision aids on the JRCTB website are your friends – use them.

You are probably used to work based assessments (WBAs) from your previous training. Registrar training introduces a couple more you may not be used to: ACAT (acute care assessment tool) in which a consultant assesses your management of at least five patients on the acute take, and MCR (multiple consultant report) which is a form filled out by 4-6 consultants from one rotation.

You will have ACRPs and PYAs (more details below) for GIM and AIM. The best advice is to be prepared and keep your ePortfolio up to date regularly so no ARCP ever needs a week long session to prepare for. The training programme

directors have provided an ARCP checklist so use this to prepare for what is required in each year of training.

East Midlands rotations

This section gives an idea of the rotations you will do in the Deanery. It is not possible to issue five year programmes in advance due to the variation in out of programme experience etc. but Dr Walker (TPD for AIM rotations) will try to give you as much notice as possible, and you should know the plans for the upcoming year at least. Rotations are based in either the North or South East Midlands.

North E Midlands

14 posts:

Nottingham University Hospitals

- 2 in Acute Medicine at QMC (12 months)
- 2 in General Medicine (NCH or QMC 12 months)
- 1 in either CCU or ICU (6 months)

Derby Teaching Hospitals

- 1 in Acute Medicine (12 months)
- 1 in Cardiology/CCU (6 months)
- 1 in ICU (6 months)

Chesterfield

- 2 in Acute Medicine

King's Mill Hospital (Mansfield)

- 1 in Respiratory (4 months)
- 1 in Emergency Medicine (4 months)
- 1 in Stroke Medicine (4 months)*

Lincoln

- 1 in Acute Medicine (12 months)

A typical rotation would be one year in Acute Medicine followed by mandatory specialty posts, a general medicine year (this year is flexible, you are supernumery and can choose posts depending on your learning needs), then a final year in Acute Medicine.

*This post is under review as the AIM curriculum states you must spend a minimum of 4 months training in acute geriatric medicine – stroke does not count. Until this issue is resolved, we suggest you spend at least 4 months in acute geriatric medicine in your flexible GIM year.

South E Midlands

14 posts:

University Hospitals of Leicester
- 8 posts at LRI
- 2 posts at Glenfield (respiratory/cardiology)

Kettering
- 2 posts in Acute Medicine

Northampton
- 2 posts in Acute Medicine

A typical rotation would be the first year in Acute Medicine in a DGH (Kettering or Northampton) followed by mandatory specialty posts, a general medicine year (this year is flexible, you are supernumery and can choose posts depending on your learning needs), then a final year in Acute Medicine – all based in Leicester.

While working in any post, you should have one half day for training in your AIM specialist skill. You should negotiate when (not if) to take your half day at the start of each post, which will depend on your specialist skill requirements and the needs of the department.

You also need to ensure you work in Outpatient Clinics and Ambulatory Care Centres as much as possible, to ensure you meet your GIM curriculum requirements. The GIM logbook is explained later.

Base hospital and travel expenses

At the time of writing, StRs on a rotation are eligible for travel expenses in lieu of relocation. You can choose any of the hospitals you rotate through in your first 3 years as your base hospital. This is normally the closest to where you live. You will need to e-mail the Medical Staffing department before the start of your post when you rotate to hospitals other than your base hospital stating your intention to claim travel expenses. These need to be claimed monthly and within 3 months of the travel. More details on travel expenses are provided in a document put together by one of our former StRs and can be found on the HEEM AIM webpage.

Study leave

You are entitled to 30 days study leave per year (15 internal and 15 external days) and have access to a £500 study leave budget per year (this may change to £2500 across a 5-year programme).

Internal days are free Deanery days e.g. regional AIM and GIM training days. You should try to swap any on calls clashing with AIM teaching so that you can attend. You should attend at least 70% of AIM training days and this will be reviewed at ARCPs. It may be more difficult to find swaps for GIM days as most trainees on the on call rota will want to attend but you should send apologies to Jane Hind if you can not attend as a certain % of these are also mandatory (exact % currently awaiting confirmation but likely to be 30%). AIM training days are

organised by the teaching TPD, Nicola Cooper (contact below). Keep your own list (maybe on a logbook) of sessions attended and why you have/have not attended for your ARCP.

External study days are courses required for your specialist skill, conferences, and exam leave. You are also allowed to take time off for exam revision.

All leave (including internal training days) should be booking through the Intrepid system (contact below). This is for your benefit to ensure you are taking the full entitlement over each year. Expenses are also claimed through this system. You are not allowed to roll study leave from one year to the next so use it or lose it.

Educational and clinical supervisors

As in your previous training you need an educational and clinical supervisor for each post. You may find the ePortfolio does not update automatically so there is a contact at the end of this guide should you need to get the information updated.

Your clinical supervisor will be allocated to you at the start of a new post and is a consultant that you will be working with in whatever specialty. Educational supervisors should be consultants in Acute Medicine. In the North E Midlands these will be in the hospital where you are based for that year. In the South E Midlands these are in Leicester.

To log book or not to log book

There is no formal requirement to keep a full log book, as your ePortfolio is your evidence of experience. However, it can be a very useful tool and enable you to follow up patients you see on call as well as keep track of your patient numbers to ensure you reach the requirements for GIM.

You may also use a log book to keep track of procedures you do so that you can demonstrate continuing competence (if you are already signed off to do procedures). Furthermore, it is easier to see at a glance from your Excel log book what teaching you have attended as you also have specific targets for hours attendance at teaching for your PYA.

Actual clinic and patient numbers are worked out using the **'Frith calculator'** available on the JRCTB website. This must be completed and uploaded to your ePortfolio prior to your ARCPs and PYA.

ARCPs and PYAs

ARCPs and PYAs take place once a year at the Deanery at Ruddington around January and June (depending when you joined the training programme). Make sure you have documented all the required evidence according to the ARCP checklist, otherwise you will not get an Outcome 1 (satisfactory progress). In the East Midlands Deanery, there is no requirement for trainees to attend ARCPs unless there is a 'non-standard' outcome.

Please make sure you keep your ePortfolio up to date and include in your personal library a copy of your CV, the Frith calculator (summary of numbers of patients seen for the GIM curriculum) and log book – all clearly labelled and easy to find. Please ensure you look at the most up-to-date ARCP decision aid and make sure you have completed the correct number/type of work based assessments (WBAs).

The AIM and GIM curriculum requirements are almost identical but differ slightly. Therefore you are required to completely fill in the AIM curriculum competencies on the ePortfolio but this does not need to be done again for the GIM curriculum on the ePortfolio. To satisfy the GIM curriculum you need evidence (in the form of a logbook) of numbers of acute take cases seen, general medicine in-patient ward rounds, and outpatient clinics. Our TPDs are working towards having AIM and GIM ARCPs done at the same time, as the curricula are almost identical. However, PYAs require an external assessor and are likely to be done separately for AIM and GIM.

PYA is the 'penultimate year assessment' for both GIM and AIM and the purpose is to identify any training needs before CCT. PYAs tend to be more formal than ARCPs. You are required to fill in forms listing all of your rotations (sounds silly but keep a note of exactly what you do, perhaps in your logbook if you have one) and all educational events attended. Both the GIM and AIM PYA require a short presentation outlining your specialty registrar training to date. Basically, you need to show you are going to fulfil all curriculum requirements by your CCT date. Both the GIM and AIM PYA require a short presentation and we suggest you include the following:

- Your posts
- Copy of the Frith calculator and therefore summary of patient numbers
- Attendance at courses and teaching (including hours of teaching attended)
- Evidence for your specialist skill
- Audit, management and teaching experience
- A slide outlining any further training needs over the next year

It is possible to complete your training early if you consistently get Outcome 1's at ARCP and fulfil all the curricula requirements. You still need to do the minimum time in certain rotations though, and you must discuss this with the TPD at the start of your rotation (if you have previous StR experience) or well in advance. You cannot announce your intention to try to shorten your training at PYA, for example.

Frith calculator:
http://www.jrcptb.org.uk/sites/default/files/Summary%20of%20Training%20calculator%20-%20November%202012_0.xls

AIM specialist skills

A CCT in AIM requires you to have a 'specialist skill', and there are a number of options. Please refer to the JRCPTB website (approved specialist skills for AIM) for a full list of options and how to achieve the required standards.

Specialist skills generally fall into one of four categories:

- Procedural skill (e.g. focussed echocardiography)
- Additional qualification (e.g. diploma in medical education, toxicology)
- Clinical speciality interest (e.g. intensive care medicine)
- Research

Start thinking about specialist skill as soon as you start your training. Identify your interest, the skill that can add weight to your CV and enquire about the feasibility of doing it. Start working on your specialist skill by ST4 year at the latest, as most need at least 2 years to complete (you have other things to worry about in the final years like an SCE exam, management courses, acting up as a consultant and looking for consultant jobs). If you want to achieve a skill not listed on the approved JRCPTB list you need to get approval from Dr Mike Jones (mike.jones3@nhs.net) the Acute Medicine SAC Chair and copy your e-mail to Felicity Stuart (felicity.stuart@jrcptb.org.uk) the Acute Medicine SAC Committee manager.

Some of our recent trainees have put together outlines on how they achieved their specialist skill in the East Midlands Deanery:

Education

University of Nottingham (PG Diploma or Masters)
https://www.nottingham.ac.uk/pgstudy/courses/medicine/medical-sciences/medical-education-mmedsci.aspx
Can do self funded as part time (can use study leave budget for it) or go OOP to do a teaching fellow job which part funds the course fee.

Echo

There are two recognised standards for Echocardiography as a specialist skill: The first is BSE (British Society of Echocardiography) transthoracic echocardiography accreditation and the other is FICE (Focused Intensive Care Echocardiography).

BSE is hard, really hard. It consists of a logbook of 250 scans of a specific case mix, 5 video cases with reports, a practical assessment and a written assessment. You have 24 months to complete it. While some Acute Medics have achieved BSE I am not aware of any trainees locally who have managed accreditation, despite going to great lengths. You would likely need to consider OOPE in a Cardiology post to collect enough cases in the timeframe allowed. It is also worth bearing in mind that you will need to re-accredit every five years and this will require proof of >250 scans per year. The QMC contact is Dr Thomas Mathew, although expect

the advice to try FICE instead. Your training programme directors will also advise you how difficult this is to achieve and recommend FICE …

FICE is a much more realistic standard to achieve as an Acute Medic. To complete this you will need a recognised mentor, attend a FICE course, complete an e-learning module, and complete a logbook of 50 cases (10 directly supervised) before a final assessment. The cases must be collected within a 12 month period. The actual scan you will learn to perform is different from the BSE standard performed by echo technicians. The FICE scan is a limited scan and aims to answer binary questions such as 'LV significantly impaired / not significantly impaired' and does not include valve assessments or detailed measurements. Our advice to those considering FICE would be to first of all try to sit in with an echo technician – this will give you an idea of the procedural skills required. If you then wish to proceed we suggest further reading and attending an echo course. You should schedule your logbook collection period to straddle your ICU placement (and ideally Cardiology too, if you can get them back to back). Keep an anonymised log of all your images on a memory stick with reports linked. The Derby contact is Dr Craig Morris and there are several FICE mentors at QMC e.g. Lewis Gray (see FICE website for full list).

BSE:
http://www.bsecho.org/media/135673/accreditation_pack_tte_march_2015_draft3.docx.pdf

FICE:
http://www.ics.ac.uk/ics-homepage/accreditation-modules/focused-intensive-care-echo-fice/

Research

Dr Reza Ghasemi, Consultant in Acute Medicine at Royal Derby Hospital, undertook a PhD during his AIM training programme and can be contacted for more information.

Infectious diseases

- Look into doing your Diploma in Tropical Medicine at Liverpool or London. It is possible to do this part time/distance learning but would need to be applied for and started early in your training as it takes some time. Alternatively apply for OOPE to do the three month residential course. This is an excellent course and worth doing. You should be able to claim your study budget and external study leave towards the course but expect to pay around £5000 out of your own pocket (plus living expenses) to do the course. Study leave would not be counted if OOPE time. Please note your time in OOPE for this course is not considered NHS service so your pay increment date will change.
- You should also gain experience in ID during your GIM year, picking this as one of your rotations if you can.
- You may apply for further OOPE to take time out and work overseas, possibly with a charity such as MSF (see contacts for OOPE).

Syncope and tilt testing

Contact Prof Masud (Tahir.masud@nuh.nhs..uk) at QMC re tilt table testing and attendance at syncope clinics.

Toxicology

Dr Shebina Hakda, now a Consultant at QMC did this, and can be contacted for more information.

Clinical Simulation

Contact Trent Simulation centre
http://www.nuh.nhs.uk/our-services/services/trent-simulation/

Acute Medicine Speciality Certificate Examination

You are required to pass the acute medicine SCE as part of your training. You can do this at any time however it is recommended to be taken in years ST5-ST7. 'On Examination' has sample questions as does the MRCP website. Dr Cooper integrates sample questions into the regional AIM training days as she is also a question writer and secretary of the Exam Board. Sadly, she cannot give us questions that will appear in the exam…
(MRCP acute medicine SCE)

Out of programme (OOP)

There are different types of time out of programme: OOPT (for training – a recognised training programme in a different Deanery), OOPE (for experience e.g. voluntary work overseas), OOPR (for research), and OOPC (for a career break whilst retaining your training number). In Acute Medicine you may need some time to fulfil your specialist skill requirements in the form of an OOPE/T, this is also used for the acting up period as a consultant. OOP needs to be approved by your TPD, Deanery and the JRCPTB so should be planned well in advance. The Deanery contact is in the list at the end of this guide. Please refer to the JRCPTB website for details on applying and the relevant forms.

Of note, time out of programme changes your CCT date and will change the date of your yearly pay increment (if they still exist at that time...)

Advanced communication skills course

This is a 2 day course arranged by Deanery and is a mandatory requirement. Some of the training budget is already used to fund this course so you don't need to pay out of your own available budget. This contributes to sign off for your communication competencies on the portfolio.

Other training opportunities

Although you will do a specialist skill, feel free to branch out into other things too. Ultrasound guided chest drains for pleural effusions is a required skill in the AIM curriculum, so if you get a chance to become Level 1 accredited in lung ultrasound, go for it. It can only improve your abilities as an Acute Medic. Here are some options:

Ultrasound

Level one accreditation Royal Society of Radiologists

Lung ultrasound is proving quite challenging to gain accreditation in. We should aim to be Level 1 accredited which requires sign off by a level 2 accredited ultrasonographer. This website outlines what is felt to be necessary by the College of Radiologists:
(https://www.rcr.ac.uk/sites/default/files/publication/BFCR(12)17_ultrasound_training.pdf)

You will need to:

- Attend a Lung US course (BTS website , DUCC course at Derby – not BTS approved)
- Observe 20 thoracic US examinations
- Perform 20 US examinations on normal patients
- Perform 20 examinations on patients with pleural effusions
- Perform 20 drainages using guided and non-guided techniques

At Kingsmill and QMC there are Level 2 accredited respiratory physicians who will be able to assist in obtaining your sign off. The form that needs signing off is found at Royal College of Radiologists website

You will need at attend a BTS approved thoracic US course (see BTS website , courses are run in Newcastle) and then complete a portfolio of scans. Discuss the actual requirements with your mentor, observing 20 may be a challenge and it seems more realistic to do something like observe 5, have 5 actually observed and then do a further 20 on 'normal', 20 on effusions plus 20 with actual interventions, whether drains, taps or therapeutic aspirations. This may sound like a lot but is more than do-able, especially during your respiratory rotation at KMH. You will also get a chance to practice lung US during your ICU placement, indeed all of your placements are likely have access to an US machine so you can do scans. If you save your images (remember to keep patient information confidential, you can turn off screen info on most US machines) and arrange to meet up with your mentors you can go through a few scans at once. Please discuss the best system with the mentor you choose.
The contacts are:
QMC: Dr Arun Khanna (arun.khanna@nuh.nhs.uk)
KMH: Dr Mark Robertson and Dr Dave Hodgson

FAMUS

Focussed acute medical US – this is under development by the Society for Acute Medicine, and initial pilot studies have been rolled out and if successful it will be a way to gain the skills you need in acute medical US such as vascular, limited abdomen, lung etc. It is likely to be available by 2017.

CUSIC (Core US Intensive Care) – Intensive Care Society

Another option for US is the newly formed CUSIC pathway (Intensive Care Society) which may be done during your Intensive Care rotation., perhaps alongside FICE accreditation. This course covers lung, abdomen and vascular access US.

No-one in Acute Medicine has done this pathway yet as it is very new. If you look at the ICS website link you can find a mentor at Derby (Dr Craig Morris) or Nottingham (Dr Lewis Gray) who may be able to help.

At QMC, the ICU department does not currently have the resources to train people outside of their own specialty. Dr Morris at Derby seems rather more enthusiastic but overall, if you are taking this route I would suggest doing it mainly during your ICU post.

Gaining experience in leadership and management

For your PYA and CCT you will need to show you have participated in leadership and management. The Deanery requires that all specialty trainees complete Tier 1 of its Leadership and Management Programme. This consists of 6 days in total and details can be found at the Leadership and Management Programme website. Trainees who have chosen leadership and management as their specialist skill may be exempt from this but discuss with TPD Dr Walker. In addition, there are lots of committees and ways to show you have participated in leadership and management in the NHS, so keep an eye out and get involved in Acute Medical Unit governance meetings and improvement projects. Keep a note of all the things you do in your ePortfolio/logbook.

List of courses other Acute Medicine trainees have attended to fulfil curriculum requirements

RCP – Physicians as Educators Accreditation
RCP – Leadership and Management

Acting up as a consultant

You can act up as a consultant in your last year of training. Discuss what you would like to do with your educational supervisor. If you wish to act up at a particular place it would be a good idea to mention this to TPD Dr Walker sooner rather than later so that it is easier to co-ordinate. This is technically OOPE but does not eat into training time.

Society for Acute Medicine

The Society for Acute Medicine is the international specialist society for specialists in Acute Medicine, and there is an expectation that specialty registrars will join. You should try to attend one meeting a year during your training. The international meeting is held in October and the national one in May. The Society for Acute Medicine is friendly and multi-professional and a great opportunity to network, learn what other AMUs are doing, and learn about quality improvement. There are usually national training updates and SAM conferences also run parallel masterclasses (e.g. in ultrasound) and pre-conference SCE revision courses. You should try to get a poster accepted at a conference if you can, TPD Dr Cooper can assist if you need advice. The training pages on the Society for Acute Medicine website are also useful.

Professional Support Unit (PSU)

The PSU at HEEM provides a range of support to do with education and training. Trainees have to be referred by an educational/clinical supervisor or TPD. The most common reason for referral is problems passing exams, but other reasons include time management, communication, and anything else that is preventing a trainee from realising their full potential. PSU provides diagnosis and support for specific learning disabilities (e.g. dyslexia, dyspraxia, Aspergers), coaching and counselling. It also runs a series of Masterclasses that anyone can attend on a range of topics – like exam preparation, resilience and confident communication. It is strongly recommended you get yourself along to PSU for a few sessions if you have failed your SCE first time – the coaches there are incredibly helpful … and it's free!

Maternity leave as a Medical Registrar

- There's never a 'right time'!
- Congratulations!

By 15 weeks, you should inform the HR department, rota co-ordinator and your supervisors that you are pregnant (this facilitates maternity leave and pay). Confirm this in writing. Give HR your Mat B1 form (a midwife will give this to you after your 12 week scan) – remember to keep a copy or two yourself.

Your employer needs to carry out a risk assessment – this is usually done by your line manager or clinical supervisor. This considers tasks that might be challenging (e.g. manual handling, exposure to certain infectious diseases); long working hours (this is open to interpretation, as there is no official rule about on-calls/nights. Unless there is a specific risk identified, you are not exempt from nights but in late pregnancy most departments will take you off nights).

There is some guidance from the BMA that you should avoid performing CPR after 28 weeks, so by default you should not be on the crash team. Keep an open dialogue with your consultant and HR if you develop complications in your pregnancy, or are struggling. You can also:

- Speak to your GP
- Ask for a referral to Occupational Health (you don't automatically get a referral just because you are pregnant).

Plan when you would like to take maternity leave (the earliest is approximately 29 weeks) - you need to give at least 28 days notice for any changes.

26 weeks of Ordinary Maternity leave plus 26 weeks of Additional Maternity leave equates to 52 weeks maximum leave (but it is not all paid!). Add in any accumulated annual leave (your Trust might insist you take you annual leave before you go on Maternity Leave, but you will also accumulate leave while on Maternity Leave). This is paid leave.

Keeping In Touch days - 10 paid days are allocated for you to use to attend study days, go back to the wards, attend a clinic or be on-call. These are not compulsory, but some trainees find it makes the return from maternity leave less daunting.

Maternity pay is complicated … so make sure you speak to someone in HR early who can explain all the rules!

You are entitled to paid time off for antenatal classes and appointments. You should still get your incremental pay rise during maternity leave. Pension contributions will continue during Ordinary Maternity Leave. Statutory Maternity Pay (SMP) forms part of your Maternity Pay. It will be paid by your Trust unless you have changed Trusts during pregnancy (then you have to claim this from Benefits Agency). You get this regardless of whether you decide to return to work.

Apart from GMC fees, your professional fees to medical defence unions, BMA and student loan contributions can be suspended or reduced while on maternity leave. The BMA has a leave calculator and your HR department will also have a leave and pay calculator.

Paternity leave – new legislation allows you and your partner to share the first year of leave after having a child.

Returning to work in less than full time training is an option after Maternity Leave. Life will not be the same again! Do not underestimated the physical and emotional stresses of working and looking after a family. You will need to decide whether you want to return full time or 'less than full time' (LTFT) e.g. 50, 60, 70 or 80%.

Be aware that working 60% of full time does not necessarily mean you will receive 60% of your full time salary. It depends on your basic salary band (a proportion of your full time basic salary) and an intensity supplement based on your out of hours work. The amount of out of hours commitments the Trust will expect you to do will depend on whether you are supernumerary or job sharing.

If you want to apply for LTFT training, contact Health Education East Midlands and discuss with the TPD Dr Walker. The HEEM website has an application form to be completed. Keep in touch with your rota co-ordinator and supervisor, arrange a meeting beforehand to clarify your return arrangements, out of hours commitments and clinics etc.

Useful links:
Department of Work and Pensions http://www.dwp.gov.uk
BMA maternity and paternity advice http://www.bma.org.uk/maternity
So You Want to be a Medical Mum? (Medical Careers Guides) (Success in Medicine) Emma Hill. Paperback – 23 Apr 2008
NHS Employers has published a factsheet for doctors in training:
http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/junior-doctors-dentists-gp-registrars/maternity-guidance

Contacts

('Lead' means main trainee contact, not necessarily the departmental lead).

Deanery

Head	Jonathon Corne	jonathan.corne@nhs.net
Secretary to Dr Corne	Eleanor Hardy	e.hardy1@nhs.net
Portfolio updates	Joseph Parker	joseph.parker1@nhs.net
Intrepid (leave manager)	Amy Waite	HEEM.csl@nhs.net
ARCPs/PYA	June Prior	june.prior@nhs.net (currently off sick) hilary.booth@nhs.net
OOPE	Deborah Collington	HEEM.specialtyprogrammes@nhs.net
RCP/GIM teaching	Jane Hind	Jane.Hind@rcplondon.ac.uk

Training Programme Directors – AIM

Rotations/assessment	Lee Walker	lee.walker@uhl-tr.nhs.uk
Teaching and learning	Nicola Cooper	nacooper@doctors.org.uk

Training Programme Directors – GIM

TPD North	Ganesh Subramanian	Ganesh.Subramanian@nuh.nhs.uk
TPD South	Patrick Davey	Patrick.Davey@ngh.nhs.uk

National

JRCTB	See website and contacts

Your representative

Deanery Higher Speciality Training Committee AIM	Suzanne watt	Suzannewatt@doctors.org.uk

NHS Trusts (North)

Nottingham University Hospitals

HR contact	Andrea Gerrard	Andrea.Gerrard@nuh.nhs.uk
General medicine rota	Julie Cotton	Julie.Cotton@nuh.nhs.uk
Educational supervisor	Dr Kish Nalla	
Infectious diseases lead	Prith Venkatesan	Pradhib.Venkatesan@nuh.nhs.uk
Rheumatology lead	Julie McHale	Julie.mchale@nuh.nhs.uk

Derby Teaching Hospitals

HR contact/rota	Zoe Hankey	zoe.hankey@nhs.net
Educational supervisor	Nicola Cooper	nacooper@doctors.org.uk
Cardiology lead	Julia Baron	julia.baron1@nhs.net
ICU lead	Nick Reynolds	nreynolds@doctors.org.uk

Chesterfield Royal Hospital

HR contact	??	
General medical rota	Laura McNeice	laura.mcneice@nhs.net
Acute Medicine lead	Mansur Reza	

Kingsmill Hospital

HR contact	Deborah Williams	Deborah.Williams@sfh-tr.nhs.uk
General medical rota	Jill Denman	Jill.Denman@sfh-tr.nhs.uk
Acute Medicine lead	Harry Wright	Harry.Wright@sfh-tr.nhs.uk
Stroke lead	Martin Cooper	Martin.Cooper@sfh-tr.nhs.uk
Respiratory lead	Andy Molyneux	Andrew.Molyneux@sfh-tr.nhs.uk
ED lead	Jennifer Simpson	Jennifer.Simpson@sfh-tr.nhs.uk

Lincoln Hospital

HR contact	??
Acute Medicine lead	??

NHS Trusts (South)

Kettering Hospital

HR contact	??
Acute Medicine lead	??

Northampton Hospital

HR contact	??	
Acute Medicine lead	??	

University Hospitals of Leicester

HR contact	??	
Acute Medicine lead	Lee Walker	lee.walker@uhl-tr.nhs.uk