

# School of Medicine Newsletter

## Yorkshire and the Humber – Autumn 2018



### Welcome

Welcome to the Autumn 2018 School of Medicine Newsletter. We've lots of exciting news for you in this edition including the appointment of many new TPDs who we welcome to the team, Gold Guide changes, Internal Medicine curriculum implementation and CT1 trainee intake, flexible portfolio registrar, Leadership Fellow posts, and the School website. We start however with a segment on 'The Power of Coaching.'

### The Power of Coaching

Think of somebody who has inspired you. Consider how they behaved towards you. Did they tell you what to do or did they listen attentively and encourage you to do what you probably knew was the best thing for you anyway? Now think of somebody whose style was to tell you what to do. Did you ever do what you told? Did you actually go out of your way to do the opposite?

The inspirational mentor was most probably coaching you either knowingly or simply using the instincts that they had acquired during their life. You, most likely, didn't know that you were being coached, but, inspired by the style of the interaction, you were given every opportunity to use your skills in fulfilling your potential. This is the power of the coaching process.

Coaching is a growing field in business circles with many high-flying executives turning to it to seek inspiration when they feel there are hurdles in the

way. In business it is seen as a positive pursuit for those wishing to grow. Medical professionals are now being enlightened by the power of coaching. For more information please see: [https://www.ted.com/talks/atul\\_gawande\\_want\\_to\\_get\\_great\\_at\\_something\\_get\\_a\\_coach/up-next](https://www.ted.com/talks/atul_gawande_want_to_get_great_at_something_get_a_coach/up-next)

and

<https://www.google.co.uk/amp/s/www.newyorker.com/magazine/2011/10/03/personal-best/amp>

In HEEYH, Dr Susy Stirling has developed a unique opportunity for trainee doctors and dentists to work with trained medical coaches all over the region to overcome their hurdles and discover their true potential.

Trainees who have taken up this opportunity report their experience extremely positively. Many initially perceive coaching to be remedial however once they realise this could not be further from the truth they often are enlightened by the sheer potential of the coaching process to unlock their potential,

enabling them to begin re-evaluating previous limiting beliefs and broadening their aspirations for future developments in their career and social lives.

Personally, training as a coach has been the most difficult and inspiring pursuit that I have undertaken since qualifying as a doctor in 1994. The process has transformed the way I think, listen, question, communicate and plan my life. This has hugely enhanced my skills as a neurologist and given me great joy in helping trainees and patients alike.

HEEYH now have the capacity to offer coaching to our much-valued trainees throughout the region through an ever-expanding network of coaches. Information on how to book coaching sessions or to become a trained coach can be obtained from the deanery website.

**Dr Gary Dennis – Executive Coach & Neurology Training Programme Director**

## Changes and highlights of the Gold Guide Version 7

What is the Gold Guide: A Reference Guide for Postgraduate Specialty Training in the UK and applicable to all trainees (StRs) taking up appointments in specialty (including GP and core trainees) training which commenced on or after 1 August 2007.

Key things to know and what has changed: At least it is shorter with less duplication. *This is not a comprehensive list of changes just some of the highlights – please refer to Gold guide version 7 for all the changes.*

**4.85.** The maximum extended training time ordinarily allowed is 1 year covering all training from CMT to ST completion. For CMT only it is a maximum of 6 months. Some trainees may prefer to ‘save’ this for higher training (see second bullet point below).

If a trainee in CMT has reached 2 years and completed all competencies except the MRCP diploma (passing PACES) then the following outcomes are awarded:

- Remediation of up to 6 months  
OUTCOME 3
- If after ATT (additional training time) exam still not passed

OUTCOME 4 (unless Dean agrees exceptional ATT)

- If trainee resigns from programme without taking up remediation  
OUTCOME 3

The length of time that training can be extended depends on the type of programme the trainee is following (e.g. core training or run-through). Trainees may be offered extensions to training up to the **maximum limits detailed below**. However, trainees should not anticipate that they will be offered the exceptional additional training time as it is dependent on the approval of the PGD - approval only granted in exceptional circumstances.

Duration of extension to training

Programme	Extension to training time	Exceptional additional training time <sup>1</sup>	Total
Core training	6 months	6 months	12 months
Higher training	1 year <sup>2</sup>	1 year	2 years <sup>3</sup>
Run-through training	1 year	1 year	2 years
General practice training	1 year	6 months	18 months

1. Exceptional additional training time must be approved by the PGD.
2. This would include 1 year across both core and higher specialty training where the programme is uncoupled, and may include up to 6 months for the core training programme.
3. This would include 2 years across both core and higher specialty training where the programme is uncoupled, and may include up to 12 months for the core training programme.

This does not include additional time that might be required because of statutory leave such as ill health or maternity/paternity/adoption leave.

If a LTFT trainee in CMT or ST fails their clinical exam then the potential extension of time is adjusted to account for this (uncommon in medicine as no clinical exam at ST level) and extension to training is adjusted and is pro-rata.

**4.9.** There will be occasions when a trainee progresses more rapidly than the expected rate of progress and in such cases, the award of an ARCP Outcome 6 can be bought forward.

However, this can only occur if:

1. the trainee has gained all the relevant competences required within the curriculum
2. the trainee has completed all the necessary examinations and assessments
3. the trainee has spent the minimum time in training as required by the EU directive on the recognition of professional qualifications (see: [https://www.gmc-uk.org/-/media/documents/adapting-for-the-future-a-plan-to-improve-postgrad-med-training-flexibility\\_pdf-69842348.pdf](https://www.gmc-uk.org/-/media/documents/adapting-for-the-future-a-plan-to-improve-postgrad-med-training-flexibility_pdf-69842348.pdf) )

The early achievement of CCT needs to be planned via the ARCP process and would not normally be advanced by more than one year.

**1.14.** Provides PGD with an opportunity to review the training status of trainees who have been or are likely to be unable to train for periods in excess of two years.

The primary purpose of entry into specialty training is to be able to progress towards and achieve either completion of core training, or a CCT or equivalent. If a trainee is unlikely to be able to undertake any training for whatever reason for a continuous period of more than two years, the PGD should review the maintenance of the training number in line with paragraph 3.72 and consider whether the training number should be withdrawn.

**3.86.** Trainees on LTFT placements are not precluded from undertaking other work although they should ensure that in undertaking this work, they practise according to the GMC's standards in Good Medical Practice ([www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp)) and that this does not impact negatively on their training. By utilisation of their annual Form R submission or the alternative IT solution in Scotland, they should ensure that the PGD as their designated RO is aware of all additional work undertaken within their remit of holding a licence to practise.

**3.67.** Doctors undertaking a LAS post **must have appropriate clinical supervision but do not require an educational supervisor** since they will not normally be able to gain documented relevant specialty training competences through the appointment. However, competences attained from undertaking a LAS post **may count towards progressing to a CESR(CP)**. Whether these competences can be taken into account would usually be assessed early after entry to a training programme and at the latest by the first ARCP.

**Professor Sunil Bhandari – Deputy Head of School**

### Internal medicine curriculum implementation and the latest CT1 trainee intake

I will give a detailed update on progress on IM implementation in the next newsletter. Currently it feels a bit like Brexit implementation – an all-

consuming project which leaves little time to focus on other important issues!

You will probably be aware that there has been understandable concern expressed by our new CT1 trainees following their induction meetings that implementing the requirements of IM training for year 1, commencing in August 2019, would mean that their advertised CT2 placements may have to change. In view of these concerns we sent out the following letter from myself and Jon Hossain.

“Dear Trainee,

We wanted to reassure you about your training programme in Yorkshire and the Humber following information given at recent CMT induction meetings about potential changes to CT2 rotations and to correct some inaccuracies that may have communicated to you through various sources.

These potential changes stem from the requirements of the new internal medicine curriculum which is due to be introduced from August 2019, subject to sign off from Health Education England, particularly with regards to costings.

In particular internal medicine trainees in the first year of training (IM1) will be expected to have a placement in elderly medicine, whilst the other placements in that first year will focus on acute/in-patient care; and in the second year, placements will include 4 months of intensive care medicine and other placements focussed on ambulatory/out-patient care. This is a national initiative and all Schools of Medicine will be adjusting rotations to accommodate these requirements, although there will be variations between regions as to the process by which this is done.

JRCPTB and national recruitment asked that Schools of Medicine provided details of 2019-20 CT2 rotations for your recruitment round although aware that changes to these would be needed in some cases. The School of Medicine in Yorkshire and the Humber is committed to ensuring minimal disruption to planned CT2 rotations, and that individual trainees achieve all their curriculum requirements and importantly are not disadvantaged by possible changes to rotations.

At the request of Health Education England we are currently finalising our provisional IM1, IM2 and IM3 rotations such that should approval take place we can implement the new curriculum next year. The implementation of IM1 training from August 19 will then have some effect on some of the training posts

for the CT2 year. What we intend to do is to look at each individual trainee's needs and try to minimise as much as possible the changes to their planned rotations. Having completed a new rotation grid the School of Medicine will then engage with those current CT1 trainees who feel they have been disadvantaged by any changes to rotations and we will consider alternatives from a number of options at our disposal to resolve their concerns. We had to deal with similar issues caused by the recent problems with ST3 medical recruitment and have managed to find satisfactory arrangements for all of our trainees. We are working to timescales set by others but expect a resolution to this issue within a few weeks at most.

We appreciate that the manner in which this issue has been communicated has not been ideal and apologise for the concerns this has generated. We would stress that the School of Medicine is committed to supporting Core Medical Trainees and to ensure that no-one feels disadvantaged.”

We are now close to finalising the rotations for 2019 for IM1 and CT2 and will be as flexible as possible to ensure minimal disruption to our current CT1 trainees.

**Dr Peter Hammond – Head of School**

### Website

The HEEYH website was updated at the start of the year and for most specialties we simply transferred across existing content from the old to the new site. A lot of this content is out of date and needs to be updated. We have given a deadline of 31<sup>st</sup> October for the content reviewed and outdated content amended or deleted. The school of medicine team will make any changes required or delete any content if you let them know the details. Once the deadline has passed we will systematically review each specialty's content and remove anything ourselves which is clearly out of date. Thank you for your help with this – the website is not only a valuable source of information for our trainees but is often the first view of what we have to offer for trainees thinking of applying for training posts here.

**Dr Peter Hammond – Head of School**

### Flexible portfolio registrar

As part of the initiative to improve the flexibility of training programmes JRCPTB are launching a flexible portfolio registrar pilot, and Yorkshire and the Humber have been asked to pilot complementary training in research. This pilot will run for two years and we have been asked to host 15 registrars each year in dually accrediting specialties who will spend 20% of their time, usually equivalent to one day a week, gaining research experience. The idea is not for trainees to get involved in academic research programmes, but rather to gain experience of how research is conducted across NHS organisations, developing skills in research methodologies and statistical analysis. The emphasis is being part of a Trust team or Research network participating in research.

The capabilities in practice trainees will be expected to develop are:

- 1. Understanding research methodologies
- 2. Research governance and ethical approval
- 3. Presentation
- 4. Publications
- 5. Participation in clinical research
- 6. Data collection, analysis and management

Whilst the trainee will spend at least one year with 20% of their time in research practice it is expected they will continue to do so through both years of the pilot. The posts will be created from existing higher specialty training posts.

**Dr Peter Hammond – Head of School**

### Leadership Fellow posts

The Future Leaders programme will shortly be asking for funding bids for leadership fellows to start from August 2019.

The programme aims for fellows to:

- Gain practical and academic experience in clinical leadership from local experts in the field.
- Build a network of expert contacts with medical and NHS management leaders.

- Enhance skills and competencies that are essential for future medical leaders.
- Develop competencies relevant to the domains defined in the Healthcare Leadership Model.
- Develop and deliver a specialty or management driven project that is relevant to the specific needs of the NHS.
- Undertake a one year postgraduate qualification e.g. in leadership or medical education.

Fellows can be based in one of the HEEYH offices or in a Trust and should undertake projects under supervision of an experienced leader.

We would encourage school of medicine specialties to consider submitting bids.

All proposals should be made via the online portal here: <https://healtheducationyh.onlinesurveys.ac.uk/future-leaders-bid-proforma-2019> by 11.59pm on Monday 29th October 2018. Late bids will NOT be considered.

More details can be found at [https://www.yorksandhumberdeanery.nhs.uk/education/future\\_leaders\\_programme](https://www.yorksandhumberdeanery.nhs.uk/education/future_leaders_programme) or by contacting the Future Leaders Project Team on [futureleadersrec.yh@hee.nhs.uk](mailto:futureleadersrec.yh@hee.nhs.uk)

**Dr Peter Hammond – Head of School**

### TPD Appointments

We would like to welcome the following new training programme directors who have recently been appointed within the School of Medicine:

Cardiology Deputy TPD – Abdul Hameed

Cardiology TPD – Raj Chelliah

CMT West TPD – John Stoves

Gastroenterology TPD – Lynsey Corless

Haematology TPD – Simone Green

Infectious Diseases TPD – Penny Lewthwaite (12-month sabbatical cover)

Respiratory Medicine TPD – Sally Davies

Cardiology TPD – Rob Sapsford

Rehabilitation Medicine TPD – Matthew Smith

**Hannah Snead – Programme Support Manager**