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July 2009

Dear Colleague

Congratulations on your appointment to the Trust. As the Director of Education I would like to welcome you to your new post with all the opportunities it provides you, both to develop your own educational skills and pursue your own individual educational goals. We are a large teaching hospital with an excellent track record in education and training, and with a consultant body that is highly committed to education at both undergraduate and postgraduate level.

The Trust has an Integrated Directorate of Education and Learning of which Medical Education is a key component. Details of the education structures and opportunities that are available to you for your own personal development are available via the web site which is accessible both internally by the SUHTtranet and externally www.suht.nhs.uk/ideal. We have a committed professional education management team and medical education is headed up by Dr Jane Hazelgrove (Director of Medical Education) with a team of clinical tutors who support both undergraduate and postgraduate activity across the Trust.

I do hope however, you will embrace the opportunities the Trust provides by participating in and delivering interprofessional education and training as well as a fulfilling your role as a teaching hospital consultant within medical education.

Please do not hesitate to contact me if you have any queries about education within the Trust and I do look forward to meeting you in person in the near future.

Kind regards

Yours sincerely

Dr Jo Mountfield
Director of Education
joanna.mountfield@suht.swest.nhs.uk
Medical HR

In your Consultants starter’s pack, you would have received:

- A welcome letter from Mark Hackett, Chief Executive
- A welcome letter from Margaret Fahey
- Invitation to Trust board
- Safety & Security information
- Telephone expenses authorisation form
- Payroll Deadlines
- Annual Leave Entitlement
- Information regarding Trust phone cards
- The duties of a doctor registered with the GMC
- Senior Staff claim form
- Travel Expenses form
- Pensions guide
- 2020 Vision

If any of the above information was missing, or if you have any HR related queries, please contact Liz Brown, HR Advisor for recruitment and operations on Extension 6056 or via email: Elizabeth.Brown@suht.sest.nhs.uk
The Induction of Doctors commencing work in SUHT

All doctors commencing work in SUHT must attend an induction to the Trust unless they have worked within the Trust during the previous 12 months. A full explanation of the Induction Process can be found at: http://www.suht.nhs.uk/Education/Doctors/DoctorsInduction/DoctorsInduction.aspx

An Induction consists of a generic induction (Please see web site) and then you will receive a local Induction from your care group.

The Generic Induction consists of a number of eLearning modules to be completed before commencing employment and attendance at an Induction day which is held on the 1st Wednesday of each Month.

Needless to say, evidence of full completion of induction and post induction Questionnaire is mandatory

For any queries relating to Induction, please contact Bridget Cook on Extension: 3523 or via Email: Bridget.Cook@suht.swest.nhs.uk
Divisional Structure of Southampton University Hospitals NHS Trust - from July 2010

Chief Operating Officer
Steve McManus

Division A
DCD - Caroline Marshall
DDO - Andrew Asquith (acting)
DHNP - Mary Christie

Care Groups
Surgery:
- CGM - Jim Smethurst
- Matron - Rebecca Carter

Cancer Care:
- CGM - Chris Baughan
- Matron - Lisa Mill

Critical Care & Theatres:
- CGM - John Groom
- Matron - Amanda Barnes

Legend:
DCD - Divisional Clinical Director
DDO - Divisional Director of Operations
DHNP - Divisional Head of Nursing Professions
CGM - Care Group Manager
HNL - Head of Nursing
CCG - Clinical Lead

Division B
DCD - Derek Sandeman
DDO - Frances Wisserman
DHNP - Caroline Ainslie

Care Groups
Emergency Medicine:
- CGM - Vanessa Arnett-Cullin
- Matron - Fiona Proctor

Radiology & Pathology:
- CGM - Anna Drummond
- Pathology CCG:

Division C
DCD - Alastair O’Connell
DDO - Matt Ayres
DHNP - Carla Harman

Care Groups
Obstetrics & Gynaecology:
- CGM - Ruth Dore del Tutto
- Matron - Carol Wells

Therapies & Non-Clinical Support:
- CGM - Liz Ward

Division D
DCD - Graeme Taylor
DDO - Sue Moore
DHNP - Helen Hayley

Care Groups
Cardiovascular & Thoracic:
- CGM - Joanne Smith

Neurosciences:
- CGM - Dorothy Lee

Trauma & Orthopaedics:
- CGM - Andy Cole

These Divisional Structures are subject to frequent change. For the most up to date version please go to: http://suh-net/index.cfm?articleid=3335 and select Divisional Structure Chart download.
Members of the Trust Board

The non-executive and executive directors of the Trust, who together comprise the Trust Board, are listed below.

Non-executive Directors

Mr. John Trewby, CB FREng Chair

John joined Southampton University Hospital NHS Trust on 1st April 2008. He brings with him a wealth of leadership experience after a distinguished career in the Navy where he rose to the rank of Rear Admiral and became the first Chief Executive of the Naval Bases and Supply Agency.

After 36 years in the Navy John joined the defence company British Aerospace (latterly BAE Systems) where he was their chief Naval Advisor for 8 years. He is a Fellow of the Royal Academy of Engineering and chairs the finance committees in his role as a governor of two schools.

Mr. Keith Bamber

Keith Bamber started as a graduate trainee at Procter & Gamble after gaining an honours degree in Chemistry at Oxford University. He quickly developed an interest in harnessing information systems technology to assist in the achievement of corporate goals and subsequently worked extensively at board level to fulfil these goals in executive and consultancy roles in the UK and overseas.

He brings analytical and investment appraisal skills developed during his time at Unilever and a sensitivity to corporate culture and personnel issues gained during consultancy experience. He was responsible for global information systems strategy in an international merchant bank at the time of deregulation of the world financial markets. In recent years he held a board level appointment in a membership organisation with members’ council and worked extensively with volunteers.

Keith is Vice Chairman of the Trust and Senior Independent Director. He has special interest in children's and cardiac services and is the Trust Design Champion.

Professor David Williams

Profession David Williams has been a Non-Executive Director of the Trust since 2005. He holds the positions of Vice-Chairman of the Audit and Assurance Committee with particular concern for clinical governance issues; Non-Executive Director with oversight of control of healthcare-acquired infection; and member of the Cancer Care PFI Project Board.

David is also Dean of the Faculty of Medicine, Health and Life Sciences, and Professor of Pathology in the University of Southampton. He is an Honorary Consultant with Southampton University Hospitals NHS Trust.

David's background is in academic medicine and dentistry with a major research interest in diseases of the head and neck. Before moving to Southampton in late
2004 he was Deputy Warden in the School of Medicine and Dentistry at Bart's and the London (1998-2001) and Vice Principal for Strategic Development at Queen Mary, University of London (2001-2004). He has been a member of the General Dental Council and Chair of its Registration Committee.

**Mr. Gareth Davies**

Gareth is a Customer Management consultant, having set up and run three marketing operations and rolled out a customer-centric business model across six European countries.

Now specialising in the management of corporate change affecting customers, Gareth has managed customer facing teams, developed new customer solutions, and reengineered distribution for a major international group in the UK, Switzerland and France.

Being active in causes which help to give people power over their own lives, Gareth has held national roles in Amnesty International, and been deputy chairman of a health service public forum. He is currently a trustee of One Community, a major charity providing care, transport and voluntary sector services in the region.

As Chair of the Charitable Funds committee, Gareth oversees the governance of the planned expansion of our associated charity. He also contributes his particular expertise on membership and public involvement, and the market-orientation required for transition to a more competitive NHS market.

**Mr. Paul Bradshaw**

Paul graduated in Mathematics with a First from Nottingham University in 1971, going on to qualify as an actuary (and winning the prize for best performance) in 1974. He was part of the team forming Skandia here in Southampton in 1979 and was Managing Director and Chairman between 1982 and 1991. Since then he has run several financial institutions in the UK and Europe, latterly Abbey's insurance and asset management interests.

He is now Chairman of Nucleus Financial Group, Buckles Holdings and Medibureau. Paul chairs the audit committees of SUHT and Merchant Investors Assurance, is a member of the audit committees of Unum and Principal Investments, as well as a director of Sanlam UK - the holding company for all of that South African insurer's UK interests.

Paul has served on several other boards over his career including Marks and Spencer Money, St James Place and GE Life, and he was chairman of Perpetual's pension company.

Paul is married with two grown up children (and one apple of the eye granddaughter) and lives in London and Hursley. He enjoys traveling, theatre and the lighter operas.
Dr Nick Marsden

Nick graduated with first class honours in Civil Engineering from Leeds University and completed a Ph.D in Fluid Mechanics at the same institution. After a short career as a consulting engineer he joined IBM in 1977.

Nick has held several senior executive roles at IBM culminating in running their European Printing Systems Division. He was also Senior Vice President for Service at Danka Europe. Nick has an outstanding track record of delivering business growth through achieving high levels of customer satisfaction along with a balanced financial performance. Within the Trust Nick focuses on Strategy and business performance with particular interest in the business development and IT Strategy.

Lena Samuels

Lena started her professional career as a lecturer for Further & Higher Education, rapidly moving into education management shortly after qualifying to become one of the youngest managers in the UK of a government funded independent training organisation.

She brings corporate governance skills through her time as Governor and Chair of the Board of Southampton City College and in her current trustee roles at Wheatsheaf Trust and The Hampshire & IOW Community Foundation. She runs a media and PR business as well as working locally in Southampton at BBC Radio Solent.

Peter Hollins (designate)

Peter Hollins graduated in Chemistry from Hertford College, Oxford. Joining ICI in 1973, he undertook a series of increasingly senior roles in Marketing and then General Management. Following three years in the Netherlands as General Manager of ICI Resins BV, he was in 1992, appointed Chief Operating Officer of EVC in Brussels, a joint venture between ICI and Enichem of Italy. He played a key role in the flotation of the Company in 1994, returning in 1998 to the UK as Chief Executive Officer of British Energy where he remained until 2001.

From 2001 onwards he held various chairmanships and non-executive directorships. In 2003 he decided to return to an executive role and since then has been Chief Executive of the British Heart Foundation.
Executive directors

Mr. Mark Hackett, Chief Executive

Mark joined the Trust as Chief Executive on 2 August 2004. A career NHS Manager who entered the service in 1984 through the National Graduate Management Training Scheme. Mark went to the London School of Economics. He has worked in Birmingham, London, Wales and Sutton Coldfield in general management posts. He was appointed Chief Executive at Birmingham Women’s Hospitals NHS Trust in 1996. In 1999 he joined the Royal Wolverhampton Hospitals NHS Trust as Chief Executive to help the organisation overcome various difficulties it had implementing change in the new NHS. Mark has published a range of articles which reflect his interest in leadership, strategy and human resources. He also sat on a number of national and regional groups for the NHS.

Mrs. Judy Gillow, Director of Nursing

Prior to joining Southampton University Hospitals, Judy was Director of Nursing, Organisational Development and Assistant Chief Executive at Winchester & Eastleigh Healthcare NHS Trust. She has worked in the health service for many years in a variety of roles in the Acute, Primary Care and educational settings. Qualifying as a registered Adult and Paediatric Nurse at The Hospital for Sick Children, Great Ormond Street, London, Judy's career has covered a wide range of areas including senior clinical, management and Board leadership positions. She now leads the Trust’s Governance and patient experience agenda and already has implemented strategies and new systems to demonstrate sustainable improvement.

Mr. Steve McManus, Chief Operating Officer

Steve joined the NHS in 1987 undertaking his registered nursing qualification at St Thomas’ Hospital, London. He worked in a clinical capacity both in London and Oxford within critical care and acute medical services until 2000 before taking up a managerial role at the Oxford Radcliffe Hospitals culminating in the management of Neurosciences and Specialist Surgical services. Steve moved to SUHT as Divisional Director of Operations for Specialist Services in 2006 and took up the Acting Chief Operating Officer role in April 2008.

Mr. Alastair Matthews, Director of Finance & Investment

Alastair joined the Trust in August 2007. Prior to joining the Trust he was Finance Director of Ordnance Survey from 2003 and prior to that Vice-President, Finance and Administration at Computer Sciences Corporation where he worked from 1997. A Fellow of the Institute of Chartered Accountants in England and Wales, Alastair initially trained and worked in public practice with Price Waterhouse. He has an economics degree and for the two years to July 2007 was also a member of the Financial Reporting Advisory Board, an independent advisory Board to HM Treasury on how financial reporting principles are applied in the public sector.
Mr. Caspar Ridley, Director of Strategy and Business Development

Caspar joined the Trust in November 2008. He brings an industry background having worked as a CEO of different Shell businesses in Europe and the Middle East. He started his career in sales and marketing roles with Shell in the UK and was also Deputy Vice President for Policy and Issues for Shell globally, before he moved to Switzerland as the Head of Global Public and Government affairs for one of the world’s leading agribusinesses. Caspar has an economics degree from Durham University, an INSEAD MBA and recently qualified as a Chartered Director with the Institute of Directors, based on eight years of Board experience on three different boards in Italy and Yemen.

Dr Michael Marsh, Medical Director

Michael Marsh is a consultant in Paediatric Intensive Care. He qualified in medicine at University of London and undertook postgraduate studies in paediatrics in Oxford and London. He undertook research on the effects of maternal smoking on fetal lung growth and development at St. Thomas’. He was appointed consultant in paediatric intensive care at Guy’s Hospital in 1995 and helped establish it as a leading centre. In 1998 he became Director of paediatric intensive at Southampton and led the development of the service. In 2006 he was appointed Clinical Lead for Child Health leading on the integration and modernisation of paediatric services. In 2007 he became Divisional Clinical Director for Women and Children’s services. His research interests include cardiac and respiratory function in critically ill children with a particular interest in surfactant. From 2002-2008 he served as Honorary Secretary for the Paediatric Intensive Care Society providing leadership and specialist advice on children’s intensive care.

Jane Hayward, Director of Organisational Development

Jane took up the newly created Trust Board post in February 2008. Jane joined the NHS in 1987 after graduating from London University with a degree in Physical Geography. She joined the Trust in 2000 as Clinical Services Manager for the Cardio thoracic Directorate after spending 2 years in Hertfordshire as Director of Performance and 11 years at Barts and the London Hospitals in various roles including planning, finance and commissioning. Most recently Jane has worked as Director of Performance and Modernisation at SUHT. She now leads on Human Resources, Information Management and Technology, Improvement and Modernisation.
Business Conduct Policy and Procedures
**SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST**

**Business Conduct Policy and Procedures**

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1. Introduction

1.1 Accountability

It is essential that all who work within the NHS realise that they are accountable for public funds. The Trust’s Standing Orders, Standing Financial Instructions and Reservation of Powers and Delegation of Powers provide a regulatory framework for the business conduct of the Trust. They fulfil the threefold role of protecting the Patient, the Trust’s interests and protecting Staff from any possible accusation that they have acted less than properly. All Directors and staff (employees of the Trust) should be aware of the existence and follow the requirements of these documents and, where necessary, be familiar with the detailed provisions.

1.2 Purpose of Business Conduct Policy and Procedures

This document deals with:

a) the circumstances in which staff may or may not accept gifts from patients, members of the public and corporate entities;

b) the circumstances in which staff shall declare an interest (financial or other) in any matter affecting the Trust;

c) possible conflicts between the interests of the Trust or its patients and any private interest an employee may have;

d) the conduct of business by any employee who is in a position to influence purchases from other organisations.

1.3 Expected Behaviour

The aim of this document is to clarify the behaviour expected of employees in the situations outlined above. It is not intended to restrict any employee wishing to pursue appropriate outside interests (for example, private practice permitted by their terms and conditions of employment). When situations arise which are not specifically covered by this document, staff (including Directors) are required to act in accordance with the spirit of the document, as set out in the principles in Section 2 of this document, if in doubt clarification should be sought from the Director of Corporate Affairs.

1.4 Basis of Policy & Procedures

The Policy and Procedures are based on the standards and advice published by the NHS and the current legislation governing such matters.

1.5 To Whom do they Apply

The Policy and Procedures apply to all staff, including Directors. They apply to honorary contract holders in relation to and in the course of their NHS duties and to contracted staff dealing as the Trust’s agents. They apply equally to charitable transaction and business undertaken on behalf of the Trust.

Employees of the Trust who breach the Policy and Procedures may be liable to disciplinary action, up to dismissal.

2. Principles

2.1 Impartial and Honest

The Trust accepts and will actively promote the long established principle that public sector bodies must be impartial and honest in the conduct of their business, and that their employees should remain beyond suspicion.
2.2 **Requirements**

The Trust requires all its employees to:

a) ensure that the interests of the patient remain paramount at all times;

b) be loyal to the Trust and protect its interests;

c) be impartial and honest in the conduct of business with suppliers or potential suppliers of goods and services;

d) use the public funds entrusted to them to the best advantage of the National Health Service and its patients;

e) comply with the letter and the spirit of this Policy and Procedure.

2.3 **Nolan Principles of Public Life**

The Trust embraces the Nolan Principles of Public Life and through requiring adherence to this policy and procedures would expect its employees to do the same, the principles are:

**Selflessness**

_Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends._

**Integrity**

_Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties._

**Objectivity**

_In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit._

**Accountability**

_Holders of public office are accountable for their decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands._

**Openness**

_Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands._

**Honesty**

_Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest._

**Leadership**

_Holders of public office should promote and support these principles by leadership and example._

2.4 **What Staff should not do:**

The Trust also requires that staff will not:

a) abuse their official position or information acquired in the course of their official duties for personal gain or to benefit their family or friends;

b) seek to advantage or further private business or other interests, in the course of their official duties;

c) practise under any conditions which compromise professional independence or judgement, nor impose such conditions on other professionals.
3. Responsibilities

3.1 The Chief Executive is the Board-level Director with responsibility for ensuring that the Business Conduct Policy and Procedures are implemented in the Trust.

3.2 Every Manager in the Trust is responsible for:
   a) ensuring that their staff are aware of the Policy and Procedures;
   b) following the policy by advising staff of the need to consult the Policy and Procedures in relating to gifts, hospitality and business interests (including outside employment) and advising of the need to make appropriate declarations.

3.2 Staff Holding Senior Positions and those with with Budgetary Responsibility

Staff in Senior positions (e.g. Director or Head of Department) and all staff with budgetary responsibility are required on an annual basis to:

a) Make a declaration to the effect that they are aware of and will abide by the Trust’s Standing Orders, Standing Financial Instruction and Reservation of Powers and Delegation of Powers.

b) Sign a declaration of interests (including a nil return if no interests to declare).

3.4 All staff must ensure that they are not placed in a position which risks, or appears to risk, conflict between their private interests and their NHS duties. They must declare conflicts of interest, and if there is any doubt as to whether a conflict exists, further advice should be sought. This applies particularly to those who commit NHS resources directly (e.g. by the ordering of goods) and those who do so indirectly (e.g. by recommending items to be ordered or by the prescribing of medicines).

4. Actions Required

4.1 Warnings to Potential Contractors

The Trust will include in all invitations to potential contractors to tender for business a notice warning them of the consequences of engaging in any corrupt practices involving the Trust’s employees.

4.2 Declarations and Registers of Interests/Sponsorship

4.2.1 All staff including Directors must declare in writing such interests/sponsorship/gifts of the kinds described in sections 5, 7 and 12 of this document, in order that it may be known to the Trust and in no way promoted to the detriment of either the Trust or the patients it serves.

   a) Interests: declarations must be made to the Director of Corporate Affairs (example of the form Appendix 1).

   NB: Where a business interest is declared which relates to an ongoing involvement e.g. a position held in a business venture, an annual declaration is required for each year the interest continues.

   b) Personal sponsorship/gifts: if these are worth more than £100 (or worth a total of over £500, if several small gifts are received from the same or closely related source in a 12 month period), complete a Declaration of Sponsorship Form (example of the form Appendix 2), which will be kept in the public register. Acceptance should only be in exceptional circumstances, e.g. where it would promote the interests of the NHS.

   c) Corporate sponsorship: e.g. for meetings/literature: if these are worth more than £100 (or worth a total of over £500, if several small gifts/instances are received from the same or closely related source in a 12 month period), the person responsible for obtaining the sponsorship must complete a Declaration of Sponsorship Form (Appendix 2), which will be kept in the public register.

4.2.2 Staff should make declarations:

   a) within 2 weeks of starting employment; or
   b) within 2 weeks of the acquisition of the interest/gift/sponsorship.
4.2.3 As declarations of research should already have been made to the Trusts’ R&D department (see the Trust’s R&D Policy), they are not required to be declared again under this policy. (Also see Section 11)

4.3 **Significance of Interests**

It may by necessary for the Director of Corporate Affairs to take appropriate advice about the significance of any employee’s interest declared to him/her. Subsequently recommendations may be made to the employee’s Manager:

a) that the interest is of no significance if the member of staff is not in a position to influence any business transaction or adjudication panel on tenders;

b) that the interest is of some significance and that the member of staff’s responsibilities should be modified appropriately to exclude their participation in certain transactions;

c) that the interest is of such significance that the member of staff cannot be employed in such a post unless the interest is surrendered.

4.4 **Public Registers**

The Director of Corporate Affairs will keep registers of interests/gifts/sponsorship declared by employees. These will be public registers which any person is entitled to inspect with reasonable notice to the Director of Corporate Affairs or via a Freedom of Information request.

4.5 **Adjudication Panels**

Any member of staff involved in an adjudication panel on tenders must sign a declaration of interests/sponsorship (including research) for every panel, which will be included in the final tender report. Panel members with interests in any of the tendering companies would be accepted only in exceptional circumstances e.g. where the knowledge of a panel member is essential to the evaluation and is not readily available elsewhere.

4.6 **Inspection of Equipment**

Staff must obtain Chief Executive’s permission before accepting a potential supplier’s offer to meet the expenses of a visit to inspect equipment (see Section 12 – 12.4).

4.7 **Breaches of this Policy**

*Any identified breach of this policy will be investigated.*

5. **Gifts**

5.1 **Casual Gifts**

Casual gifts offered by contractors or others (for example, at Christmas time) may not be in any way connected with the performance of duties. Such gifts should nevertheless be politely but firmly declined. Personal gifts, such as diaries or calendars, or small tokens of gratitude from patients or their relatives can be accepted.

5.2 **Gifts Exceeding £100**

There may be exceptional circumstances where gifts worth more than £100 may be accepted (e.g. where it would be beneficial to the Trust). In these cases, details must be declared for inclusion on the public register held by the Director of Corporate Affairs. A declaration must also be made if several small gifts worth a total of over £500 are received from the same or closely related source in a 12 month period. In cases of doubt, staff should either consult their manager or the Director of Corporate Affairs, or politely decline acceptance. See also Section 12 of this document.

6. **Hospitality and Meetings**

6.1 **Modest Hospitality**

Modest hospitality, provided it is normal and reasonable in the circumstances (for example, lunches in the course of working visits), may be acceptable, though it should be similar to the scale of hospitality which the Trust would be likely to offer.
6.2 **Sponsored Meetings**

Industry representatives organising meetings are permitted to provide appropriate hospitality and/or meet any reasonable, actual costs, which may have been incurred. Where meetings are sponsored by external sources, that fact must be disclosed in the notes/minutes papers relating to the meeting and in any published proceedings.

6.3 **Hospitality in Context**

Hospitality must be secondary to the purpose of the meeting. The level of hospitality offered must be appropriate and not out of proportion to the occasion; and the costs involved must not exceed that level which the recipients would normally adopt when paying for themselves, or that which could be reciprocated by the NHS. It should not extend beyond those whose role makes it appropriate for them to attend the meeting.

6.4 **Declining Offers of Hospitality**

Staff should decline all other offers of hospitality. If in doubt, they should seek advice from their manager or the Director of Corporate Affairs. If other offers are accepted, in exceptional circumstances e.g. where it would promote the interests of the NHS, staff must ensure that they complete a Declaration of Sponsorship.

7. **Outside Business Interests & Employment - Declaration**

7.1 **Position to Influence**

An employee, who is in a position to influence the requisitioning of supplies and services, must complete a declaration of interest form when they, a partner, a relative or a close friend or associate has a controlling and/or significant financial interest in a business (including a private company, public sector organisation, other NHS employer and/or voluntary organisation), or in any other activity or pursuit, which may compete for an NHS contract to supply either their goods or services to the Trust.

7.2 **Self Beneficial Interest**

One potential conflict of interest, which may directly affect patients, arises when staff hold a self beneficial interest in a private nursing or registered care home. Such an interest must be declared, and the employee must **not:**

(a) recommend to patients or relatives the private home in which he/she has a beneficial interest.

(b) participate in the assessment of patients for discharge if that assessment is likely to conclude that private home care is required.

7.3 **Terms and Conditions – Private Practice**

Certain members of staff are permitted explicitly under their terms and conditions of employment to engage in private practice. Other members of staff must obtain prior written consent from their manager before engaging in any outside employment and must complete a declaration of interest form (In either circumstance, employees of the Trust must not engage in outside employment which may conflict with their NHS work or be detrimental to it.

Staff are advised to consult their manager or the Director of Corporate Affairs if they think they may be risking a conflict of interest in this area.

7.4 **Conflict of Interest?**

Circumstances in which outside employment may cause conflict of interest are various. For example:

a) A member of staff (or honorary contract holder) may be asked to give commercially sensitive advice to another organisation competing with the Trust for service contracts. The member of staff must not give such advice to another organisation in these circumstances and should tell the Trust, as soon as it is reasonably practicable to do so, that such an approach has been made. This is not intended to exclude the exchange of clinical advice between health care professionals about individual patients, in the interests of the patient.
b) A member of staff (or honorary contract holder) must not contract to provide services to a PCT or a Private Hospital on a private basis without declaring this interest to the Trust via a Declaration of Interest Form. Doctors' representatives and the Board agree that it is in the long-term interest of the Trust and its employees that all staff ensure that such work is done in the Trust where possible.

c) Staff should not undertake locum work or outside employment where such work would lead them to exceed the legal weekly maximum.

8. Private Practice

8.1 Private Practice – Consultants and Associate Specialists

Consultants and Associate Specialists with Trust contracts will be subject to the terms applying to private practice in those contracts.

8.2 Other Grades of Staff

Other grades of staff may undertake private practice or work for outside agencies, providing they do not do so within the time they are contracted to the NHS, and they observe the conditions in paragraphs 7.1 and 7.2 above. All hospital doctors are entitled to fees for work outside their NHS contractual duties e.g. examinations and reports for life insurance purposes.

9. Preferential Treatment in Private Transactions

9.1 Individual staff must not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the Trust. (This does not apply to concessionary agreements negotiated with companies by the Trust on behalf of all staff).

10. Favouritism in Awarding Contracts

10.1 Favouritism and Open Competition

Fair and open competition between prospective contractors or suppliers for NHS contracts is a requirement of the Trust’s Standing Orders and of European Community Directives on Public Purchasing for Works and Supplies. This means that:

a) no private, public or voluntary organisation or company which may bid for Trust business should be given advantage over its competitors, such as advance notice of the Trust's requirements. This applies to all potential contractors, whether or not there is a relationship between them and the Trust, such as a long-running series of previous contracts;

b) each new contract should be awarded solely on merit, taking into account the requirements of the Trust and the ability of the contractors to fulfil them.

10.2 Ensuring no Special Favouritism

Managers responsible for awarding contracts must not show special favour to current or former employees or their close relatives or associates in awarding contracts to private or other businesses run by them or employing them in a senior or relevant managerial capacity. Contracts may be awarded to such businesses where they are won in fair competition against other tenders, but scrupulous care must be taken to ensure that the selection process is conducted impartially, and that staff who are known to have a relevant interest play no part in the selection.

11. Research and Development

11.1 Information and clarification relating to declarations should be obtained from the Research & Development Department.

12. Commercial Sponsorship

12.1 Definition of Commercial Sponsorship

12.1.1 For the purposes of this document, commercial sponsorship is defined as including NHS funding from an external source, including funding of all or part of the costs of a member of staff, NHS research, staff training, pharmaceuticals, equipment, meeting rooms, costs associated with
meetings, meals, gifts, hospitality, hotel and transport costs (including trips abroad), provision of free services (speakers), buildings or premises.

12.1.2 Exceptions to this definition are:

a) personal gifts, such as diaries or calendars (see Paragraph 5);
b) income generation schemes, which will be logged separately at local level;
c) discounts on particular pharmaceuticals.

12.1.3 As a general rule, sponsorship arrangements should be at a corporate, rather than at an individual level.

12.1.4 Any Trust literature produced using sponsorship must comply with the Trust’s Corporate Identity Policy.

12.2 Mutual Benefits

12.2.1 Industry often wishes to have close involvement with the NHS. Quite often this may be to mutual advantage, but both partners should assess and understand the costs and benefits of any such agreement. For partnerships to work, there must be:

a) a transparent approach to any proposed sponsorship;
b) trust and reasonable contact between the sponsoring company and the NHS.

12.2.2 Before entering into any sponsorship agreement, managers must:

a) satisfy themselves, with reference to information available, that there are no potential irregularities that may affect a company’s ability to meet the conditions of the agreement or impact on it in any way e.g. checking financial standing by referring to company accounts;
b) assess the costs and benefits in relation to alternative options where applicable, and to ensure that the decision-making process is transparent and defensible;
c) determine how clinical and financial outcomes will be monitored;
d) ensure that the sponsorship agreement has break clauses built in to enable the Trust to terminate the agreement if it becomes clear that it is not providing expected value for money/clinical outcomes.

12.2.3 Whatever type of agreement is entered into, clinician’s judgement should always be based upon clinical evidence that the product is best for their patients.

12.3 Pharmaceutical Companies

Where such collaborative partnerships involve a pharmaceutical company, staff must comply fully with current legislation on this matter.

12.4 Inspection of Equipment

On occasions the Trust may consider it necessary for staff advising on the purchase of equipment to inspect such equipment in operation in other parts of the country (or overseas). In these circumstances, with the Chief Executive's permission the staff may accept a potential supplier’s offer to meet the expenses of such a visit on the clear understanding that the tendering process is competitive and will not be influenced by such an offer.

12.5 Purchasing Decisions

12.5.1 Purchasing decisions, including those concerning pharmaceuticals and appliances, should always be taken on the basis of best clinical practice and value for money. Such decisions should take into account their impact on other parts of the health care system, e.g. products dispensed in hospital which are likely to be required by patients regularly at home. If significant discounts on drugs are offered, it may be prudent to consult the relevant PCTs about possible implications for subsequent prescribing in primary care.
When making purchasing decisions on products which originate from NHS intellectual property, ethical standards must ensure that the decision is based on best clinical practice and not on whether royalties will accrue to an NHS body.

12.6 "Linked Deals"

12.6.1 Deals whereby sponsorship is linked to the purchase of particular products, or to supply from particular sources, are not allowed, unless as a result of a transparent tender for a defined package of goods and services.

12.6.2 Companies may offer to sponsor a post wholly or partially. The Trust will not enter into such arrangements, unless it has been made abundantly clear to the company concerned that the sponsorship will have no effect on purchasing decisions within the Trust. Where such sponsorship is accepted, monitoring arrangements will be established to ensure that purchasing decisions are not, in fact, being influenced by the sponsorship agreement.

12.7 Patient Information

12.7.1 Patient information attracts a legal duty of confidence and is treated as particularly sensitive under Data Protection legislation. Professional codes of conduct also include clear confidentiality requirements. It is extremely important, therefore, that any sponsorship arrangements are both lawful and meet appropriate ethical standards.

12.7.2 Where a sponsorship arrangement permitting access to patient information appears to be legally and ethically sound (e.g. where the sponsor is to carry out or support NHS functions, where patients have explicitly consented), a contract should be drawn up which draws attention to obligations of confidentiality, specifies security standards that should be applied, limits use of the information to purposes specified in the contract and makes it clear that the contract will be terminated if the conditions are not met.

12.7.3 Disclosure of confidential patient information for research purposes must not take place without the approval of the appropriate research ethics committee.

12.8 "Commercial In-confidence"

12.8.1 Staff should be particularly careful of using, or making public, internal information of a "commercial in-confidence" nature, particularly if its disclosure would prejudice fair competition. This principle applies whether private competitors or other NHS providers are concerned, and whether or not disclosure is prompted by the expectation of personal gain.

12.8.2 The term "commercial in confidence" should not inhibit the free exchange of data for medical audit purposes, e.g., subject to the normal rules governing patient confidentiality and data protection. In all circumstances the overriding consideration must be the best interests of patients.

12.9 Income Generation

12.9.1 Where the major incentive to entering into a sponsorship arrangement is the generation of income rather than other benefits, then the scheme should be properly governed by income generation principles rather than sponsorship arrangements. Such schemes should be managed in accordance with income generation requirements, e.g. they must not interfere with the duties or obligations of the Trust. Accounting records should be kept for all income generation schemes.

13. Communication with Staff

13.1 This policy and procedure will be communicated as required by the Trust’s Policy for Policies. Managers are encouraged to understand the Policy and Procedures to enable them to respond to enquiries from their staff.

14. Monitoring

14.1 The Director of Corporate Affairs will monitor information submitted for the registers of declare interests/sponsorship/gifts and investigate further as appropriate.

15. Review

15.1 This document will be reviewed no later than March 2012.
APPENDIX 1

SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST

DECLARATION OF INTERESTS

Name: ...................................................................................................................

(Block Capitals please)

Job Title:

Directorate:

Nature of the Interest Declared:

Approximate level of payment/value of interest (as applicable): ..........................................................

I hereby certify that the above declared interest does not conflict in any way with my work for the Trust.

Signed:

Date:

Unsure whether you need to declare an interest? The relevant clauses from the Summary Guide of
the Business Conduct Policy and Procedures are printed overleaf. If still in doubt - DECLARE IT!

Please return this completed form to: Joy Surtees, Director of Corporate Affairs, Trust
Management Offices, Mail Point 018, SGH

Extract from the Business Conduct Policy and Procedures:
• Make sure you are not in a position where your private interests and work in the Trust may conflict.

• Declare to the Trust any relevant interests. If in doubt, ask yourself:

  a) am I, or might I be, in a position where I (or my family/friends) could gain from the connection between my private interests and my employment?

  b) could my outside interest be in any way detrimental to the Trust or to patients' interests?

  b) do I have any other reason to think I may be risking a conflict of interest?

*If you are still unclear on whether you should be making a declaration please discuss your concerns with your manager or the Director of Corporate Affairs.*
SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST

DECLARATION OF SPONSORSHIP
(including Gifts/Hospitality/Entertainment)

Name: ........................................................................................................
(in Block Capitals)

Job Title:

Directorate:

Nature of the Sponsorship Declared: (Please also state how acceptance of this will promote the interests
of the NHS) Include name of sponsor

Approximate value of sponsorship:

I hereby certify that the above declared sponsorship does not conflict in any way with my work for the
Trust.

Signed:

Date:

Unsure whether you need to declare gifts/hospitality/entertainment received? The relevant Clauses
of the Business Conduct Policy and Procedures are printed overleaf. If still in doubt - DECLARE
IT! PLEASE RETURN THIS COMPLETED FORM TO: Joy Surtees, Director of Corporate Affairs,
Trust Management Offices, Mail Point 018, SGH
Extracts from Business Conduct Policy and Procedures

- For the purposes of this document, commercial sponsorship is defined as including NHS funding from an external source, including funding of all or part of the costs of a member of staff, NHS research*, staff, training, pharmaceuticals, equipment, meeting rooms, costs associated with meetings, meals, gifts, hospitality, hotel and transport costs (including trips abroad), provision of free services (speakers), buildings or premises.

- Staff must refuse sponsorship and personal gifts of any kind which might reasonably be seen to compromise your personal judgement or integrity.

- This declaration form must be completed for any personal sponsorship/gift worth more than £100 (or worth a total of over £500, if several small sponsorships/gifts are received from the same or closely related source in a 12 month period). Acceptance should only be in exceptional circumstances, e.g. where it would promote the interests of the NHS.

- Personal sponsorship/gifts, such as diaries or calendars, or small tokens of gratitude from patients or their relatives, can be accepted and do not need to be declared.

- Modest hospitality, provided it is normal and reasonable in the circumstances (for example, lunches in the course of working visits), may be acceptable, though it should be similar to the scale of hospitality which the Trust would be likely to offer.

- Sponsorship by a pharmaceutical company must fully comply with current legislation on the matter.

- Corporate sponsorship for meetings/literature: if these are worth more than £100 (or worth a total of over £500, if several small gifts/instances are received from the same or closely related source in a 12 month period), the person responsible for obtaining the sponsorship must complete a Declaration of Sponsorship Form.

- As declarations of research should already have been made to the Trust’s R&D Department (Trust’s R&D Policy), they are not required to be declared again on this form.

*If you are still unclear on whether you should be making a declaration please discuss your concerns with your manager or the Director of Corporate Affairs.*
Staff Catering Facilities

The main canteen is the “Eaterie” situated on level B Centre Block
The eaterie serves food and beverages throughout the day including "Hampers" - a deli with a choice of sandwich design, a "Speciality Coffees Bar", and "Jacket no Ties" for filled jacket potatoes.

Please note: Between 2.00pm - 6.00pm main meals are not available. However hot soup, jacket potatoes, plated salads, sandwiches and a vast range of snack items and hot/cold beverages are still available.

"Hampers" and the "Speciality Coffee bar" both currently close at 4.00pm on a daily basis and are not open at weekends. There is also a 24 hour food & beverage vending service area in the "Eaterie" foyer.

Opening Times:
Daily, 7.30am to 8.30pm

There are also alternative food outlets on C level, centre block of SGH, with baguettes and hot drinks available until 1am (Uppercrust). After this time, hot food and drink is available from the Steamplicity vending service outside the Eaterie.

SAB Coffee Lounge situated in South Block
This coffee lounge serves a range of hot and cold snacks and beverages including a "Hampers" sandwich bar and a "Jacket no Ties" filled jacket potato bar. A vending service is also offered.

Opening times:
Monday to Friday 8.00am - 3.45pm. Weekends closed

Princess Anne Hospital - "Zaras" This restaurant is now open on Level E and sells a wide variety of coffee, tea, baguettes, Panini’s and pastries.

Opening times:
8.30am – 4.00pm Monday to Friday
Weekends: Closed
Hot food and drink are also available from the Steamplicity vending service.
Medical Education and Learning for Doctors

Education and learning within Southampton University Hospital Trust (SUHT) is supported by an Education directorate called IDEAL - the Integrated Directorate of Education and Learning.

The IDEAL website aims to support staff to positively embrace personal, developmental and organisational change and also help to ensure that all our staff are fit to practice in order to provide safe, effective, high quality patient care.

High quality healthcare depends on the commitment, skills and team working of clinicians and the wide range of support services within the NHS. Education and training are central to this and the Doctors pages of the IDEAL website will provide information about the ways in which the Medical Education and Learning Unit uses its resources to support clinical services through education.

Medical Education within the Trust is lead by the Director of Medical Education; Jane Hazelgrove. There is also a team of 8 Clinical Tutors responsible for different areas:

- Mr Brian Flavin
  - Foundation Programme Director Yr 1
- Dr Susan Tanser
  - Foundation Programme Director Yr 2
- Dr Antonia Calogeras
  - Careers Support
- Dr Rod Dathan
  - Governance and Doctors Induction
- Mr Wagih Moussa
  - Study Leave, Clinical Attachments, Flexible Training and Trust Doctors
- Dr John Stubbing
  - SAS Doctors
- To Be Arranged (However please contact Jane Hazelgrove if you would like any information)
  - Educational Supervision, Run-through Training
- Dr Johnny Lyon-Maris
  - Associate GP Dean
The Education Centre

The Education Centre is located on Level C with in the South Academic Block of Southampton General Hospital. The Education Centre is the focus for the administration, delivery and management of clinical education for all doctors in training, their Educational Supervisors, GPs, SAS Doctors and Consultants. The main functions are:

- Running a range of courses in a wide variety of disciplines and developing new courses, teaching materials and methods
- Liaising with regional and national Medical Education bodies to ensure our education services meet required standards
- Working to share good practice with links to other medical education organisations
- Providing facilities for the education of clinicians: lecture and tutorial rooms
- Career guidance for doctors in training
- Administering study leave for doctors in training
- Administering applications for clinical attachments

Education Centre contact details:

Reception Opening Hours:
Monday - Friday 8.00am - 4.00pm
Tel: 023 8079 4098 - Fax: 023 8079 5008
ideal@suht.swest.nhs.uk
Education and Learning Strategy and Business Plan 2009 and beyond

IDEAL

Education and Development for SUHT
Your Learning, Our Future

The current version is available to view at:
<table>
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<tr>
<th>Care Group</th>
<th>Name</th>
<th>Role(s)</th>
<th>Mailpoint</th>
<th>Site</th>
<th>Tel Ext</th>
<th>e-mail address</th>
<th>Other Info</th>
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</thead>
<tbody>
<tr>
<td><strong>Emergency Medicine (A&amp;E)</strong></td>
<td>Mr Brian Flavin</td>
<td>Postgraduate Lead Consultant &amp; Foundation Programme Director Year 1 &amp; College Tutor</td>
<td>Emergency Dept</td>
<td>SGH</td>
<td>4121</td>
<td><a href="mailto:brian.flavin@suht.swest.nhs.uk">brian.flavin@suht.swest.nhs.uk</a></td>
<td>Can be contacted through the Education Centre x4702</td>
</tr>
<tr>
<td></td>
<td>Mr Nick Maskery</td>
<td>UG Lead Consultant</td>
<td>Emergency Dept</td>
<td>SGH</td>
<td>4107 - Sec 3035 – Direct 1449 - Bleep</td>
<td><a href="mailto:nick.maskery@suht.swest.nhs.uk">nick.maskery@suht.swest.nhs.uk</a></td>
<td>Can email directly His secretary Chris Penniston holds his diary</td>
</tr>
<tr>
<td></td>
<td>Dr Julia Harris</td>
<td>Head of School</td>
<td>Emergency Dept</td>
<td>SGH</td>
<td>4121</td>
<td><a href="mailto:julia.harris@suht.swest.nhs.uk">julia.harris@suht.swest.nhs.uk</a></td>
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<tr>
<td><strong>Anaesthetics &amp; Intensive Care</strong></td>
<td>Dr Hilary Swales</td>
<td>College Tutor</td>
<td>24</td>
<td>SGH</td>
<td>4259</td>
<td><a href="mailto:hilary.swales@suht.swest.nhs.uk">hilary.swales@suht.swest.nhs.uk</a></td>
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<td></td>
<td>Dr Richard Gande</td>
<td>PG Lead Consultant</td>
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<td>SGH</td>
<td>3616</td>
<td><a href="mailto:richard.gande@suht.swest.nhs.uk">richard.gande@suht.swest.nhs.uk</a></td>
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<td>Dr David Smith</td>
<td>UG Lead Consultant</td>
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<td>SGH</td>
<td>6135 - Sec 4481- Direct</td>
<td><a href="mailto:david.smith@suht.swest.nhs.uk">david.smith@suht.swest.nhs.uk</a></td>
<td>Can email directly Holds his own diary (sec is for ~100 people)</td>
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<tr>
<td></td>
<td>Dr Ian Mettam</td>
<td>Training Programme Director</td>
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<td>SGH</td>
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<td><a href="mailto:ian.mettam@suht.swest.nhs.uk">ian.mettam@suht.swest.nhs.uk</a></td>
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<td>Paul Spargo</td>
<td>Head of School</td>
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<td>SGH</td>
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<td><strong>GICU</strong></td>
<td>Dr Suzie Tanser</td>
<td>Education Lead</td>
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<td></td>
<td>6120</td>
<td><a href="mailto:susan.tanser@suht.swest.nhs.uk">susan.tanser@suht.swest.nhs.uk</a></td>
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<td>Vacant (David Butler?)</td>
<td>PG Lead Consultant</td>
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<td>SGH</td>
<td><a href="mailto:andrew.bateman@suht.swest.nhs.uk">andrew.bateman@suht.swest.nhs.uk</a></td>
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<td>Dr Andrew Bateman</td>
<td>RCR College Tutor</td>
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<td>Programme Director for Clinical Oncology</td>
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<td><a href="mailto:charlotte.rees@suht.swest.nhs.uk">charlotte.rees@suht.swest.nhs.uk</a></td>
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<td>Programme Director for Medical Oncology</td>
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<tr>
<td>Dr Clare Green</td>
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<td>306</td>
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<th>Cardiothoracic</th>
<th>Dr Alison Calver</th>
<th>UG Lead Consultant</th>
<th>46</th>
<th>SGH 5088 – Sec</th>
<th><a href="mailto:alison.calver@suht.swest.nhs.uk">alison.calver@suht.swest.nhs.uk</a></th>
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<td>Cardiology</td>
<td>Dr. Paul Roberts</td>
<td>PG Lead Consultant Adult Cardiology</td>
<td>46</td>
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<td><a href="mailto:prr@cardiology.co.uk">prr@cardiology.co.uk</a></td>
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<tr>
<td>Cardiology</td>
<td>Dr Tony Salmon</td>
<td>?</td>
<td>46</td>
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<td><a href="mailto:tony.salmon@suht.swest.nhs.uk">tony.salmon@suht.swest.nhs.uk</a></td>
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<tr>
<td>Paediatric Cardiology</td>
<td>Dr James Gnanapragasam</td>
<td>Programme Director</td>
<td>46</td>
<td>SGH 4740</td>
<td><a href="mailto:James.gnanapragasam@suht.swest.nhs.uk">James.gnanapragasam@suht.swest.nhs.uk</a></td>
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<th>Dr Peter Wilson</th>
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<th><a href="mailto:peter.wilson@suht.swest.nhs.uk">peter.wilson@suht.swest.nhs.uk</a></th>
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<td>Paediatric Medicine</td>
<td>Dr Mich Lajeunesse</td>
<td>UG Lead Consultant (3rd Years)</td>
<td>803</td>
<td>SGH</td>
<td><a href="mailto:mich.lajeunesse@soton.ac.uk">mich.lajeunesse@soton.ac.uk</a></td>
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<tr>
<td>Dr Graham Roberts</td>
<td>UG Lead Consultant (3rd Years)</td>
<td>803</td>
<td>SGH</td>
<td><a href="mailto:g.c.roberts@soton.ac.uk">g.c.roberts@soton.ac.uk</a></td>
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Can email directly. Her secretary, Lara Cook, holds her diary.
<table>
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<td>Surgery</td>
<td>Dr Nicola Trevelyan</td>
<td>Deputy UG Lead Consultant</td>
<td>43 SGH</td>
<td><a href="mailto:nicola.trevelyan@suht.swest.nhs.uk">nicola.trevelyan@suht.swest.nhs.uk</a></td>
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<tr>
<td>PICU</td>
<td>Mr Mervyn Griffiths</td>
<td>PG Lead Consultant</td>
<td>44 SGH</td>
<td><a href="mailto:Mervyn.griffiths@suht.swest.nhs.uk">Mervyn.griffiths@suht.swest.nhs.uk</a></td>
</tr>
<tr>
<td>Neonates</td>
<td>Kim Sykes</td>
<td>Educational Lead</td>
<td>27 SGH</td>
<td><a href="mailto:kim.sykes@suht.swest.nhs.uk">kim.sykes@suht.swest.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td>Mike Hall</td>
<td>PG Lead Consultant &amp; College Tutor for Pediatrics &amp; Neonates</td>
<td>105 PAH 4643</td>
<td><a href="mailto:mike.hall@suht.swest.nhs.uk">mike.hall@suht.swest.nhs.uk</a></td>
</tr>
<tr>
<td>Clinical Support Services</td>
<td>Denise Gibson</td>
<td>Clinical Director</td>
<td>78 SGH</td>
<td><a href="mailto:denise.gibson@suht.swest.nhs.uk">denise.gibson@suht.swest.nhs.uk</a></td>
</tr>
<tr>
<td>Medicine &amp; Elderly Care</td>
<td>Dr Jasbir Dulay</td>
<td>College Tutor</td>
<td>47 SGH</td>
<td><a href="mailto:jasbir.dulay@suht.swest.nhs.uk">jasbir.dulay@suht.swest.nhs.uk</a></td>
</tr>
<tr>
<td>Medicine</td>
<td>Dr Jane Wilkinson</td>
<td>UG Lead Consultant</td>
<td>47 SGH</td>
<td><a href="mailto:jane.wilkinson@suht.swest.nhs.uk">jane.wilkinson@suht.swest.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td>Dr Ben Marshall</td>
<td>Training Programme Director for Respiratory Medicine</td>
<td>47 SGH</td>
<td><a href="mailto:ben.marshall@suht.swest.nhs.uk">ben.marshall@suht.swest.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td>Dr Mary Rogerson</td>
<td>PG Lead Consultant</td>
<td>47 SGH</td>
<td><a href="mailto:mary.rogeron@suht.swest.nhs.uk">mary.rogeron@suht.swest.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td>Dr Mark Wright</td>
<td>Training Programme Director for Medicine</td>
<td>47 SGH</td>
<td><a href="mailto:mark.wright@suht.swest.nhs.uk">mark.wright@suht.swest.nhs.uk</a></td>
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<tr>
<td></td>
<td>Dr Chris Roseveare</td>
<td>Training Programme Director for Acute Medicine</td>
<td>47 SGH</td>
<td><a href="mailto:chris.roseveare@suht.swest.nhs.uk">chris.roseveare@suht.swest.nhs.uk</a></td>
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Her sec is Liz Member of the Child Health Teaching committee

Last updated June 2010.
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<tr>
<th>Speciality</th>
<th>Name</th>
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<tr>
<td><strong>Elderly Care</strong></td>
<td>Dr Beata Brown</td>
<td>Deputy College Tutor</td>
<td>47</td>
<td></td>
<td><a href="mailto:beata.brown@suht.swest.nhs.uk">beata.brown@suht.swest.nhs.uk</a></td>
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<tr>
<td></td>
<td>Gayle Strike</td>
<td>PG Lead Consultant</td>
<td>63</td>
<td></td>
<td><a href="mailto:gayle.strike@suht.swest.nhs.uk">gayle.strike@suht.swest.nhs.uk</a></td>
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<tr>
<td></td>
<td>Dr Helen Roberts</td>
<td>Joint UG Lead Consultant</td>
<td>807</td>
<td></td>
<td><a href="mailto:h.c.roberts@soton.ac.uk">h.c.roberts@soton.ac.uk</a></td>
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<tr>
<td><strong>GI</strong></td>
<td>Nick Coleman</td>
<td>Education Lead</td>
<td>47</td>
<td></td>
<td><a href="mailto:nicholas.coleman@suht.swest.nhs.uk">nicholas.coleman@suht.swest.nhs.uk</a></td>
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</tr>
<tr>
<td><strong>Dermatology</strong></td>
<td>Dr Helen Lotery</td>
<td>Education Lead</td>
<td>ODE</td>
<td>2459</td>
<td><a href="mailto:Helen.lotery@suht.swest.nhs.uk">Helen.lotery@suht.swest.nhs.uk</a></td>
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<tr>
<td></td>
<td>Dr Michael Arden-Jones</td>
<td>Education Lead</td>
<td>ODE</td>
<td>2459</td>
<td><a href="mailto:Michael.arden-jones@suht.swest.nhs.uk">Michael.arden-jones@suht.swest.nhs.uk</a></td>
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<td><strong>Neuroscience</strong></td>
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<tr>
<td><strong>Neurology</strong></td>
<td>Dr Haider Katifi</td>
<td>Training Programme Director</td>
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<tr>
<td></td>
<td>Dr Ashwin Pinto</td>
<td>PG Lead &amp; UG Lead Consultant</td>
<td>101</td>
<td></td>
<td><a href="mailto:ashwin.pinto@suht.swest.nhs.uk">ashwin.pinto@suht.swest.nhs.uk</a></td>
<td>cc Lesley Dodd</td>
</tr>
<tr>
<td></td>
<td>Mr Jonathan Duffill</td>
<td>PG Lead Consultant</td>
<td>101</td>
<td></td>
<td><a href="mailto:jonathan.duffill@suht.swest.nhs.uk">jonathan.duffill@suht.swest.nhs.uk</a></td>
<td>His Secretary Works From 9am – 3pm</td>
</tr>
<tr>
<td><strong>Maxillofacial Surgery</strong></td>
<td>Mr Andy Webb</td>
<td>PG Lead Consultant</td>
<td>58</td>
<td></td>
<td><a href="mailto:andrew.webb@suht.swest.nhs.uk">andrew.webb@suht.swest.nhs.uk</a></td>
<td></td>
</tr>
<tr>
<td><strong>Obs &amp; Gynae</strong></td>
<td>Jillian Connor</td>
<td>Acting UG Lead Consultant</td>
<td>105</td>
<td></td>
<td><a href="mailto:jillian.connor@suht.swest.nhs.uk">jillian.connor@suht.swest.nhs.uk</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Karen Brackley</td>
<td>PG Lead Consultant</td>
<td>105</td>
<td></td>
<td><a href="mailto:karen.brackley@suht.swest.nhs.uk">karen.brackley@suht.swest.nhs.uk</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ms Jo Mountfield</td>
<td>Director of Education &amp; Head of School</td>
<td>105</td>
<td>6617-PA</td>
<td><a href="mailto:joanna.mountfield@suht.swest.nhs.uk">joanna.mountfield@suht.swest.nhs.uk</a></td>
<td>Can be contacted via PA ext 6617</td>
</tr>
<tr>
<td><strong>Occupational Health</strong></td>
<td><strong>Dr Julia Smedley</strong></td>
<td>Training Programme Director</td>
<td>100</td>
<td>SGH</td>
<td>4156</td>
<td><a href="mailto:julia.smedley@suht.swest.nhs.uk">julia.smedley@suht.swest.nhs.uk</a></td>
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<td>104</td>
<td>SGH</td>
<td>6812</td>
<td><a href="mailto:Nigel.Hall@suht.swest.nhs.uk">Nigel.Hall@suht.swest.nhs.uk</a></td>
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<tr>
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<td><strong>Mr Peter Hodgkins</strong></td>
<td>UG Lead Consultant</td>
<td>104</td>
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<td>4645-Sec</td>
<td><a href="mailto:peter.hodgkins@suht.swest.nhs.uk">peter.hodgkins@suht.swest.nhs.uk</a></td>
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<tr>
<td></td>
<td><strong>Doreen Khan-Lim</strong></td>
<td>College Tutor</td>
<td>104</td>
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<td>Suzy Cousens, is his secretary cc her meeting info</td>
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<td><strong>Mr David Hargreaves</strong></td>
<td>Joint UG Lead Consultant</td>
<td>45</td>
<td>SGH</td>
<td>5096</td>
<td><a href="mailto:david.hargreaves@suht.swest.nhs.uk">david.hargreaves@suht.swest.nhs.uk</a></td>
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<tr>
<td></td>
<td><strong>Prof Nick Clarke</strong></td>
<td>Joint UG Lead Consultant</td>
<td>817</td>
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<td>6140-Sec</td>
<td><a href="mailto:ortho@soton.ac.uk">ortho@soton.ac.uk</a> (don’t use <a href="mailto:nick.clarke@suht.swest.nhs.uk">nick.clarke@suht.swest.nhs.uk</a> as can’t print!)</td>
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<tr>
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<td><strong>Mr Evan Davies</strong></td>
<td>College Tutor</td>
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<td><a href="mailto:evan.davies@suht.swest.nhs.uk">evan.davies@suht.swest.nhs.uk</a></td>
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<td><strong>Pathology</strong></td>
<td><strong>Dr Ann Pallett</strong></td>
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<td><a href="mailto:ann.pallett@suht.swest.nhs.uk">ann.pallett@suht.swest.nhs.uk</a></td>
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<tr>
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<td><strong>Dr Paul Bass</strong></td>
<td>UG Lead Consultant &amp; College Tutor</td>
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<td>4819-Sec 4629-Direct</td>
<td><a href="mailto:paul.bass@suht.swest.nhs.uk">paul.bass@suht.swest.nhs.uk</a></td>
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<tr>
<td></td>
<td><strong>Dr Deborah Richardson</strong></td>
<td>UG Lead Consultant</td>
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<td>8704</td>
<td><a href="mailto:deborah.richardson@suht.swest.nhs.uk">deborah.richardson@suht.swest.nhs.uk</a></td>
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<tr>
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<td><strong>Dr Andrew Duncombe</strong></td>
<td>PG Lead Consultant</td>
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<td><a href="mailto:andrew.duncombe@suht.swest.nhs.uk">andrew.duncombe@suht.swest.nhs.uk</a></td>
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<tr>
<td>Department</td>
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<td>Radiology</td>
<td>Dr Stephen Harden</td>
<td>Acting PG Lead Consultant</td>
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<td><a href="mailto:stephen.harden@suht.swest.nhs.uk">stephen.harden@suht.swest.nhs.uk</a></td>
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<td></td>
<td>Dr Rachel Oeppen</td>
<td>UG Lead Consultant</td>
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<td><a href="mailto:rachel.oeppen@suht.swest.nhs.uk">rachel.oeppen@suht.swest.nhs.uk</a></td>
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<tr>
<td></td>
<td>Paul Chapman</td>
<td>Education Co-Ordinator</td>
<td>53</td>
<td>SGH</td>
<td><a href="mailto:paul.chapman@suht.swest.nhs.uk">paul.chapman@suht.swest.nhs.uk</a></td>
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<tr>
<td>Surgery</td>
<td>Mr Roger House</td>
<td>UG Lead Consultant &amp; PG Lead Consultant</td>
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<td>SGH</td>
<td><a href="mailto:roger.house@suht.swest.nhs.uk">roger.house@suht.swest.nhs.uk</a></td>
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<tr>
<td>ENT</td>
<td>Mr Gareth Morris</td>
<td>College Tutor</td>
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<td><a href="mailto:gareth.morris@suht.swest.nhs.uk">gareth.morris@suht.swest.nhs.uk</a></td>
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<tr>
<td>ENT</td>
<td>Mr Nimesh Patel</td>
<td>PG Lead Consultant</td>
<td>116</td>
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<td><a href="mailto:nimesh.patel@nhs.net">nimesh.patel@nhs.net</a></td>
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<tr>
<td>ENT</td>
<td>Mr Will Hellier</td>
<td>UG Lead Consultant</td>
<td>OEN</td>
<td>RSH</td>
<td><a href="mailto:william.hellier@suht.swest.nhs.uk">william.hellier@suht.swest.nhs.uk</a></td>
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Contact via Paul Chapman
Can contact directly
His secretary, Lisa Roper, holds his diary but best to ring him to make appt.
# Useful Medical Education Contacts

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<thead>
<tr>
<th>Department</th>
<th>Name</th>
<th>Role</th>
<th>Mailpoint</th>
<th>Site</th>
<th>Tel Ext.</th>
<th>Email Address</th>
<th>Other Info</th>
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<tr>
<td>Integrated Directorate of Education and Learning</td>
<td>Dr Jane Hazelgrove</td>
<td>Director Of Medical Education</td>
<td>10</td>
<td>SGH</td>
<td>4795 – PA</td>
<td><a href="mailto:Jane.Hazelgrove@Suht.Swest.Nhs.Uk">Jane.Hazelgrove@Suht.Swest.Nhs.Uk</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mr Brian Flavin</td>
<td>Foundation Programme Director for Year 1</td>
<td>10</td>
<td>SGH</td>
<td>4702</td>
<td><a href="mailto:brian.flavin@suht.swest.nhs.uk">brian.flavin@suht.swest.nhs.uk</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Rod Dathan</td>
<td>Clinical Tutor for Clinical Governance (Induction)</td>
<td>10</td>
<td>SGH</td>
<td>4795</td>
<td><a href="mailto:Rodney.Dathan@suht.swest.nhs.uk">Rodney.Dathan@suht.swest.nhs.uk</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mr Wagih Moussa</td>
<td>Clinical Tutor for Study Leave, Flexible Training &amp; Clinical Attachments</td>
<td>10</td>
<td>SGH</td>
<td>4795</td>
<td><a href="mailto:Wagih.Moussa@suht.swest.nhs.uk">Wagih.Moussa@suht.swest.nhs.uk</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Antonia Calogeras</td>
<td>Clinical Tutor for Careers</td>
<td>10</td>
<td>SGH</td>
<td>4795</td>
<td><a href="mailto:Antonia.Calogeras@suht.swest.nhs.uk">Antonia.Calogeras@suht.swest.nhs.uk</a></td>
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<tr>
<td></td>
<td>Dr John Stubbing</td>
<td>Clinical Tutor for SAS Doctors</td>
<td>10</td>
<td>SGH</td>
<td>4795 - PA</td>
<td><a href="mailto:john.stubbing@suht.swest.nhs.uk">john.stubbing@suht.swest.nhs.uk</a></td>
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<tr>
<td></td>
<td>Dr Suzie Tanser</td>
<td>Foundation Programme Director for Year 2</td>
<td>24</td>
<td>SGH</td>
<td>6120</td>
<td><a href="mailto:Susan.Tanser@suht.swest.nhs.uk">Susan.Tanser@suht.swest.nhs.uk</a></td>
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<tr>
<td></td>
<td>Donna Parrish</td>
<td>PA to Director of Medical Education &amp; Clinical Tutors</td>
<td>10</td>
<td>SGH</td>
<td>4795</td>
<td><a href="mailto:donna.parrish@suht.swest.nhs.uk">donna.parrish@suht.swest.nhs.uk</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sharon Stubbles</td>
<td>Finance Administrator (study leave)</td>
<td>10</td>
<td>SGH</td>
<td>4023</td>
<td><a href="mailto:sharon.stubbles@suht.swest.nhs.uk">sharon.stubbles@suht.swest.nhs.uk</a></td>
<td></td>
</tr>
<tr>
<td>Name</td>
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<tr>
<td>Ros Dawson</td>
<td>Foundation Year 1 Co-ordinator</td>
<td>10</td>
<td>4702</td>
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<td>Louise Rabbetts</td>
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<td>Juanita Pascal</td>
<td>3rd Years &amp; Lymington Lead</td>
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<td>Dr Faith Hill</td>
<td>Senior Lecturer In Medical Education</td>
<td>Bolderwood</td>
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<td>Dr Richard Weaver</td>
<td>Dean for GP Education</td>
<td>Wessex Deanery</td>
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<td>Dr Johnny Lyon-Maris</td>
<td>Associate Director Of GP Education</td>
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<td>6751</td>
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<td>GP Programme Organiser</td>
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<td>Tess Lawrence</td>
<td>GP Education Unit Co-ordinator</td>
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<td>6751</td>
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Last updated June 2010.
Mentoring, Coaching and Leadership within SUHT.

The Integrated Directorate of Education & Learning (IDEAL) recognises that Coaching, mentoring and leadership are core elements in the education and development of SUHT staff and therefore, of the organisation itself.

Mentoring.

SUHT operate a Mentoring scheme which is available to all members of staff. However when starting within the Trust as a new Consultant, you should automatically be allocated with a Mentor to help your transition into the Trust. If after your first month you have not been allocated with a Mentor please contact Nisha Ross (Scheme administrator) on ext: 8679 or via email: nisha.ross@suht.swest.nhs.uk who will be able to allocate you with a Mentor.

Mentoring is a process of learning from a colleague, usually older and more senior/experienced and often from the same organisation, possibly even the same discipline, but not necessarily.

It’s a two-way relationship, based on trust & respect. The mentor brings wisdom, learning, experience and knowledge to the relationship and is likely to have faced many of the issues you are encountering.

The mentoring relationship tends to focus on the workplace and involves supporting the individual as they address often difficult issues. It can be of great comfort when you are grappling with a thorny issue to know that others have had difficulties in those areas also. Furthermore, experience says that you know many, if not most of the answers yourself but talking them through with a mentor is very helpful & mentors can give advice.

Mentoring may be long-term, if mutually beneficial. Consultants Mentors within the Trust have been carefully selected from all areas with a range of expertise & experience but all united in wanting to help & support their colleagues in a structured way.

It is not compulsory to have a Mentor when you start work in the Trust however feedback from those previously allocated with a Mentor on joining the Trust have found having a mentor useful. You may find that your department automatically allocates a mentor to all new starters. If this occurs and then you are also allocated a Mentor from the Scheme, can you please let Nisha know.

Most mentors find it exceptionally rewarding to contribute to others’ development & thereby to an organisational culture supportive of individuals. Training days for new mentors are run periodically as well as half-day updates each year for mentors’ own development and to share experiences. If you feel that you would like to become a Trust Mentor once you have settled into your new position, please contact the scheme administrator who will be able to assist.
Coaching.

SUHT also operate a Coaching scheme which is also available to all members of staff. However this is voluntary and you will not be allocated with a coach automatically on appointment.

Coaching is a single or series of structured and focused discussions with a trained Coach on a topic of importance to the coachee, with resulting agreed actions. Common topics might be a dilemma, a problem, a conflict or an area of uncertainty which the coachee simply wants to explore. Your Coach is there to facilitate a structured discussion. Importantly it is NOT Counselling, Therapy or Performance Management.

Some people do not understand the differences between Coaching and Mentoring; they are both tools for self-development but mentoring tends to be longer-term and your Mentor can often give you advice whereas coaching is short-term and presupposes that you already have the answers you seek: your Coach helps you to find them. Therefore coaches (generally) don’t give advice.

There are currently 14 trained coaches across the Trust from varying disciplines and backgrounds and can be accessed by contacting the Scheme Administrator.

Confidentiality

Any discussions you have with your Mentor or Coach will remain confidential between yourselves. Any agreed Action Plans may be shared with others, if appropriate, but only with your consent. Information on outcomes may be shared with others, appropriately, with your knowledge and your consent to this is implicit.

IDEAL have written a Coaching and Mentoring strategy which is available via the IDEAL website: http://www.suht.nhs.uk/Media/suhtideal/CommonUnitsLinks/CoachingandMentoringStrategy.pdf
Leadership

With clinical service quality now inextricably linked with effective leadership (Darzi 2008), the Trust has written a Leadership strategy which outlines the strategy for leadership development within the Trust. Our aspiration to be ‘world-class’, a leading-edge teaching and learning hospital will always need to be underpinned by effective leadership. The leadership challenge for the NHS is to strive for an efficient system which delivers more convenient, better quality care for our patients. This improved quality and productivity needs to be linked by innovation, driving sustained improvements across the system. Thus NHS CEO David Nicholson places effective leadership at the heart of our national and local service (Nicholson 2009).

“To achieve our vision the Trust needs to support and invest in our staff. I recognise the need to invest in developing skills in leadership throughout the Trust”

Mark Hackett, CEO
June 2005

The aim of the strategy is that all staff are encouraged to lead by example and appropriate leadership development is available to all our staff who lead.

The objectives of this strategy are that:
1. All our staff understands and are encouraged and expected to lead by example in their day-to-day work, thus contributing directly or indirectly to safe, effective, high quality patient care.
2. Our staff are encouraged and supported to embrace positively the development of their leadership skills.
3. Followership and its responsibilities are defined
4. Leadership development is defined, signposted and accessible

The full strategy is available to view and/or print via the SUHTranet: http://www.suht.nhs.uk/Media/suhtideal/TopNavigationArticles/EducationalGovernance/LeadershipStrategy.pdf

There are Courses available for Consultants & Educational Supervisors offered by the NESC Courses Centre at Southampton General Hospital covering the subject area of Leadership. For further details please see the NESC courses guide included within this portfolio or visit the Wessex Institute Courses Centre website for more details: http://www.nesc.nhs.uk/training_courses.aspx

If you would like any further information on:
- Mentoring; please visit: http://www.suht.nhs.uk/Education/CommonLinks/MentoringScheme.aspx
- Coaching; please visit: http://www.suht.nhs.uk/Education/CommonLinks/CoachingScheme.aspx
Support for Doctors Experiencing Difficulties

During their careers, doctors may experience difficulties in a variety of areas including personal problems, clinical incidents and disciplinary matters. Colleagues, including those with managerial responsibility, will be as supportive as possible but there is also a range of support mechanisms available in the Trust and elsewhere.

These include:

- **Medical education team (for trainees)**
  including Director of Medical Education Dr Jane Hazelgrove (Donna (PA) ext 4795); Clinical and College Tutors, educational supervisors and the Deanery (best accessed via the Education Centre for best point of contact depending on grade/nature of issue).

- **Career Support**
  IDEAL offer a careers support service which can identify sources of information and support. Dr Antonia Calogeras is the Clinical Tutor responsible for this service and can be contacted via Extension 4919 or email medicalcareers@suht.swest.nhs.uk For more information, please go to: [http://www.suht.nhs.uk/Education/PersonalAndOrganisationalDevelopment/CareerSupport.aspx](http://www.suht.nhs.uk/Education/PersonalAndOrganisationalDevelopment/CareerSupport.aspx)

- **Three wise men**
  These are 3 senior consultants, nominated by the Medical Staff Committee, to support colleagues with difficulties. Currently they are:
  - Dr Jan Kohler; Paediatric Oncology, Extension: 6942
  - Dr Ian Gove; Elderly Care, Extension: 4658
  - Mr Robert Wheeler; Paediatric and Neonatal Surgery, Extension: 8599

- **Occupational Health**
  Occupational Health can offer confidential advice on health-related issues. They are sometimes asked by the Trust to see colleagues and produce reports but they are used to maintaining confidentiality in accordance with GMC rules. They can be contacted via:
  - Reception; Extension 4156
  - Lead Consultant Julia Smedley; Extension 4948 (direct dial)
  - Secretary; Extension 3645

- **Your GP**
  We are traditionally very poor patients who under use the resources of primary care!

- **Combined Medical Staff Committee**
  This is chaired by Dr Gareth Charlton, Consultant Anaesthetist (ext no.6135). While this committee is mainly focused on generic issues for medical staff, advice may also be given on specific issues.

- **Chaplaincy**
  The chaplaincy team within the hospital provide spiritual and pastoral care for staff as well as patients which is sensitive and appropriate to individual spiritual, religious, emotional and cultural needs- whatever the beliefs may be.

  They operate a 24 hour Trust-wide on-call system with a duty chaplain available around the clock for any urgent needs or referrals. They can be contacted on Extension: 8517 during the day from 8am-5pm or via switchboard services from 5pm - 8am (please ask the switchboard operator to page the duty chaplain)
• **Trade Unions**
The BMA offers advice and support to members on contractual and HR issues as well as BMA Counselling Service for BMA members and their families - available 24 hours. The BMA can be contacted on 0300 123 1233 and the BMA Counselling service can be contacted on 08459 200169. To join the BMA please go to: [www.bma.org.uk](http://www.bma.org.uk)

The Hospital Consultants and Specialists Association is a Trade Union affiliated to the TUC representing and advising senior medical and surgical staff in the UK. They can be contacted on: Telephone: (01256) 771777

• **Human Resources**
Divisional HRM’s can offer support and advice. Dignity at Work advisers can provide advice in line with the Eliminating Bullying and Harassment Policy: [http://sghint20/intranet/index.cfm?articleid=4854](http://sghint20/intranet/index.cfm?articleid=4854)

• **Doctors Support Network (and linked Doctors Support Line)**
The Doctors’ Support Network (DSN) is a warm, friendly self-help group for doctors with mental health concerns. They can be contacted on 0844 395 3010. For further information please go to: [http://www.dsn.org.uk](http://www.dsn.org.uk)

• **Sick Doctors Trust**
The Sick Doctors Trust is a wholly independent and confidential organisation, which offers support and help to doctors and medical students suffering any degree of dependence on drugs or alcohol. They can be contacted on 0370 444 5163, 24 hours/day. For further information please go to: [http://www.sick-doctors-trust.co.uk](http://www.sick-doctors-trust.co.uk)

• **Support4doctors**
Supported by the Royal Medical Benevolent Fund, they aim to put doctors and their families in touch with a range of organisations who can help with a range of health, personal, financial and other issues. They can only be contacted by email at: [http://www.support4doctors.org/page.asp?id=16](http://www.support4doctors.org/page.asp?id=16) However for further information please go to: [http://www.support4doctors.org](http://www.support4doctors.org)

• **Doctors.net.uk**
Doctors.net.uk is available to UK-registered doctors in primary and secondary care. It offers a professional, secure e-mail facility, clinical and non-clinical fora, the very latest medical information and free accredited education allowing doctors to maintain Continuing Professional Development (CPD). They also host an On-line forum which provides support to doctors with stress and mental health issues. They can be contacted on 01235 828400. For more information please go to: [http://www.doctors.net.uk](http://www.doctors.net.uk)

• **Defence Organisations**
The Medical Protection Society (MPS) provides comprehensive professional indemnity and expert advice to doctors, dentists and health professionals on legal and ethical problems arising from professional practice. They can be contacted on 0845 6054000. For more information please go to: [http://www.mps.org.uk](http://www.mps.org.uk)

The Medical Defence Union (MDU) offer advice and representation for members on medico-legal issues and defend the professional reputations of our members when their clinical performance is called into question. They can be contacted on 0800 716 376 (Medical) or 0800 085 0614 (Dental). For further information please go to: [http://www.the-mdu.com](http://www.the-mdu.com)
Library Services within SUHT

Library Services are provided by the Health Services Library on Level A in the South Academic Block. The Health Services Library supports the work, learning and research activities of all Trust staff and university staff and students. Membership provides you with access to:

- space to study/work
- help to access and use NHS Evidence Health Information Resources
- computers with web access
- fiction collection
- photocopiers and scanner
- training and support in finding and using information
- books and journals
- interlibrary loan service

You need to register to join the Library. We'll need to see TWO pieces of ID when you join. One should prove you're employed by SUHT (your contract, payslip); the other should have your current address on it (a current utility bill or driving licence).

Normal Library opening hours are:

- **Mon – Thurs** 8.30-21.30 (Loans until 21.00)
- **Friday** 8.30-18.00 (Loans until 18.00)
- **Saturday** 9.00-17.00 (Loans until 16.30)
- **Sunday** 14.00-18.00 (Loans until 17.30)

Electronic journal access

You will need to reregister for a NHS Athens username if you have moved to this Trust. Register on a SUHT pc via www.library.nhs.uk. Use your NHS Athens username to access NHS ejournals via http://www.library.nhs.uk/booksandjournals/journals/

Can I access the University ejournals?

If you have logged into NHS Evidence Health Information Resources you can follow the MyLibrary link at the top of the homepage to find a link to the university catalogue WebCat to find journals available via the Health Services Library. You'll find that some journals on WebCat are listed as 'available on the internet'. SUHT staff do not have direct access to these titles. However, Library staff can print articles from these journals on your behalf. Call into the Library or submit a signed request form available on http://www.soton.ac.uk/library/users/nhs/ and we'll send the article to you.

You can also visit the library and ask to browse issues of a particular journal online.
SUHT consultants can apply through the School of Medicine for University visitor status giving them access to University e-journals. A professorial colleague will be able to sponsor you.
Not all journals are available electronically and you may still need to visit the Library to get the articles you need. Use Periodical Search on the library catalogue WebCat www-lib.soton.ac.uk to find details of print journals we hold. SUHT staff wanting to copy articles for work purposes should ask at the Health Services Library loans desk for the NHS photocopy card.

The Library can request copies of articles not held in the NHS Evidence or Health Services Library collections from the British Library.

Links to e-journals from databases

If you search databases such as Medline or Embase using the NHS Evidence Health Information Resources www.library.nhs.uk, you will find that your search results contain links to those articles available to you electronically. In addition, you will see which articles are available in printed journals held in the Health Services Library.
You will find more details of library services with links to resources and user guides on SUHTranet>Library and on the Health Services Library website http://www.soton.ac.uk/library/users/nhs/

Contact Details for the Health Services Library
Elizabeth Robertson: Head of Health Services Library
Ric Paul: Clinical Support Librarian
Sue Forsey: Research Support Librarian
Mina Shaibatzadeh: Wider Health Care Team Librarian
Tel: 023 8079 6547
E-mail: hsl@suht.swest.nhs.uk
The Rough Guide to Educational Supervision at SUHT.

Dr S J Tanser
Definitions

Trainee
A medical practitioner currently undergoing postgraduate medical training within a foundation or speciality program.

Clinical Supervision
All members of the multi-professional team (consultants, trainees, nurses and allied health professionals) are involved in providing clinical supervision to others as part of their professional duty to ensure quality of care and patient safety.

Trainer
All consultants and experienced practitioners who work with trainees should teach, observe practice and support the trainee as part of their clinical practice (as detailed in GMC’s Good Medical Practice).

Clinical Supervisor
A consultant or fully trained specialist who has a clearly defined responsibility to oversee and manage an individual trainee’s clinical training and performance within their department for a specific placement.

Educational Supervisor
A nominated consultant who is responsible for monitoring, supporting and guiding a named trainee for a specified period of time whilst the trainee is working in the same organisation but not necessarily the same department.

Tutor
Individuals with a leadership role for education. This may be a college role eg Postgraduate Tutor for a speciality (accountable to the college for curricula delivery) or a Trust role eg Tutor for Educational Supervision (broad based role, accountable to Trust or Deanery for quality assurance).
Meet the Team:

Director of Medical Education  Dr Jane Hazelgrove

Clinical Tutors:

Foundation Programme Director Yr 1  Mr Brian Flavin
Foundation Programme Director Yr 2  Dr Suzie Tanser
Careers Support  Dr Antonia Calogeras
SAS Doctors  Dr John Stubbing
Educational Supervision and Run-through training  To Be Arranged
Flexible Training, Clinical Attachments, Study Leave and Trust Doctors  Mr Wagih Moussa
Clinical Governance and Doctors Induction  Dr Rod Dathan
Associate GP Dean  Dr Johnny Lyon-Maris
Educational Supervisors

It is SUHT policy that every doctor in training must have a named clinical and educational supervisor at all times. The educational supervisor’s will be nominated by the speciality postgraduate Tutor’s. All supervisors must be adequately trained for their role and must maintain their skills with regular updates. From 1 May 2008, all new educational supervisors must undergo a minimum of 2 days mandatory training. This will be provided as a 2- day course – Essential Skills for Educational Supervisors, which will be run by NESC courses centre. Consultants who have undergone equivalent training elsewhere may be exempted. As this post is currently vacant, please contact Jane Hazelgrove for further details:  jane.hazelgrove@suht.swest.nhs.uk

NESC also provides a range of other courses, which enhance the basic training. These include:

- Teaching and Learning in the clinical setting
- Assessment of doctors in training
- Understanding and resolving Problems with Doctors in Training
- Selection and interview skills

Further details are available via the website www.wessexcourses.org.uk or from jane.carr@suht.swest.nhs.uk.

Educational Supervision should be included in your job plan. The recommended ‘tariff’ is 8PA’s per year per trainee (approx 0.25PA’s per week).
Roles and Responsibilities of an Educational Supervisor

1. Trainee Appraisal

Initial Within 2 weeks

- Ensure trainees have attended mandatory training and appropriate induction.
- Assess trainee’s educational development needs.
- View portfolio / log book.
- Identify missing competencies required for the job
- Advise on learning needs and training opportunities.
- Agree educational objectives, including audit, which are SMART (Specific, Measurable, Achievable, Realistic, Time bound)
- Identify study leave required.
- Ensure that records of meetings and training sessions are maintained.

Midterm Every 3 months

Review progress towards objectives including competencies and assessments.
- Identify any areas of weakness or success.
- Update objectives

Final Review overall progress
- Provide feedback – 360 degree appraisals etc
- Receive feedback about placement
- Discuss final report with trainee

2. Counselling and career advice

3. ARCP reports (Annual review of Competence and Performance – replaces RITAs)

4. Understand the pathway for the trainee in difficulty

5. Must be familiar with the Programme Curriculum, the Learning Portfolio and the Programme design.

6. Must be familiar with the relevant paperwork surrounding the workplace assessments e.g. MiniCEX, 360 feedback tools etc.
Training Pathways – an update

Foundation Program

There remains a national application process for the Foundation program.

Foundation Year 1 (F1)
The first year of the Foundation Programme builds upon the knowledge, skills and competences acquired in undergraduate training. The General Medical Council sets the learning objectives for this year. In order to attain full registration with the GMC, doctors must achieve specific competences by the end of this year. (See the GMC website for more details: [www.gmc-uk.org](http://www.gmc-uk.org))

Foundation Year 2 (F2)
The second year of the Foundation Programme builds on the first year of training. The F2 year main focus is on training in the assessment and management of the acutely ill patient. Training also encompasses the generic professional skills applicable to all areas of medicine - team work, time management, communication and IT skills.

Run-through training
Specialty training was offered in 2007 in terms of a “run-through” training programme or a fixed-term specialty training appointment (FTSTA).

The run-through programme of three to seven years would lead eventually to a Certificate of Completion of Training (CCT), which qualify the doctor for entry to the Specialist or GP Register held by the General Medical Council (GMC) (subject to the successful attainment of required competences). FTSTAs were for one year only with the aim of adding flexibility to training. FTSTAs, for example, could offer an opportunity to gain more experience before applying for a longer-term position.
2008 and beyond

All trainees who were offered and accepted run-through training in the 2007 process will continue to have run-through training.

Following consultation with royal colleges, British Medical Association and others, the change for specialty training in England in 2008 is that there will be different training offers for different specialties, to fit the particular needs of the specialty. Some specialties will continue to offer run-through training, whilst others will uncouple and offer a two-year core training programme (three years for psychiatry and emergency medicine) followed by an open competition to enter specialty training in future years at ST3 onwards (ST4 for psychiatry and emergency care). General practice will remain as run-through.

The table below shows which specialties will offer run-through training and which will offer core training followed by open competition.

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<th>Offer of run-through training in 2008</th>
<th>Offer with Uncoupling in 2008</th>
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<td>Paediatrics and Child Health</td>
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<td>Occupational Medicine</td>
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<td>Paediatric surgery</td>
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<td>Trauma &amp; orthopaedic surgery</td>
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<td>Urology</td>
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Assessment and the Annual Review of Competence Progression (ARCP)

In accordance with PMETB requirements, College and Faculties have developed assessment strategies which are blue-printed against the CCT specialty curriculum approved by PMETB and the requirements of the GMC’S Good Medical Practice.

The Record of In-Training Assessment (RITA) process which has, to date, been the process of overall assessment for specialist training will be replaced by the Annual Review of Competence Progression (ARCP). This will be based on the more explicit use of evidence to inform the annual assessment outcome of progress. The ARCP is designed to produce evidence and a judgement about progress. It does not address the important processes of educational/workplace-based appraisal and programme planning which should respectively precede and follow from the formal assessment process.

Post-Graduate Medical Education and Training Board (PMETB)

PMETB is the independent regulatory body responsible for postgraduate medical education and training. Their roles are:

1. **Set and secure standards for postgraduate medical education and training.**
   This includes curriculum approval and assessment, prospectively approving all training posts and programmes, quality assuring and evaluating the management of postgraduate medical training and setting the overarching principles under which selection into specialist training must operate.

2. **Certify doctors for the GP and specialist registers.**
   This includes assessment and award of the Certificate of Completion of Training (CCT) and the General Practice Certificate of Completion of Training (GPCCT) when trainee doctors have successful finished their training and assessment of those doctors who have not completed an approved UK training programme but whose skills, knowledge and experience are equivalent to a CCT or GPCCT holder.
3. **Lead independently on developing and promoting postgraduate medical education and training.**

The Tooke Report recommended that PMETB merge with the GMC and this is likely to happen in the next few years.

**NHS Education South Central**

The recruitment and ongoing professional development of health professionals in the "South Central" region of England is the core purpose of NESC (NHS Education South Central). In practice, this means the following:

- Post graduate education of doctors, dentists and consultant practitioners
- Improving clinical standards through training and education
- Supporting and developing new job roles for a more effective future workforce
- Monitoring quality and ensuring fairness

- Using all of the above to deliver better patient care

NESC’s aim is to do everything possible to provide the right circumstances and opportunities, so that medical professionals can start, develop and maintain their careers and their learning, by making sure that their skills are always relevant, useful and bang up to date.

**Educational Supervision Training**

NESC offer several Courses in relation to the Educational Supervisor Development Programme. Courses currently available through NESC are:

- Educational Supervision- The Essentials
- Clinical Supervision for Doctors in Training- What’s it all about
- Assessment of Doctors in Training
- Selection and Interview Skills for the Educational Supervisor
- Teaching and Learning in the Clinical Setting
- Understanding and Resolving Problems with Doctors in Training

For details of these courses please see the NESC Courses Guide included within this Consultant Portfolio or visit [www.nesc.nhs.uk](http://www.nesc.nhs.uk)
The Trainee in Difficulty

In 2003 the Wessex Deanery formulised a scheme to manage trainees in difficulty whilst meeting the needs of the trainees, the Trust, the Deanery and ensuring patient safety. This can be accessed via the NESC website at www.nesc.nhs.uk by following the links to Wessex Deanery, Resources and Information and Doctors in Difficulty. The role of the Educational Supervisor is to recognise a problem, ensure that the trainee is made aware of the issues and clearly document any information or evidence. A Record of Assessment / Performance Review Proforma can be found in the Wessex Deanery Strategy. Advice (official or unofficial) can be obtained at any stage from the Speciality Tutors, the Clinical Tutors, the Director of Medical Education or Human Resources. A Virtual Support Group has been set up to provide support in agreed areas. Current members include:

1. Communication/Interpersonal skills  Nick Maguire
   Catherine Emmerson
2. Time management  Martin Clarke
4. Language difficulties  Angela MacTavish
5. Professionalism/Coaching  Judy Curson
   Peter Lees
6. Career counselling  Sonia Hutton-Taylor (Medical Forum)
7. Occupational health issues  Trust Occupational Health
8. Exam failures  Colin Coles
9. Dyslexia  Mrs. Gail Alexander
10. Cultural aspects  Rosslynne Freeman

In the event of a SUI resulting in the death of a patient or the possible exclusion of the trainee, the Director of Medical Education and the Medical Director must be informed immediately.
Useful websites and further reading

www.mmc.nhs.uk

www.pmetb.org.uk

www.wessexcourses.org.uk

www.nesc.nhs.uk


Anyone wishing to become an Educational Supervisor is encouraged to speak to Dr Jane Hazelgrove however there is no Obligation for New Consultants to become Educational Supervisors
Roles & Responsibilities of an Educational Supervisor

1. All trainees must have a named education supervisor and the trainee should be informed in writing of this. The exact model, i.e. by placement, year of training etc, will be determined locally and all parties informed in writing of model and expectations.

2. The Educational Supervisor must be given adequate time to perform their role and approx. 0.25 PA per trainee should be identified in their job plan.

3. Support of Trainee
   a) Oversee the education of the trainee, act as their mentor and ensure that trainees are making the necessary clinical and educational progress
   b) Meet the trainee in the first week of the placement (or delegate to colleague if absent on leave), ensure the structure of the placement, the curriculum, portfolio and system of assessment are understood and establish a supportive relationship. At this first meeting the educational agreement should be discussed with the trainee and the necessary paperwork signed and a copy kept by both parties.
   c) Inform the appropriate Programme Director of any significant problems that arise
   d) Ensure that the trainee receives appropriate career guidance and planning
   e) Monitor the delivery of the Educational Agreement
   f) Provide the trainee with opportunities to comment on their training and on the support provided and to discuss any problems they have identified
   g) Review meetings should be held at least every three months and at the end of each placement. The trainee arranges these meetings. These occur in protected time, in a private environment and consist of reviewing the learning objectives to ensure they have been met, giving feedback, reviewing the assessments and portfolio evidence of learning. Before this session the educational supervisor will usually have obtained information from colleagues, those involved in clinical supervision and other key professionals with whom the trainee has worked during the placement.
   h) At the end of the year the final appraisal session consists of reviewing all the assessments, the portfolio of evidence of learning and ensuring that all the learning objectives of the programme have been satisfied. All the necessary documentation needs to be completed and returned to the Programme Director to enable satisfactory completion of the end-of-year paperwork.

4. If the trainee’s performance is not reaching the required standard
   a) This should be discussed with the trainee as soon as identified
   b) Written record of the meeting kept
   c) Remedial measures should be put in place as soon as possible with clearly defined written objectives
   d) Trainees must have an opportunity to correct any deficiencies identified

5. All Educational Supervisors
   a) Must have received training for the role.
   b) Must be familiar with the Programme Curriculum, the Learning Portfolio and the Programme design.
   c) Must ensure that the appropriate members of the multiprofessional team are aware of the learning and assessment needs of the Trainee and are familiar with the relevant paperwork surrounding the workplace assessments e.g. MiniCEX, 360 feedback tools etc.
   d) Are responsible for ensuring that relevant information about progress and performance is made available to the appropriate Programme Director and informing them should the performance of any individual trainee give rise for concern.
   e) Should contribute in relevant areas to the generic professional education programme
   f) Will act as a resource for their own specialty for trainees seeking information and guidance
   g) Liaise with the Specialty / Programme tutor and the rest of the department to ensure that all are aware of the learning needs of the Trainee.

Liz Spencer

01/02/2007
**Title of document:** Policy for educational and clinical supervision of doctors in training at SUHT

**Author:**
Dr Jane Hazelgrove / Dr Susan Tanser
Director of Medical Education / Clinical Tutor for Educational Supervision

**Keywords:**
Doctors in training, clinical, educational, supervision, responsibilities

**Description:**
Principles and framework to ensure appropriate clinical and educational supervision of junior medical staff

**Final Validation Committee:**
Trust Management Group

**Date agreed:**

**Accountable Officer:**
Dr Joanna Mountfield
Director of Education

**Responsible Officer:**
Dr Jane Hazelgrove
Director of Medical Education

**Directorates who use the document:**
All

**Highlighted to:**
All medical staff

**Date doc. Implemented:**

**Date doc. Loaded on SUHTranet:**

**Date(s) Reviewed (if applicable):**
01/05/08

**Details of most recent review:**
(Outline main changes made to document)

**Signature of Chairman of Validation Committee:**
1. **Introduction**

1.1. This is the Policy for the educational and clinical supervision of all doctors in training at Southampton University Hospitals NHS Trust (SUHT). The Trust considers that the comprehensive and appropriate supervision of doctors in training is essential for staff development and key to the delivery of safe patient care.

1.2. It is SUHT policy that every doctor in training must have a named clinical and educational supervisor at all times.

1.3. The policy applies to all doctors in training: Foundation doctors, Senior House Officers, Specialist Registrars, Research Fellows, Run through training grade doctors and those undertaking Fixed term specialist training appointments. This also applies to Staff Grade doctors and all those below Associate Specialist in a career grade.

1.4. The policy reflects regional and national policies on educational supervision.

2. **Background**

2.1. Traditionally the same person in clinical settings has often provided the roles of clinical and educational supervisor. However, with the development of shift working the roles may be shared between different medical staff within a department or care group.

2.2. Educational supervision should be the responsibility of a single senior member of medical staff for an individual doctor in training throughout a clinical placement.

2.3. It may be a requirement of service that clinical supervision may be delegated to colleagues but should remain the overall responsibility of a named senior member of medical staff at any one time.

3. **Definitions**

3.1. The main **aim** of educational supervision is to ensure the overall progress of the trainee/junior career grade doctor through education/training and includes responsibility for:

   1. Regular appraisals and the creation of a personal development plan for the trainee/junior career grade doctor
   2. The collation and record of workplace-based assessment outcomes
   3. The provision of career advice and educational support as required.

3.2. The overall **aim** of clinical supervision is to ensure that the trainee/junior career grade doctor is:

   1. Safe and prepared to carry out the clinical work he/she is expected to do within the department or clinical area of activity
   2. Supervised at all times
   3. Evaluated against the criteria specified in their workplace-based assessment.
4. **Standards and responsibilities**

4.1. The Director of Medical Education will ensure that all new doctors in training to SUHT are allocated an educational supervisor at the time of generic/corporate induction and that details are specified in their job contract.

4.2. The Director of Medical Education will ensure an overview of the processes of educational and clinical supervision is delivered to all doctors in training at generic/Trust induction.

4.3. It is the trainee’s/junior career grade doctor’s responsibility to ensure a meeting takes place with their educational supervisor within 10 working days of starting work at the Trust.

4.4. Postgraduate educational leads are responsible for ensuring the delivery of local induction and the detailing of arrangements for clinical supervision dependant on the duties of junior staff.

5. **Induction**

5.1 Every trainee commencing employment in SUHT must undergo the Trust Induction prior to commencement of clinical work.

5.2 Every trainee rotating to a new department must attend a departmental induction. This should include the following:

- Job plan / timetable
- Rota management arrangements including study leave / annual leave
- Arrangements for appraisal and assessments
- Relevant policies and protocols
- Department handbook
- Introduction to key personnel
- How to raise concerns / report incidents

6. **Educational supervision**

6.1 All trainees must have a designated educational supervisor.

6.2 Trainees must sign a training/learning agreement at the start of each post.

6.3 Trainees must maintain a learning portfolio which should be discussed with their educational supervisor.

6.4 Trainees should meet with their educational supervisor at least every 3 months.

6.5 Trainees must have a means of feeding back in confidence their concerns and views about their training and education.

7. **Educational Supervisors:**

7.1 Educational supervisors must have prepared themselves adequately for the role and have an understanding of educational theory, practical educational techniques.
and the new assessment tools. They should ensure that they maintain their skills and update their knowledge by attending appropriate courses.

7.2 All new educational supervisors should undergo a minimum of 2 days of introductory training. This is mandatory from 1 May 2008.

7.3 Work carried out by educational supervisors should be recognised in job plans. An average of 8PA’s per year should be allocated per trainee supervised.

7.4 They must offer a level of supervision and review appropriate to the grade and specialty of the individual trainee/junior career grade doctor.

7.5 They should liaise with clinical supervisors in reference to the trainee’s/junior career grade doctor’s capabilities and learning needs in reference to clinical duties.

7.6 They are responsible for ensuring systems that provide fair and non-discriminatory feedback from clinical supervisors and the collation of such evidence.

7.7 They are responsible for ensuring that relevant information about progress and performance is made available from clinical supervisors on a regular and routine basis to inform assessment procedures (e.g. ARCP /Revalidation /appraisal).

7.8 They are responsible for maintaining an appropriate record of performance for each trainee/junior career grade doctor and for contacting local college representative, clinical tutors, specialty education leads, Deanery representatives or the Medical Director (dependant on nature of issue) should the performance of any individual trainee/junior career grade doctor give rise for concerns.

7.9 They should ensure that all trainees/junior career grade doctors have an Educational Portfolio.

7.10 They should ensure that 360° feedback systems are available to assess trainees/junior career grade doctors and should be skilled in giving feedback to trainees/junior career grade doctors.
7.11 They should ensure that all junior doctors have completed mandatory training as required by the Trust.

8. **Clinical Supervisors:**

8.1 Must be fully trained in the area of clinical care and understand their responsibilities for patient safety.

8.2 Must offer a level of supervision of clinical activity appropriate to the competence and experience of the individual trainees/ junior career grade doctors.

8.3 Should ensure that no trainee/ junior career grade doctor should be required to assume responsibility for or perform clinical, operative or other techniques in which they have insufficient experience and expertise. Trainees/ junior career grade doctors should only perform tasks without direct supervision when the supervisor is satisfied regarding their competence to do so. Both trainee/ junior career grade doctor and supervisor should at all times be aware of their direct responsibilities for the safety of patients in their care.

8.4 Clinical Supervisors are responsible for ensuring the correct form of supervision is in place for any duty undertaken by the trainee/ junior career grade doctor. They must ensure appropriate and adequate lines of communication exist between trainee/ junior career grade doctor and supervisor. Clinical Supervision may take place in four models:

- **Direct supervision:** in the operating theatre, the ward or the consulting room.

- **Close but not direct supervision:** e.g. in the theatre suite, in the next-door room, reviewing cases and process during and / or after a session.

- **Local availability:** on site within minutes with regular review of cases.

- **Off site:** accessible promptly by telephone, with arrangement for appropriate / timely review in person as required, in addition to regular review of cases.

8.5 They may delegate thoughtfully, responsibly, and in appropriate circumstances, some such supervision to colleague consultants / general practitioners or appropriately experienced non-consultant career grade doctors. **However, for every patient and each clinical setting it needs to be clear where responsibility for clinical supervision lies.** The named Clinical Supervisor remains responsible and accountable for the care of the patients and actions of doctors in training at all times in the absence of these arrangements.

Clinical Supervisors (in specialties such as nuclear medicine, pathology, psychiatry or general practice) may delegate responsibility for immediate supervision to an identified non-medical professional in a specialty field. However, the Supervisor remains ultimately responsible and accountable for the named trainee/ junior career grade doctor.

8.6 Clinical supervisors are responsible for trainees/ junior career grade doctors being supported in delivery of care at night by appropriate induction (cross-speciality
when cross-cover is required), managed handover, a clear team understanding of individual competencies and cover for out of hours working.

8.7 They are responsible for ensuring trainees/ junior career grade doctors have had access to, and have attended, an appropriate local induction and are aware of all Trust policies and standards relevant to their post.

8.8 They are responsible for contacting educational supervisors, local college representative, clinical tutors, specialty education leads, Deanery representatives or the Medical Director should the performance of any individual trainee/ junior career grade doctor give rise for concerns (dependant on nature of issue).

9. **Doctors in Difficulty**

9.1 Any trainees who are causing concern must be identified to their educational supervisor immediately.

9.2 Significant areas of concern should be reported to the Care Group Lead and the Director of Medical Education.

9.3 If a doctor is involved in a Serious Untoward Incident that has resulted in actual patient harm or is likely to result in restricted practice or exclusion from the Trust the Medical Director should be informed.

10 **Queries**

All queries should be addressed to Dr Jane Hazelgrove, Director of Medical Education on extension 5001 or by email jane.hazelgrove@suht.swest.nhs.uk.

7. **Monitoring**

The Director of Medical Education will be responsible for monitoring the quality of educational and clinical supervision through the mechanisms in place for educational governance as determined in the annual report against the PMETB standards.

8. **Review**

This policy will be reviewed no later than 1/6/11.

**References:**

3. NHS Education for Scotland Gillian Needham and Mike Taylor
4. Wessex Deanery policy on Educational and Clinical supervision
5. PMETB Generic Standards for Training (December 2007)
6. PMETB Standards for Trainers (January 2008)
FOR FURTHER EDITIONS OF THE

IDEAL TIMES NEWSLETTERS

GOTO

www.suht.nhs.uk/IDEAL

Click on: IDEAL Times Newsletter under the see also section, on the right hand page of the IDEAL Homepage

The IDEAL Times newsletter has been put together to tell staff about the news and courses offered by the four Education and Learning Units (Doctors, Nurses and Midwives, Allied Health Professionals & Healthcare Scientists, Wider Healthcare Teams). It is a quarterly publication. Articles can be submitted by any member of staff across the Trust.

If you would like further information on how to have your Educational based articles included in future editions, contact Nisha Ross on Ext: 8679 or via email: nisha.ross@suht.swest.nhs.uk
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<td>• Introduction to the Trust. • History and key stages of development. • Profile of population served with specific reference to: o Cultural groups o Elderly population o Economic deprivation/unemployment o Immigrants and asylum seekers</td>
<td>• SUHTranet (Only available from internal PCs) • SUHT 2020 Vision: <a href="http://www.suht.nhs.uk/AboutTheTrust/PlansPoliciesAndStrategies/CorporateStrategy-the2020Vision.aspx">http://www.suht.nhs.uk/AboutTheTrust/PlansPoliciesAndStrategies/CorporateStrategy-the2020Vision.aspx</a> • Public website: o <a href="http://www.suht.nhs.uk">www.suht.nhs.uk</a> o Southampton City Primary Care Trust website: o <a href="http://www.southamptonhealth.nhs.uk">www.southamptonhealth.nhs.uk</a> o <a href="http://www.soton.ac.uk">http://www.soton.ac.uk</a></td>
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<tr>
<td>Meeting with Trust Chief Executive, Directors and fellow Consultants</td>
<td>• Preferably within 2 weeks of joining, new Consultants should meet the Trust Chief Executive, Medical, Operations and HR Directors and Care Group Managers, along with fellow Consultants.</td>
<td>• New Consultants should receive a letter of invite to the Trust Board in the Consultants starters pack from HR • Request via your Divisional Clinical Director.</td>
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<tr>
<td>Who’s who within the Trust</td>
<td>A detailed structure of the Trust/PCT board along with an outline of each member’s roles and responsibilities</td>
<td>Please see additional document titled: Divisional Structure of Southampton University Hospitals NHS Trust</td>
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<td>Targets and achievements</td>
<td>Outline of targets for the Trust/PCT and progress towards achieving these. • Examples of how the targets have helped improve services</td>
<td>Please have a look at the SUHT 2020 vision: <a href="http://www.suht.nhs.uk/AboutTheTrust/PlansPoliciesAndStrategies/CorporateStrategy-the2020Vision.aspx">http://www.suht.nhs.uk/AboutTheTrust/PlansPoliciesAndStrategies/CorporateStrategy-the2020Vision.aspx</a></td>
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<tr>
<td>Review of individual Induction programme, mentorship, job description and appraisal method</td>
<td><strong>Induction programme</strong> • On commencement of employment, the new doctors should attend Trust Induction and/or 1st Wednesday for Doctors Induction and have the chance to discuss and review their individual arrangements for: <strong>Mentorship</strong> • The concept of mentorship; agreeing the level of support required; frequency of meetings; any out-of-normal-hours contact. • Establish option for mentor or mentee to end the arrangement and find another mentor. <strong>Job plan and appraisal with Clinical Director</strong> • Detailed discussion of their roles and responsibilities • Concept of job plan review and appraisal with Clinical Director to be explained and agreed. • Job Planning Consultant Handbook</td>
<td><strong>Doctors Induction section of the IDEAL website at:</strong> <a href="http://www.suht.nhs.uk/Education/Doctors/DoctorsInduction/DoctorsInduction.aspx">http://www.suht.nhs.uk/Education/Doctors/DoctorsInduction/DoctorsInduction.aspx</a> • Dates for Induction can be found at:<a href="http://www.suht.nhs.uk/Education/Doctors/DoctorsInduction/YourInductionDay.aspx">http://www.suht.nhs.uk/Education/Doctors/DoctorsInduction/YourInductionDay.aspx</a> • All Consultants will be allocated a Mentor when starting with the Trust (see enclosed sheet regarding mentoring) Further information with regards to Mentoring contact Nisha Ross • Mentoring information available at:: <a href="http://www.suht.nhs.uk/Education/CommonLinks/MentoringScheme.aspx">http://www.suht.nhs.uk/Education/CommonLinks/MentoringScheme.aspx</a> • Coaching information available at: <a href="http://www.suht.nhs.uk/Education/CommonLinks/CoachingScheme.aspx">http://www.suht.nhs.uk/Education/CommonLinks/CoachingScheme.aspx</a> • Other information available from: <a href="http://www.bma.org.uk">www.bma.org.uk</a> and <a href="http://www.dh.gov.uk">www.dh.gov.uk</a> • Meeting with Clinical Director should occur soon after start</td>
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<td>CPD</td>
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<td>• Consultants and GPs should be informed about the relevant</td>
<td>• <a href="http://www.suht.nhs.uk/Education/Doctors/PostgraduateProgramme.aspx">http://www.suht.nhs.uk/</a></td>
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<td>specialty College Tutors at the Trust and formally be introduced</td>
<td>• <a href="http://www.rcplondon.ac.uk/education.asp">www.rcplondon.ac.uk/education.asp</a></td>
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<td>to them. This would enable them to access CPD and gain</td>
<td>• <a href="http://www.rcseng.ac.uk">www.rcseng.ac.uk</a></td>
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<td>appropriate advice and when necessary.</td>
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<td>• Education Centre Handbook</td>
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<td>healthcare and society in general.</td>
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## IT systems

It is important that new recruits are trained and supported to achieve competency with IT systems so that they be confident in their use with colleagues and patients. These include:

- PACS Training
- ESR (Electronic Staff Record)
- Communications
- Information and learning
- Introducing the NHS Library.
- The use of IT in clinical decision making and accessing patient-related information.
- Examples such as “path-links”, downloading reports on handheld devices, and other new technologies.

Training in the specific IT systems used within the Trust, to include:

- Email and internet
- Database and Spreadsheets
- Electronic Journals and other academic resources
- Electronic links with laboratories
- Electronic booking and referral

### Prescribing – British National Formulary

- Guidelines on prescribing drugs in relation to the BNF and local advice.
  - *Provide each doctor with a copy of the BNF through his/her Trust or PCT.*
  - Quick Guide to Prescribing

### Death Certificates and the Coroner

- The proper procedures and paperwork for writing Death Certificates.
- The Coroner’s function and responsibility of doctors with regard to post-mortems.

### Geographical area. Multi-site locations

- Tour of the area served by the Trust/ PCT.
- Visits to multiple sites operated by the Trust/PCT.
- Identification of key locations
  - e.g. council offices, police stations, other healthcare

### Resources

- www.npsa.nhs.uk
- www.nhsla.com
- IT at SUHT:
- IT systems at SUHT:
  - http://suhttranet/index.cfm?articleid=3877
- IT Training at SUHT:
  - www.soton.ac.uk/library/about/hsl
- SUHTranet => Governance/Policies & Procedures/Medicine Documents: Medicines – Prescribing, Acquisition, Storage & Administration of: Policy Available from SGH Pharmacy via adriane.mackay@suht.swest.nhs.uk
- SUHTranet=> Education & Learning/ E-Learning/Post Mortem Consent E-Learning
- Geographical area and Trust/PCT maps
  - See maps at back of folder
| What's where | Locating key sites for people new to the area:  
|             | • Local shops, supermarkets, and commercial services  
|             | • Local schools, estate agents, etc.  
|             | • Churches, temples, mosques, synagogues, etc  
|             | • Maps with routes and information about public transport  
|             | • Local parking regulations  
|             | • Leisure and sporting facilities:  
|             |   - Southampton Football  
|             |   - Hampshire Cricket  
|             |   - David Lloyd Leisure Centre  
|             | • www.city-visitor.com  
|             | • www.theaa.com  
|             | • www.streetmap.co.uk  
|             | • www.maps.yell.com  
|             | • www.saintsfc.co.uk  
|             | • www.hampshirecricket.com  
|             | • www.davidlloydleisure.co.uk  
| Local Education |  
| Local Education | State schools  
| Local Education | Private schools  
| Local Education | University  
| Local Education | Further education  
| Local Education | Fees  
| Local Education | [www.dfes.gov.uk](http://www.dfes.gov.uk)  
| Local Education | [www.universitiesuk.ac.uk](http://www.universitiesuk.ac.uk)  
| Local Education | [www.ucas.ac.uk/getting](http://www.ucas.ac.uk/getting)  
| Local Education | [www.dfee.gov.uk](http://www.dfee.gov.uk)  
| Local Education | [www.privateschools.co.uk](http://www.privateschools.co.uk)  

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Last updated June 2010.
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<th>Topic in the UK</th>
<th>Contents</th>
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| **General Information about UK** | • Brief History of Britain/EU  
• British Government System (Houses of Parliament and Monarchy)  
• Politics and Political Parties  
• Cultural Diversity  
• Sports and entertainment | • [www.fco.gov.uk](http://www.fco.gov.uk)  
• [www.parliament.uk](http://www.parliament.uk)  
• [www.royal.gov.uk](http://www.royal.gov.uk)  
• [http://www.britishcouncil.org](http://www.britishcouncil.org)  
• [www.bbc.co.uk](http://www.bbc.co.uk)  
• [www.skysports.co.uk](http://www.skysports.co.uk) |
| **British Taxation System** | • Concept of Taxation  
• National Insurance contributions and number  
• Old Age Pension benefits | • [www.inlandrevenue.gov.uk](http://www.inlandrevenue.gov.uk)  
• [www.thepensionservice.gov.uk](http://www.thepensionservice.gov.uk) |
| **Public Services** | • Public utilities funded by general taxation  
• Local Councils  
• Social Security | • [www.dwp.gov.uk](http://www.dwp.gov.uk) |
| **Transport** | • Rail Network  
• Air Travel and Airports  
• Buses  
• Taxis/licensed Minicabs  
• London Underground  
• Driving Licence and Tests  
• Motorways  
• Motoring Associations  
• Bringing own car to UK | • [www.rail.co.uk](http://www.rail.co.uk)  
• [www.baa.com](http://www.baa.com)  
• [www.tfl.gov.uk](http://www.tfl.gov.uk)  
• [www.dvla.gov.uk](http://www.dvla.gov.uk)  
• [www.rac.co.uk](http://www.rac.co.uk)  
• [www.theaa.com](http://www.theaa.com)  
• [www.direct.gov.uk](http://www.direct.gov.uk)  
• [www.highways.gov.uk](http://www.highways.gov.uk) |
| **Banking** | • Requirements  
• Supporting documents  
• [http://www.bba.org.uk](http://www.bba.org.uk)  
• [www.moneysupermarket.com](http://www.moneysupermarket.com) |
| **Education** | • State schools  
• Private schools  
• University  
• Further education  
• Fees | • [www.dfes.gov.uk](http://www.dfes.gov.uk)  
• [www.universitiesuk.ac.uk](http://www.universitiesuk.ac.uk)  
• [www.privateschools.co.uk](http://www.privateschools.co.uk) |
| **Shopping, Supermarkets and Sales** | • Concept of High Street shopping  
• Supermarket chains  
• Grocery  
• Newsagents  
• Off license shops  
• Twice yearly major Sales | • [www.ofg.gov.uk/Consumer](http://www.ofg.gov.uk/Consumer)  
• [www.shopsafe.co.uk](http://www.shopsafe.co.uk)  
• [www.uk-shopping-guide.co.uk](http://www.uk-shopping-guide.co.uk) |
| **Emergency Services and other important Contact details** | • Emergency Services 999  
• Home Office/Immigration  
• Local Council  
• Education Authorities  
• Relevant Embassy contact details | • [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)  
• [http://www.hampshire.police.uk/Internet/](http://www.hampshire.police.uk/Internet/)  
• [http://www.hantsfire.gov.uk](http://www.hantsfire.gov.uk)  
• [www.fire.org.uk/advice/firesafe.htm](http://www.fire.org.uk/advice/firesafe.htm)  
• [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)  
• [www.fco.gov.uk](http://www.fco.gov.uk)  
• [http://www.info4local.gov.uk](http://www.info4local.gov.uk) |
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<tr>
<th>Topic</th>
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<th>Information Services</th>
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| **Structure of the National Health Service (NHS)** | • Concept of the NHS  
• Relationship between Acute and Primary Care Trusts (PCT)  
• Strategic Health Authorities, Workforce Development Confederations, the Department of Health (DH) | • [www.nhs.uk](http://www.nhs.uk)  
• [http://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhsstructure.aspx](http://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhsstructure.aspx)  
• [www.dh.gov.uk](http://www.dh.gov.uk)  
• [www.binleys.com](http://www.binleys.com)  
• [http://www.nhsexplained.co.uk/](http://www.nhsexplained.co.uk/) |
| **Who’s who in the NHS** | • Roles and responsibilities of key people within the NHS and DH, especially those with whom doctors would have contact in their Trust or PCT:  
• Chief Executives  
• Medical Directors  
• HR and Operations Directors  
• Service development and other key managers within Trusts | • [www.nhs.uk](http://www.nhs.uk)  
• [http://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhsstructure.aspx](http://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhsstructure.aspx)  
• [www.dh.gov.uk](http://www.dh.gov.uk)  
• [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)  
• [http://www.nhsexplained.co.uk/](http://www.nhsexplained.co.uk/)  
• See additional document titled: An Introduction to the NHS |
| **The roles of Consultant and GP within the NHS** | • Roles and responsibilities in acute or mental health trusts and Primary Care Trusts.  
• Relationship between Consultants and GPs: patient referrals, interaction between primary and secondary care.  
• Concepts of independent working, clinical team leadership, supervision of junior doctors, relationship with Trust management | • [www.nhs.uk](http://www.nhs.uk)  
• [www.dh.gov.uk](http://www.dh.gov.uk) |
| **The NHS Plan, NHS Modernisation Agency, Priorities & Planning Framework, NHS Improvement Plan and Standards for Better Health** | • The significance of the NHS Plan and related Modernisation Agency projects, e.g. the national booking programme, cancer services collaborative and progress towards the recently launched Priorities and Planning Framework targets. NHS priorities between now and 2008 set out in NHS Improvement Plan. Development of quality care supported by Healthcare Commission in publication of Standards for Better Health. | • [http://www.nhsexplained.co.uk/](http://www.nhsexplained.co.uk/)  
• [http://www.institute.nhs.uk](http://www.institute.nhs.uk)  
• [http://www.connectingforhealth.nhs.uk/resources/policyandguidance/delivering_the_nhs_plan.pdf](http://www.connectingforhealth.nhs.uk/resources/policyandguidance/delivering_the_nhs_plan.pdf)  
• [http://www.connectingforhealth.nhs.uk/](http://www.connectingforhealth.nhs.uk/) |
| **Foundation Hospitals** | • Introduction to Foundation Hospitals and plans for all NHS trusts to be Foundation Hospitals by 2008. Implementation of payment by results for Foundation Hospitals from 2004 and NHS trusts from April 2005. | • [www.dh.gov.uk](http://www.dh.gov.uk) |
| **The Royal Colleges and specialist bodies** | • The relationship between doctors and the Royal Colleges and specialist societies.  
• Their roles in specialist medical training.  
• Revalidation and Appraisal. | • [www.aomrc.org.uk](http://www.aomrc.org.uk)  
• [www.rcplondon.ac.uk](http://www.rcplondon.ac.uk)  
• [http://www.gmc-uk.org/](http://www.gmc-uk.org/)  
• [www.sta-mrc.org.uk](http://www.sta-mrc.org.uk)  
• [www.pmetb.org.uk](http://www.pmetb.org.uk)  
• [http://www.rcplondon.ac.uk/professional-Issues/revalidation](http://www.rcplondon.ac.uk/professional-Issues/revalidation) |
| **The British Medical Association (BMA). The Medical** | • The importance of the BMA in representing doctors and creating peer group networks. | • [www.bma.org.uk](http://www.bma.org.uk)  
• [www.the-mdu.com](http://www.the-mdu.com) |
<p>| Defence Union (MDU). Local Medical Councils (LMCs) | • How the MDU works and the protection it offers doctors during clinical practice. • The role of LMCs and their importance to GPs • Details of newly appointed doctors should be supplied to the BMA and relevant LMC after they have accepted their job offer. | • <a href="http://www.mddus.com">www.mddus.com</a> • <a href="http://www.medicalprotection.org">www.medicalprotection.org</a> |
| General Medical Council (GMC) | • Explanation of GMC’s regulatory role, disciplinary and other procedures | • <a href="http://www.gmc-uk.org/">http://www.gmc-uk.org/</a> |
| NHS Pension Scheme | • Outline of pension scheme benefits, with examples of projected pension entitlements based on Consultants’ and GPs’ earnings, and final rebates available | • <a href="http://www.nhsbsa.nhs.uk/pensions">http://www.nhsbsa.nhs.uk/pensions</a> |
| Primary Care set-up | • GMS/PMS Contracts and concept of “services” based practice. • Outline structure of PCTs and GP Practices • Different types of GPs (salaried and Practice GPs) • Community/Practice based nursing • Health Visitors • Pharmacists | • <a href="http://www.nhs.uk">www.nhs.uk</a> |</p>
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<td>Relocation assistance</td>
<td>Assistance offered in terms of:</td>
<td><a href="http://www.dh.gov.uk">www.dh.gov.uk</a> (Under Human Resources/More Staff/International Recruitment)</td>
</tr>
<tr>
<td></td>
<td>• Relocation of personal effects (and return if the contract is a fixed term)</td>
<td><a href="http://www.southampton.gov.uk">www.southampton.gov.uk</a></td>
</tr>
<tr>
<td></td>
<td>• Practical support with finding accommodation</td>
<td><a href="http://www.bba.org.uk">http://www.bba.org.uk</a></td>
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<td></td>
<td>• Opening bank accounts</td>
<td><a href="http://www.southampton.gov.uk">www.southampton.gov.uk</a></td>
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<td></td>
<td>• Support with domestic needs</td>
<td></td>
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<td></td>
<td>• Outline of childcare provision</td>
<td></td>
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<td></td>
<td>• Finding suitable schooling for children</td>
<td></td>
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<tr>
<td>What’s where</td>
<td>Locating key sites for people new to the area:</td>
<td><a href="http://www.southampton.gov.uk">http://www.southampton.gov.uk</a> living/movingtosoton/</td>
</tr>
<tr>
<td></td>
<td>• Local shops, supermarkets, and commercial services</td>
<td><a href="http://www.city-visitor.com">www.city-visitor.com</a></td>
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<td></td>
<td>• Local schools, estate agents, etc.</td>
<td><a href="http://www.theaa.com">www.theaa.com</a></td>
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<td></td>
<td>• Churches, temples, mosques, synagogues, etc</td>
<td><a href="http://www.streetmap.co.uk">www.streetmap.co.uk</a></td>
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<tr>
<td></td>
<td>• Maps with routes and information about public transport</td>
<td><a href="http://www.southampton.gov.uk">http://www.southampton.gov.uk</a></td>
</tr>
<tr>
<td></td>
<td>• Local parking regulations</td>
<td><a href="http://www.saintsfc.co.uk">www.saintsfc.co.uk</a></td>
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<td></td>
<td>• Leisure and sporting facilities:</td>
<td><a href="http://www.hampshirecricket.com">www.hampshirecricket.com</a></td>
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<td></td>
<td>- Southampton Football</td>
<td><a href="http://www.davidlloydleisure.co.uk">www.davidlloydleisure.co.uk</a></td>
</tr>
<tr>
<td>Housing</td>
<td>More detailed information on local accommodation and housing.</td>
<td>Estate agents.</td>
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<td>Language support</td>
<td>Individually tailored language courses, arranged at local level, to be</td>
<td>Local Universities and language schools</td>
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<td></td>
<td>provided to allow doctors to develop better communication</td>
<td><a href="http://www.britishcouncil.org">http://www.britishcouncil.org</a></td>
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<td></td>
<td>skills based on local dialects and the needs of the community</td>
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<tr>
<td>Schools and colleges</td>
<td>Information relevant to the ages of the doctor’s children:</td>
<td><a href="http://www.dfes.gov.uk">www.dfes.gov.uk</a></td>
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<tr>
<td></td>
<td>• Schools – state and private – in the local area.</td>
<td><a href="http://www.universititesuk.ac.uk">www.universititesuk.ac.uk</a></td>
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<tr>
<td></td>
<td>• Possibilities for children to join a new school during term time.</td>
<td><a href="http://www.ucas.ac.uk/getting">www.ucas.ac.uk/getting</a></td>
</tr>
<tr>
<td></td>
<td>• Any assistance that the Trust/PCT can offer.</td>
<td><a href="http://www.southampton.gov.uk">www.southampton.gov.uk</a></td>
</tr>
<tr>
<td></td>
<td>• Admission procedures and timescales for application to university or college.</td>
<td><a href="http://www.suht.nhs.uk">www.suht.nhs.uk</a></td>
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<tr>
<td></td>
<td></td>
<td><a href="http://childcarefinder.direct.gov.uk">http://childcarefinder.direct.gov.uk</a></td>
</tr>
<tr>
<td>Career options for spouse/children</td>
<td>• Outline of local opportunities for employment, or to continue training in healthcare or other careers</td>
<td><a href="http://www.jobs.nhs.uk">www.jobs.nhs.uk</a></td>
</tr>
<tr>
<td>Social support networks</td>
<td>• Information new doctors may request on local cultural, ethnic or religious groups with which they may want to make contact</td>
<td><a href="http://www.nhscareers.nhs.uk">www.nhscareers.nhs.uk</a></td>
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<td></td>
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<td><a href="http://www.childcarelink.gov.uk">www.childcarelink.gov.uk</a></td>
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<td></td>
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<td><a href="http://www.fish4.co.uk">www.fish4.co.uk</a></td>
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<td><a href="http://www.totaljobs.com">www.totaljobs.com</a></td>
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<td><a href="http://www.jobcentreplus.gov.uk">www.jobcentreplus.gov.uk</a></td>
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<td></td>
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<td><a href="http://childcarefinder.direct.gov.uk">http://childcarefinder.direct.gov.uk</a></td>
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<td><a href="http://www.locallife.co.uk/southampton/religion.asp">http://www.locallife.co.uk/southampton/religion.asp</a></td>
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<td></td>
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<td><a href="http://www.southampton-faiths.org/index.htm">http://www.southampton-faiths.org/index.htm</a></td>
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<td><a href="http://www.southampton-faiths.org/events/index.htm">http://www.southampton-faiths.org/events/index.htm</a></td>
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</table>
USEFUL WEBSITES TO VISIT

The SUHTranet
The SUHTranet is the Trusts own website and can only be accessed from inside the hospital on a Trust PC.

The IDEAL Website.

The IDEAL website is the Education Centres website and can be accessed from outside the trust by going to: www.suht.nhs.uk/ideal

If you are accessing this site from inside the trust, then select the Education tab on the 2nd row menu and then select IDEAL (Integrated Directorate of Education & Learning) from the drop down menu.

The IDEAL website aims to support staff to positively embrace personal, developmental and organisational change and also help to ensure that all staff are fit to practice in order to provide safe, effective, high quality patient care.

www.copmed.org.uk

The Conference of Postgraduate Medical Deans of the United Kingdom (COPMeD) acts as a focal point for contact between the Postgraduate Medical Deans and other organisations, e.g. Medical Royal Colleges, GMC, BMA, AMRC, CHMS, PMETB and Health Departments for postgraduate medical and dental education matters.

www.pmetb.org.uk

PMETB is the independent regulatory body responsible for postgraduate medical education and training. They ensure that postgraduate training for doctors is of the highest standard.
Contact Information for the School of Medicine

SUHT

School of Medicine
Level B South Academic Block
Southampton General Hospital
Tremona Road
Southampton
SO16 6YD

Phone: 02380 796586
Email: som.sgh@soton.ac.uk

Bolderwood Campus

School of Medicine
Bolderwood Campus
Bassett Crescent East
Southampton
Hants
SO16 7PX

Phone: 02380 595571
Email: som.bwd@soton.ac.uk
Around

Southampton.

The following pages contain information about the local area:

- Maps of Southampton, SUHT, RSH, Moorgreen Hospital, Countess Mountbatten House and the surrounding areas
- Primary care information:
  - Local Dental Practices
  - Local Doctors Surgeries
  - Local Opticians
  - Local Pharmacies
Local Services in the vicinity of SUHT

Local Dental Practices

1. **Crowe C**
   34 Shirley Avenue, Shirley, Southampton, Hampshire, SO15 5NG
   **Tel:** 023 8077 4056

   This Dental Practice is
   - **NOT** accepting any **NEW** NHS patients for treatment

   This Orthodontic Service provides
   - NHS treatment for the re-alignment of teeth and jaws
   - Appliances including various types of braces subject to an examination
   - Orthodontic treatment that may be available for both adults and children
   - Access to this service is by referral from a Dental Practitioner only

2. **Sherwin R M & Associates**
   Lordshill Health Centre, Lordshill, Southampton, Hampshire, Hampshire, SO16 8HY
   **Tel:** 023 8073 8916

   This Personal Dentist Service is
   - Registering Charge Exempt Adults for NHS treatment
   - Registering Children aged 0-18 years for NHS treatment
   - **NOT** Registering Charge Paying Adults for NHS treatment
   - **NOT** Providing Occasional NHS treatment to **non registered patients**

3. **The Dental Surgery**
   44 Dale Rd, Shirley, Southampton, Hampshire, Hampshire, SO16 6QL
   **Tel:** 023 8077 3461

   This Dental Practice is
   - **NOT** accepting any **NEW** NHS patients for treatment

4. **Darby M J**
   Dolton Road, Maybush, Southampton, Hampshire, SO16 5DT
   **Tel:** 023 8070 2007

   This Dental Practice is
   - Registering Children aged 0-18 years for NHS treatment
   - **NOT** Registering Charge Paying Adults for NHS treatment
   - **NOT** Registering Charge Exempt Adults for NHS treatment
   - **NOT** Providing Occasional NHS treatment to **non registered patients**

5. **Budden and Yarrow Dental Surgeons**
   20 Anglesea Road, Shirley, Southampton, Hampshire, Hampshire, SO15 5QJ
   **Tel:** 023 8077 1544

   This Dental Practice is
   - **NOT** accepting any **NEW** NHS patients for treatment

If you are unable to register with one of the above Dentists, try conducting a NHS services search at: [http://www.nhs.uk/servicedirectories/pages/servicesearch.aspx](http://www.nhs.uk/servicedirectories/pages/servicesearch.aspx)
**Local Doctors’ Surgeries**

1. **VICTOR STREET SURGERY**
   Victor Street Surgery, Victor Street, Shirley Southampton, Hampshire, SO15 5SY
   **Tel:** 0844-4778669

2. **Aldermoor Surgery**
   Aldermoor Health Centre, Aldermoor Close, Southampton, Hampshire, SO16 5ST
   **Tel:** 023-80241000, 023-80241001 Appts

3. **ROBINSON SJ & PARTNERS**
   Regents Park Surgery, Park Street, Shirley Southampton, Hampshire, SO16 4RJ
   **Tel:** 023-80783618, 023-8078 3618

4. **MANSBRIDGE BJ & PARTNERS**
   Lordshill Health Centre, Lordshill, Southampton, Hampshire, SO16 8HY
   **Tel:** 023-80738144

5. **Shirley Avenue Practice**
   1 Shirley Avenue, Shirley, Southampton, Hampshire, SO15 5RP
   **Tel:** 023-80771356

**Local Opticians**

1. **Dollond and Aitchison**
   33 Shirley High Street, Shirley, Southampton, Hampshire, SO15 3NL
   **Tel:** 023 8077 2915

2. **Optique Opticians**
   40 Shirley High Street, Shirley, Southampton, Hampshire, SO15 3NG
   **Tel:** 023 8077 0804

3. **E. J. Tomes (Opticians) Limited**
   18-20 Shirley High Street, Shirley, Southampton, Hampshire, SO15 3NH
   **Tel:** 023 8077 8818

4. **Michael Fithyan**
   317 Shirley Road, Shirley, Southampton, Hampshire, SO15 3HW
   **Tel:** 023 8078 6960

5. **Leighton’s Opticians**
   68 The Avenue, Southampton, Hampshire, SO17 1XS
   **Tel:** 023 8022 3185
Local Pharmacies

1. **Nam SY**  
   99 Rownhams Road, Maybush, Southampton, Hampshire, SO16 5EB  
   **Tel:** 02380 771211

2. **Lloyds Pharmacy**  
   Unit 2, The Shirley Centre, Shirley High Street, Southampton, SO15 5LL  
   **Tel:** 02380 775300

3. **Day Lewis Chemist**  
   One Stop Store, 398 Coxford Road, Lordswood, Southampton, Hampshire, SO16 5LL  
   **Tel:** 023 80780115

4. **In-Store Pharmacy**  
   Tesco Superstore, Tebourba Way, Southampton, SO16 4QE  
   **Tel:** 02380 297749

5. **Boots The Chemists Ltd**  
   9-11 Shirley High Street, Southampton, Hampshire, SO15 3NJ  
   **Tel:** 02380 772181
CONSULTANT JOB PLANNING & APPRAISAL

ANNUAL CYCLE

January – March

JOB PLAN REVIEW
Div CD & Consultant

Payroll – via ESR

PAY PROGRESSION
APPROVAL
Div CD sends forms to Medical Personnel

April – May
Medical Personnel Process – Job Plan Review

Payroll – via ESR

New Starters – within first 3 months

Job plan on appointment will be as advertised

If job plan changes or the service requires further job plan review, need interim review

September - December

ANNUAL APPRAISAL
Consultant Appraisal

SUHT is currently reviewing its obligations relating to New Appraisal for Revalidation. The NHS Revalidation Support document “Assuring the Quality of Medical Appraisal for Revalidation” published in April 2009 is being used as the basis of the SUHT proposal. The current plan is to appoint (in early 2010) a consultant to lead on appraisal. His/her remit will be to get the consultant body on board with New Appraisal, to be answerable to the Responsible Officer for Appraisal of the Trust, to develop the infrastructure to train and support appraisers and to organise and produce an annual report for public consumption on our appraisal processes. The consultant will be supported by an appropriate administrative staff member. The offices will likely sit within the IDEAL framework.

John Stubbing
Consultant Anaesthetist
December 2009

For further information on Assuring the Quality of Medical Appraisal for Revalidation; please goto: http://www.revalidationsupport.nhs.uk/Assuring_the_Quality_of_Medical_Appraisal_for_Revalidation.asp