

PERSON SPECIFICATION
APPLICATION TO ENTER SPECIALTY TRAINING at ST3: PALLIATIVE MEDICINE

| ENTRY CRITERIA | | |
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| | ESSENTIAL | DESIRABLE |
| QUALIFICATIONS | <ul style="list-style-type: none"> • MBBS or equivalent medical qualification • MRCP Part 1 or MRCPGP | <ul style="list-style-type: none"> • MRCP (UK) or equivalent |
| ELIGIBILITY | <ul style="list-style-type: none"> • Eligible for full or limited registration with the GMC at time of appointment • Evidence of achievement of Foundation competencies by time of appointment in line with GMC standards/Good Medical Practice including: <ul style="list-style-type: none"> • Good clinical care • Maintaining good medical practice • Good relationships and communication with patients • Good working relationships with colleagues • Good teaching and training • Professional behaviour and probity • Delivery of good acute clinical care • Evidence of achievement of ST1 competencies in medicine at time of appointment & ST2 competencies in medicine by August 2008 • Eligibility to work in the UK | |
| FITNESS TO PRACTISE | <ul style="list-style-type: none"> • Is up to date and fit to practise safely | |
| LANGUAGE SKILLS | <ul style="list-style-type: none"> • All applicants to have demonstrable skills in written and spoken English that are adequate to enable effective communication about medical topics with patients and colleagues which could be, demonstrated by one of the following: <ul style="list-style-type: none"> • A) that applicants have undertaken undergraduate medical training in English; or • B) have the following scores in the academic International English Language Testing System (IELTS) – Overall 7, Speaking 7, Listening 6, Reading 6, Writing 6. • However, if applicants believe that they have adequate communication skills but do not fit into one of the examples they need to provide evidence | |
| HEALTH | <ul style="list-style-type: none"> • Meets professional health requirements (in line with GMC standards/Good Medical Practice) | |
| CAREER PROGRESSION | <ul style="list-style-type: none"> • Ability to provide complete details of employment history • At least 24 months' experience¹ in medicine (not including Foundation modules) by August 2008 | <ul style="list-style-type: none"> • Experience in Palliative Medicine • Experience in relevant clinical specialties such as Oncology, Care of the Elderly, Psychiatry & General Practice |
| APPLICATION COMPLETION | <ul style="list-style-type: none"> • ALL sections of application form FULLY completed according to written guidelines | |

¹ Any time periods specified in this person specification refer to full time equivalent

| SELECTION CRITERIA | | |
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| CLINICAL SKILLS | <ul style="list-style-type: none"> • Clinical Knowledge & Expertise: Appropriate knowledge base and ability to apply sound clinical judgement to problems. Able to prioritise clinical need | |
| ACADEMIC / RESEARCH SKILLS | <ul style="list-style-type: none"> • Research Skills: Demonstrates understanding of the importance of audit & research • Teaching: Evidence of teaching experience • Evidence of active participation in audit | <ul style="list-style-type: none"> • Evidence of relevant academic & research achievements , e.g. degrees, prizes, awards, distinctions, publications, presentations, other achievements |
| PERSONAL SKILLS | <ul style="list-style-type: none"> • Communication Skills: Demonstrates clarity in written/spoken communication & capacity to adapt language as appropriate to the situation. Able to build rapport, listen, persuade & negotiate • Problem Solving & Decision Making: Capacity to use logical/lateral thinking to solve problems/make decisions • Managing Others & Team Involvement: Capacity to work effectively with others. Able to work in multi-professional teams & supervise junior medical staff • Empathy & Sensitivity: Capacity to take in others' perspectives and treat others with understanding; see patients as people • Organisation & Planning: Capacity to manage/prioritise time and information effectively. Capacity to prioritise own workload & organise ward rounds. Basic IT skills • Vigilance & Situational Awareness: Capacity to monitor developing situations and anticipate issues • Coping with Pressure: Capacity to operate under pressure. Demonstrates initiative & resilience to cope with changing circumstances. | <ul style="list-style-type: none"> • Demonstrates awareness of issues that can cause conflict in a team • Ability to recognise and manage stress. |
| PROBITY | <ul style="list-style-type: none"> • Professional Integrity: Capacity to take responsibility for own actions. Demonstrate respect for all | |
| COMMITMENT TO SPECIALTY | <ul style="list-style-type: none"> • Learning & Personal Development: Demonstrable interest in and understanding of palliative medicine. Commitment to personal and professional development | <ul style="list-style-type: none"> • Extracurricular activities / achievements relevant to palliative medicine • Evidence of interest and commitment to the specialty. This may include clinical experience in a palliative medicine post, attendance at relevant meetings, electives, special study modules or taster sessions |

Northern Ireland Palliative Medicine Training Programme

Specialty Registrar Job Description

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| Reports to: | Palliative Medicine Consultants in the employing Trust and the Postgraduate Dean |
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| Contact Information: | <u>Training Programme Director:</u> | <u>Educational Supervisor:</u> |
| | <p><u>Dr J Doyle</u> Consultant – Palliative Medicine NI Hospice 74 Somerton Road Belfast BT15 3LH Tel: 028 9078 1836</p> | <p><u>Dr P Wilkinson</u> Consultant – Palliative Medicine Marie Curie Hospice 1a Kensington Road Belfast, BT5 6NF Tel: 028 9088 2000</p> |

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| MAIN ACTIVITIES / RESPONSIBILITIES: | |
| Clinical | <p>Experience will be gained in the Inpatient Units, Day Hospices, Outpatient clinics, Hospital Palliative Care Teams and Community Specialist Palliative Care Teams. The post holder has direct responsibility to the supervising consultant for day to day patient care.</p> <p>Additional experience in relevant related specialties such as oncology, haematology and general medicine is also available.</p> <p>The SpR participates in a non-resident, first on-call rota with second on-call cover provided by senior medical staff.</p> |
| Managerial | <p>Trainees will have the opportunity to develop managerial skills as they rotate through the various hospitals and Specialist Palliative Care Units. Trainees should undertake a formal management training course during the final year of training.</p> |
| Research | <p>All trainees will be expected and encouraged to have an active interest in research and provide evidence of experience of research process as per curricular requirements .</p> |
| Audit | <p>Trainees will be expected to provide evidence of contribution to audit as per curricular requirements.</p> |
| Education | <p>Trainees are encouraged to attend appropriate educational events, including in-house study days and the regional SpR educational programme. Other essential and desirable courses are as per NIMDTA Study leave guidelines.</p> <p>Trainees will be expected to participate in teaching and display evidence of competencies as per curriculum.</p> |
| Assessment | <p>Regular assessment of progress will be made during the period of training. There will be an annual ARCP assessment at which the trainee will be required to demonstrate evidence of satisfactory progress in order to proceed to the next year.</p> |

PLACEMENT ARRANGEMENTS:

This is a four year training programme in Palliative Medicine aimed at Doctors who can demonstrate the essential competencies to enter this level of training. The trainees rotate through Specialist Palliative Care Units in Belfast (including Community Specialist Palliative Care Teams), The Northern Ireland Cancer Centre and University-linked teaching hospitals. The posts are designed to provide a comprehensive four year higher training programme to equip individuals to become consultants in Palliative Medicine.

Additional experience in relevant related specialities such as oncology, haematology and general medicine is also available. Such training opportunities are tailored to the needs of the individual Specialist Registrar based on regular appraisals and assessments.

There are named clinical and educational supervisors for each attachment. Appraisals occur regularly during each rotational attachment and will be carried out by the educational supervisor.

Study leave is granted in accordance with Deanery policy and is subject to the maintenance of the service.

Outline of proposed rotation:

Year 1 (ST3) Attachment to one of the following specialist palliative care centres:-

- Northern Ireland Hospice (Dr J Doyle/Dr K Kaur/Dr N Jackson/Dr B Cochrane) - incorporating community palliative care experience.
- Marie Curie Hospice Belfast (Dr S Kelly/Dr P Wilkinson/Dr J Fyvie/Dr J Regan) - incorporating pain clinic Ulster Hospital, Dundonald (Dr D Hill).

Years 2, 3 & 4 (ST4, 5, 6) Potential core attachments:

- Hospital Palliative Care Team: Belfast City Hospital (Dr B Corcoran/Dr P Wilkinson/Dr J Regan), Royal Group of Hospitals Trust (Dr K Kaur/ Dr N Jackson), Altnagelvin Hospital (Dr A Garvey)
- Additional experience in a Specialist Palliative Care unit functioning at a more senior level in Community Team and In-patient unit with exposure to management and strategic planning issues.
- Medical and Clinical Oncology (Dr S McKenna/ Dr R Harte)

Potential optional attachments of variable duration may include:

- General Internal Medicine/Respiratory Medicine, Belfast City Hospital
- Haematology, Belfast City Hospital
- Geriatric medicine

- Experience may be available in other specialties according to the needs of the trainee

On-call rota throughout the training is compliant with European Working Time Directive regulations and may vary according to the needs of the service.

NORTHERN IRELAND HOSPICE
74 SOMERTON ROAD, BELFAST BT15 3LH

Somerton House, which is the Headquarters of the Northern Ireland Hospice, is set in a quiet suburb of North Belfast, three miles from Belfast City Centre. Northern Ireland Hospice Care is a charitable Company limited by guarantee which aims to provide a specialist palliative care service in Northern Ireland. It has a busy 21 bed inpatient unit at Somerton House admitting over 300 patients per year, and also provides day care on three days per week in Belfast and one day per week in Ballymoney. There is a weekly medical outpatient clinic one day per week in Belfast.

There are ten teams of Community Specialist Palliative Care Nurses based in Belfast, Ballymoney, Ballymena, Magherafelt, Bangor, Ballynahinch, Omagh and Enniskillen; covering most of the Eastern and Northern Health Board areas. The Service receives over 1,500 referrals per year.

The Hospice also provides bereavement support for adults and children offers an advisory service for all Health Care Professionals. There is an active education programme and there are good library and office facilities with administrative and secretarial support.

Medical staffing:

- Medical Director – Dr B Cochrane
- Consultants in Palliative Medicine - Dr J Doyle (0.7 WTE - Joint post with Mater Hospital), Dr K Kaur (0.3 WTE – Joint post with Royal Group of Hospitals) and Dr N Jackson (0.5 WTE – Joint post with Royal Group of Hospitals), Dr B Corcoran (0.1 WTE Honorary Appointment), Dr M Watson (0.5 WTE – Joint Clinical Lecturer post with University of Ulster)
- 1 Medical Officer (Part-time)
- Rotating SpR in Palliative Medicine
- Following MMC changes, from August 2007 initially there will be one ST3 Doctor and one ST2 Doctor based in the in-patient unit although this may change in the future.

Medical activities:

The In-patient Unit admits patients on a planned basis from hospitals or the community for symptom control, family respite or care in the last stages of life. In addition, where beds permit, admissions are accepted on an acute basis via the General Practitioner. Patients are under the care of named consultants with daily review of management and an in-depth multi-professional review weekly. Where possible, patients are discharged to ongoing care in the community or other place of care. Junior medical staff participate in a non-resident first on-call rota (currently Band 1A) with senior medical staff providing second on-call.

Outpatients are seen by one of the consultants either in Out Patient clinic, in Day Hospice or by arrangement at other times. Senior Medical Staff provide regular medical input to each of the Community Specialist Palliative Care Teams (CSPCT) and to the Day Hospices. Domiciliary medical visits are carried out at the request of the patient's General Practitioner or Hospital Consultant, and a 24 hour telephone advisory service is provided for professionals by medical staff.

Principal responsibilities:

Experience will be gained in the Inpatient Unit, Day Hospice, Outpatient and with the Community Specialist Palliative Care Teams.

Clinical duties will include assisting with day-to-day management of inpatients, liaising with nurses, senior medical staff and other Team members regarding admissions and discharges, attending and participating in Multidisciplinary Team meetings and ward rounds, attending outpatient clinics, providing telephone advice for General Practitioners, hospital doctors and other professionals where appropriate and within personal level of competence, taking part in rostered emergency work as required, dictating discharge summaries and supervising junior medical staff where appropriate.

A Senior Doctor will be contactable at all times for discussion or advice regarding any clinical problems. The post holder is managerially responsible to the consultant but is accountable for his/her own clinical practice. The post holder will be expected to adhere to the policies and procedures of Northern Ireland Hospice Care as per staff handbook.

Education, Research, Audit and Personal Development:

Trainees will be expected to attend a monthly Specialist Educational Programme with invited speakers covering a range of curriculum-related topics and they will also be encouraged to attend appropriate educational events including In-house study days, Medical Update days and relevant Oncology Rounds. Participation in the Northern Ireland Hospice weekly Journal Club and Medical Education meeting is also expected.

There are monthly multi-disciplinary audit meetings and it is expected that at least one audit project will be undertaken and presented by the trainee during each placement. Research interests are encouraged and Northern Ireland Hospice has established good links with the University of Ulster.

Northern Ireland Hospice has a busy education department and medical staff may be required to teach on study days/courses for nurses and professionals allied to health care. Teaching is also provided for 4th year medical students as part of their Oncology/Palliative care programme. Third year medical students undertaking a Special Study Module may have an attachment at Northern Ireland Hospice and elective placements, including Foundation Programme Tasters, are also welcome.

There are weekly Medical education and journal club sessions which are organised by the SpR but involve all Doctors. There is also a monthly session for reflective case practice which may be multi-disciplinary. The library facilities are excellent and include Internet access.

Attendance at induction is essential.

On-Call Commitment:

The Specialist Training Registrar participates in a non-resident, first on-call rota (currently Band 1A) with second on-call cover provided by senior medical staff.

SAMPLE JOB PLAN

Specialist Registrar - Northern Ireland Hospice

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|---|---|-------------------------------------|---|---|
| am | Ward Handover Medical Education Meeting In-patient Unit or Red team multidisciplinary meeting | Ward Handover Day Hospice or Community Team clinical meeting | Ward Handover Inpatient Unit | Ward Handover Journal Club Inpatient Unit or Green team multidisciplinary meeting | Ward Handover Inpatient Unit or Outpatient clinic |
| pm | In-patient Unit Red team ward round | Study* | Inpatient Unit | Clinical Audit Meeting (monthly) Green team ward round Inpatient Unit | Trainee Specialist Education Programme* (monthly) |

***Study leave to be planned with Educational Supervisor within Postgraduate Dean's guidelines**

MARIE CURIE HOSPICE BELFAST
KENSINGTON ROAD BELFAST BT5 6NF

Marie Curie Cancer Care was established in 1948 adopting the famous scientist, Marie Curie's name in honour of her discovery of radium which contributed to the development of radiotherapy treatment. During its 50 years in existence the charity has developed a network of Marie Curie Nurses across the UK, a Research Centre for cancer research, education programmes for health care professionals, and 10 Specialist Palliative Care In-patient Hospices.

Marie Curie Hospice, Belfast is one of these 10 centres for specialist palliative care. It is locally managed by the senior management team.

It consists of a busy 18 bed unit admitting approximately 400 patients per year, a satellite day therapy service, and an outpatient service. It provides an advisory service to all health care professionals in the area. It has an adult and a children's bereavement service. It works closely with the local Trusts in developing a backup service for community and hospital teams. Marie Curie Nursing Service is available at the request of the district nurse/GP and offers 'hands-on' nursing care to patients in their homes.

Medical Staffing:

- Medical Director and Consultant in Palliative Medicine - Dr Sheila Kelly (0.3 WTE).
- Consultants in Palliative Medicine – Dr Joan Fyvie (0.5 WTE) and Dr Pauline Wilkinson (0.2 WTE), Dr Joan Regan (0.5 WTE)
- Rotating SpR in Palliative Medicine (1WTE)
- Following MMC changes, from August 2007 initially there will be one ST3 although this may change in the future.
- Non consultant grades (1 WTE)

Medical Activities:

The consultants hold joint posts with the local NHS Trusts – Ulster Community Hospitals Trust, Down Lisburn Trust and Belfast City Hospitals Trust (Now South Eastern and Belfast Trusts). These joint posts facilitate continuity of care for patients needing Specialist Palliative Care.

In Patient Unit

Referrals are from the acute hospitals or the community teams. The usual criteria for a referral to the Specialist Palliative Care Unit are:

- Terminal Care
- Symptom Management
- Rehabilitation
- Respite Care
- A combination of more than one.

There is an average of 8 -10 planned admissions per week, but there are facilities for emergency admission from the community at the request of the General Practitioner seven days a week.

Referral from acute hospitals may be assessed by the Palliative Medical Consultant and domiciliary visits are made at the request of the General Practitioner.

We aim to see In-patients within two hours of arrival and carry out the admission procedure.

Patient management is reviewed on a daily basis, and each patient's clinical progress is discussed in detail at the weekly multi-disciplinary team meeting.

The Ulster Hospital affords the Marie Curie Hospice a laboratory service and x-ray service. A rapid and effective pain management consultation is provided by an Anaesthetist from the Ulster Hospital Pain Clinic.

Day Hospice /Outpatients

Marie Curie Satellite Day Therapy currently operates 4 days a week – sites are Marie Curie Hospice Belfast, Lagan Valley Hospital (Lisburn), Finneston House (Downpatrick) and Ards Community Hospital(Newtownards). A recent Breathing Space clinic led by nurse consultant operates one day per week in parallel with a medical outpatient clinic. Outpatients are seen by the relevant team members and Day Therapy patients are seen by the appropriate members of the multi-professional team, which includes a designated doctor.

Education/Teaching:

There is a monthly medical meeting at which work practice review, strategic planning and audit of clinical work takes place. There are weekly education sessions which are coordinated by the SpR and all members of the Medical Team are expected to participate – other members of the Multi-professional Team may present at these meetings. Trainees are encouraged to attend appropriate educational and personal development events, including In-house Multi-professional teaching and Oncology Rounds at BCH. Trainees are expected to attend the regional palliative medicine program (monthly).

Fourth year medical students visit the unit on a planned basis throughout the year and the medical team is actively engaged in teaching and supervising the students, who may visit during oncology/ attachment (4th year) or during student selected component modules. The hospice has an active education department and medical staff are encouraged to avail of appropriate in-service education

days. They also are invited to participate in teaching on the various educational courses for nurses and AHPs.

Research interests are encouraged and an extensive library facility exists within the education department with IT facilities including Internet access. A limited library of reference books is available in the Doctors' Office.

Clinical Governance

Clinical Governance has been actively addressed by the Marie Curie Hospice Senior Management Team. Clinical responsibilities have been devolved to staff members and doctors are encouraged to participate.

- Clinical effectiveness
- Medical management
- Research
- Performance management

Quarterly reports are submitted to the Senior Management Team.

Attendance at induction is essential and Trainees are expected to comply with all Marie Curie Hospice policies.

On-Call Commitment Cover:

The SpR participates in a non-resident, first on-call rota with second on-call cover provided by senior medical staff.

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Sample Job Plan

Specialist Registrar - Marie Curie Hospice

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|---|--|----------------------------|--|---|
| am | Ward Rounds / Clinical Responsibility | Ward Rounds / Clinical Responsibility | Clinical Responsibility | Ward Rounds/ Clinical Responsibility | Pain Clinic Ulster Hospital Dundonald As seemed appropriate |
| pm | Multidisciplinary Ward Meeting | Multidisciplinary Ward Meeting | Private Study Time* | Clinical responsibilities | Educational programme (Monthly) |

Note:* Study leave to be planned with Educational Supervisor within Postgraduate Dean's guidelines.

Clinical responsibility involves patient admissions, symptom management, family meetings, supervision of junior doctors (where appropriate), and liaising with other Team members. In discussion with the consultant, domiciliary visits, outpatient sessions, community team experience and day therapy involvement will be arranged. Depending on trainees experience, organisational and clinical management are delegated.

Attendance at audit and clinical governance meetings is expected.

BELFAST CITY HOSPITAL, LISBURN ROAD BT9 7AB

Located on a 32 acre campus in the lively University areas of South Belfast and with a strategic focus on molecular medicine and oncology, Belfast City Hospital is a major teaching hospital with approximately 800 inpatient beds, most of which are housed within the Tower, the largest single contained hospital building in Ireland. The Tower was opened in 1986. A new £60m Regional Cancer Centre opened in 2006 which provides radiotherapy services to Northern Ireland.

The Hospital is easily accessible and has its own railway station on the main commuter network. It contains the following major regional specialities:

Breast Services (including reconstructive surgery), Cardiology, Gynaecology & Gynaecological Oncology, Haematology, Medical Genetics, Nephrology, Oncology, Respiratory Medicine, Urology, Vascular & Endovascular Surgery. Regional plastic surgery and maxillo-facial services are likely to transfer to the Hospital in the coming years.

There is a broad range of other acute specialities including anaesthesia, pain management, intensive care and high dependency units, adult and children's ENT, dermatology, psychiatry, general medicine and general surgery.

The Trust is committed to promoting research and is involved in a growing number of international clinical trials. Close links have been fostered with the University of Ulster and The Queen's University of Belfast. The Trust has developed formal links with the United States National Cancer Institute to promote research and the development of good practice.

The Palliative Care Team Belfast City Hospital and Cancer Centre

The core members of the Palliative Care Team are:

- 6.5 WTE Macmillan/Specialist Palliative Care Nurses
- 1.1 WTE Lung Cancer Specialist Nurses
- 0.3 WTE Nurse Consultant in Palliative Care
- 1 WTE (Dr B Corcoran), 0.5 WTE (Dr J Regan) and 0.3 WTE (Dr P Wilkinson) Consultants in Palliative Medicine.
- A rotating Specialist Registrar in Palliative Medicine
- 0.3 WTE Palliative Care Pharmacist
- Access to multi-disciplinary team members (dedicated Oncology service and general).

The Palliative Care Team operates from Monday to Friday 8am -6pm providing specialist palliative care to inpatients and out patients of the Trust including the Oncology Day Hospital (Bridgewater Suite) and Cancer Centre. The team aims, in addition, to support, educate and provide hospital staff with the knowledge and confidence to practice effective general palliative care working in partnership with ward clinical teams.

There is a clearly defined referral system with patients referred for pain management, “other symptom” management, emotional/psychological support, ethical dilemmas, advice regarding complex ‘home-to-die’ discharges, for out-patient clinic follow-ups and referral to specialist palliative care units and community palliative care teams. Referrals are made via the palliative care team office, are assessed by the team and responded to within a standard of 2 working days.

Particular attention is paid to future planning for patients needing ongoing palliative care, intending to provide a seamless palliative care service on discharge into the community or to specialist units. The team also works closely with the acute and chronic pain teams in the hospital and where indicated referrals are made for patient review with a view to nerve block, intrathecal /epidural, or other procedures.

The team has a “dry round” review of all inpatients once a week, on an alternating basis by consultants in palliative medicine and an informal team review each morning. The team meets regularly to review and plan activities including education, teaching and research. The team (as part of a Board wide project) was instrumental in introducing the Liverpool “Care of the Dying Pathway” to the Trust.

The team provides care of varying complexity, usually as a consultative service with the patients primary team. In exceptional circumstances the team may act fully for the primary hospital consultant in providing care for patient and family.

PRINCIPAL RESPONSIBILITIES

Clinical Work

Experience will be gained in the provision of specialist palliative care in an acute teaching hospital and cancer centre setting. The trainee will carry a small case load of patients but will also provide a medical consultation service to the specialist nurses. All clinical and non clinical work will be reviewed regularly with the supervising consultants in palliative medicine.

Since the hospital has many regional specialities, the trainee will gain particular experience in oncology, haemato-oncology, gynae-oncology, uro oncology and the particular end- of-life problems of patients with advanced cardiac, renal and respiratory diseases. There are close working relationships between palliative care and many other teams and the trainee will have the opportunity to attend the following site specific oncology MDMs; gynae-oncology, uro-oncology, respiratory oncology, surgical oncology. The trainee may also attend ward level MDMs in the oncology and haematology wards.

With the opening of the Cancer Centre, all cancer services including radiotherapy are on site and the trainee can be offered a placement to both the General Hospital (Tower) and Cancer Centre. Within the Tower there is also an opportunity to spend time with other services on an individual basis according to training/educational needs e.g acute pain management team, tissue viability, cardiology, renal unit, medical genetics etc.

EDUCATION / RESEARCH / AUDIT / PERSONAL DEVELOPMENT

There is an active education program within the Trust and the trainee will be encouraged to attend the weekly medical Physician's Meeting and weekly Oncology Grand Rounds (at which they will also present in rotation) and the monthly Oncology audit meeting. Trainees are also encouraged to attend appropriate educational events including the regional SPR education program and journal club.

The trainee will be expected to complete an audit project during the attachment with the team and will have the support of the Trust Audit Department for this purpose. There is also an active research ethos within the Trust and trainees will be supported in the research project they develop/progress during their hospital attachment.

The Palliative Care Team is involved in undergraduate and postgraduate education in all clinical disciplines. It uses every opportunity for bedside individual teaching of palliative care within the Trust. Members of the team participate in planning and delivering oncology/palliative care modules for 4th year medical students and 3rd year specialist study modules. "Taster modules" in palliative medicine will also be offered in conjunction with other specialist units. The trainee will be encouraged to participate in all multidisciplinary team teaching activities.

SAMPLE JOB PLAN

Specialist Registrar - Belfast City Hospital Palliative Care Team (PCT)

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--|---|--|---|---|
| am | Post Weekend Patient Clinical Review | Patient Clinical Review 12.15 Physicians Meeting | 08.30 Gynae/Oncology MDM Team "Dry Round" | Clinical Patient Review Oncology Ward Multidisciplinary Clinical Meeting | 08.00am Grand Rounds Oncology Once monthly Audit / 3 monthly Clinical Governance Meeting Clinical Reviews Team Meeting (Monthly) |
| pm | Seeing Referrals to Palliative Care Teams/Nurse consultation | Study* | Clinical Patient Review Palliative Medicine Out-Patient Clinic | Haematology Ward Multidisciplinary Clinical Meeting Uro Oncology MDM | Postgraduate Teaching OPD Palliative Medicine (alt weeks) |

- Note: Teaching at medical undergraduate, post graduate level and at ward level is part of the job plan but not on a weekly basis.
- This job plan may be modified as per individual's needs i.e. the trainee will not attend every item above.

Note:* Study leave to be planned with Educational Supervisor within Postgraduate Dean's guidelines.

DEPARTMENT OF ONCOLOGY.

BELFAST CITY HOSPITAL LISBURN ROAD BT9 7AB

The establishment of the new Northern Ireland Cancer Centre (NICC) is a core element of the major programme of change and development in clinical cancer services across Northern Ireland. As part of the initial cancer centre development a new Oncology and Haematology day hospital opened in May 2003. A new 28 bedded inpatient haematology unit opened in 2001. A new £60m Regional Cancer Centre opened in 2006. Services are provided from Belfast City Hospital Trust to the four designated Cancer units in NI (based in Antrim Area Hospital, Altnagelvin Hospital, Craigavon Hospital and Ulster Hospital, Dundonald).

Multidisciplinary gynaecological, breast, lung, gastrointestinal and urological cancer meetings are held regularly.

There is an extensive Day Hospital facility (Bridgewater Suite) with its own dedicated staff, including Oncology Nurses, Pharmacists and Counsellors.

There is an active Clinical Trials Research Unit staffed by a team of senior Medical, Clinical and Surgical Oncologists supported by research nurses, research assistants, data managers and a data clerk.

There is a close working relationship with the hospital Palliative Care Team, and a Specialist Registrar in Palliative Medicine would gain extensive experience in all aspects of Clinical and Medical Oncology. Research links between Oncology and Palliative Medicine would be encouraged.

ROYAL HOSPITALS
GROSVENOR ROAD, BELFAST

The Royal Hospitals is a major teaching centre associated with the Queens' University of Belfast and provides a comprehensive range of inpatient and outpatient facilities and is the regional centre for Metabolic Medicine, Neurology, Infectious Diseases (including HIV), Cardiothoracic Surgery, Trauma and Burns, Orthopaedics and Fractures, Colorectal Surgery, Neurosurgery and ENT (including Head and Neck Surgery).

Radiology services include CAT scanning, MRI, Ultrasound and Nuclear Medicine and the recently installed CT-PET Scanner.

The Royal Hospitals, in conjunction with the Belfast City Hospital forms the Cancer Centre for Northern Ireland. Oncology services are based at the Belfast City Hospital site with many surgical departments and joint clinics provided at the Royal Hospitals.

Cancer and Palliative Care Team (Adult Service)

Over 4000 patients with a diagnosis of cancer are referred to the Royal Hospitals each year. In 2004-2005, over 800 patients were referred to the cancer and palliative care team- approximately 3% of these were patients with a non-cancer diagnosis.

There are several "site-specific" Macmillan nurses in the team who are involved in the care of patients at various stages of their disease; from initial diagnosis to end of life care.

The core members of the team are:

- 2 Consultants in Palliative Medicine, Dr K Kaur (0.7WTE), Dr N Jackson (0.5WTE)
- 3 "Generic" Macmillan Nurses (including Lead Macmillan Nurse)
- 1 Neurosciences Macmillan Nurse
- 1 Oesophageal Macmillan Nurse
- 1 Colorectal Macmillan Nurse
- 1 Lung Cancer Nurse

Patients with a diagnosis of primary lung cancer are referred to the Lung Cancer Nurse who works between the Belfast City Hospital and Royal Hospitals Trust and is able to link in with Oncology Outpatient appointments and the Lung Multidisciplinary Meeting. The team also liaises closely with the Clinical Nurse Specialist in Head and Neck Oncology.

There are 2 part-time secretarial staff providing administrative support to both the team and Consultants in Palliative Medicine.

In addition, there are extended multiprofessional members of the cancer and palliative care team who serve as "link professionals" for their respective departments. As there is no dedicated oncology ward in the hospital, patients are referred to the team from various departments and wards. The link professionals include a Pharmacist, Physiotherapist, Occupational Therapist, Social Worker and Chaplain and are senior staff who have experience in working with patients who have specialist palliative care needs

The Palliative Care Service

The team operates from 8.30am to 4.30pm Monday to Friday and the service is offered to both inpatients and outpatients and their families. An open referral system has been established. Referrals are made by ward nursing or medical staff with the agreement of the patient and his/her consultant. The team member assesses the needs of the patient and family with the primary carer within 48 hours and every effort is made to meet the patients' family and /or their carer once the patient has been seen and assessed.

Different levels of palliative care intervention are offered according to individual needs. In order to facilitate a seamless pattern of care, the team member, along with the primary carers, liaises with other professionals, both within the hospital and community settings.

The team meet daily on an informal basis and there is a weekly “dry ward round” where all patients seen and assessed by the team are discussed with future management plans. The Clinical Nurse Specialist in Head and Neck Oncology and the Lung Cancer Nurse also attend this meeting regularly to discuss their patients.

The team liaises closely with the Acute Pain Team Service particularly where patients with palliative care needs may require surgical procedures and also where anaesthetic interventions may be required.

A recent addition to the service is a fortnightly Palliative Medicine Outpatient Clinic. It is envisaged that this service will encourage appropriate referrals of patients with non-malignant diseases who have complex palliative care needs.

Record Keeping

The team is currently exploring the use of palliative care databases that may be able to link with other organisations and provide more information that will also be useful for service development issues. Currently, patient information is still stored using the “PIMS” database.

Audit and Education

The palliative care team is involved in undergraduate and postgraduate education at regular intervals throughout the hospital. This includes the third and fourth year undergraduates, induction for newly-qualified junior house officers and ward teaching of junior medical staff. There are regular study days for ward staff nurse and other in-house staff. Members of the team are also involved in the “Royal Update”, Grand Rounds, Physicians’ meetings and Divisional Audit meetings held at the Royal.

Team members are encouraged to carry out audit projects on a regular basis, which have been useful in changing and improving various practices within the Trust. Examples include the use of Syringe Driver Prescription Sheets, the Care of the Dying Pathway and the publication of a leaflet on Oesophageal Stents.

Service Development

The team is actively involved in strategic development issues within the Trust, the EHSSB and regionally. In addition to monthly Team meetings there are annual Team Building and “Away Days” to review the service development needs of the team.

PAEDIATRIC PALLIATIVE CARE

There are 2 WTE Paediatric Macmillan Nurses who are based in the Children’s Haematology Unit (CHU) in the Royal Belfast Hospital for Sick Children, working closely with the Paediatric Oncologist and Paediatric Haematologist. There is an opportunity to gain some experience in this field by spending a week with the Paediatric Macmillan Nurses and other professionals in the CHU and doing joint domiciliary visits.

Altnagelvin Hospital - Macmillan Palliative Care Team

The core members of the Macmillan Palliative Care Team (PCT) are:-

Consultant in Palliative Medicine - Dr Angela Garvey (0.8WTE)

Two Macmillan Clinical Nurse Specialists

One full-time secretary - Mrs Lisa McConalogue

Staff Grade (Oncology and Palliative Care)

They are supported by the oncology team:-

Social Worker

Dietician

Physiotherapist

Lung Cancer Nurse Specialist

Psychologist

Ulster Cancer Foundation counsellor

Discharge co-ordinator

A Macmillan Hospital Liaison Pharmacist has recently been appointed and the local Macmillan GP facilitator has a close liaison with the team.

The hospital palliative care team works in a close collaboration with the Community Primary Care Team and other cancer and palliative care service providers, especially Foyle Hospice, to provide a seamless service. Strong links also exist with the Sperrin-Lakeland Palliative Care Team. We also participate in the Western Health and Social Services Board Palliative Care Forum.

The Service

During the period 1/4/2003 to 31/3/2004 there were 422 inpatients referral to the service, of which 265 were new patients. Patients are referred from all adult wards in the hospital including intensive care, the high dependency unit, Gransha and Waterside Hospitals. Over the 2003-2004 period 18% of referrals were patients with non-malignant illness, which included Peripheral Vascular Disease, COPD and Motor Neurone Disease, heart and renal failure, an increase of 7% compared to the previous seventeen months.

Admission Complexity

Patients are referred to the PCT at all stages of their cancer journey. They are seen at ward level and assessed for their physical, emotional and social needs. Many patients have multiple complex needs and the PCT has developed scenarios to standardize grading of complexity.

Palliative Care Outpatients Clinics

Consultant led Palliative Medicine Clinics are held twice weekly. The clinical nurse specialists also see patients at oncology clinics and at the Sperrin Room. Day case blood transfusion or intravenous bisphosphonate therapy can be carried out in the Sperrin Room.

Primary Care Team Support

Domiciliary visits are carried out at the request of the Primary Care Team and the Palliative Care Team provides an advisory service to General Practitioners and community nurses. There is ongoing close liaison with Foyle Hospice Home Care nurses.

Multidisciplinary Team Meetings

The Palliative Care Team attends weekly lung, breast and gastrointestinal multidisciplinary team meetings and monthly gynae cancer multidisciplinary meetings. There is a weekly Multi disciplinary PCT meeting which is also attended by Foyle Hospice Home Care nurses to enhance seamless care.

Education

There is a continued commitment to education in all aspects of palliative care both in the hospital and the community.

Recent and ongoing Audit Projects include:-

Use of the syringe driver monitoring chart and guidelines for the use of syringe drivers in Altnagelvin Hospital.

Audit of pain control in surgical patients with cancer.

Audit of Palliative Care deaths in hospital is underway.

Audit of Breaking Bad news is planned to take place in next twelve months.

An attachment one day per fortnight is planned for the Trainee at a Pain clinic, Pain Management Service and Palliative Care Team at Tyrone County Hospital with Dr Frances Robinson. Trainees can also gain hospital management experience in Altnagelvin Hospital.

GENERAL INTERNAL MEDICINE & RESPIRATORY MEDICINE
BELFAST CITY HOSPITAL, LISBURN ROAD, BT9 7AB

The Regional referral centre for Respiratory Medicine for Northern Ireland is situated on Level Eight of the Belfast City Hospital Tower Block. In addition the unit provides services in acute General Medicine.

The activities of the Unit include the investigation, treatment and follow-up of patients with lung cancer, chronic obstructive pulmonary disease, cystic fibrosis and cryptogenic fibrosing alveolitis. In addition a non invasive ventilation service for patients with acute exacerbations of COPD and lung restriction caused by muscle or skeletal disease is provided. The Unit is staffed by five Consultant Physicians, three Specialist Registrars, four Senior House Officers and three Junior House Officers. In addition there are Specialist Nurses for asthma, COPD, tuberculosis and lung cancer.

The Unit has a weekly regional multi-disciplinary lung cancer meeting attended by Respiratory Physicians, Thoracic Surgeons, Oncologists, Radiologists and Specialist Nurses. There is a weekly clinic attended by one of the Palliative Care Nurses, where the results of investigations for lung cancer are discussed with the patient and family.

The hospital has a weekly Physicians meeting to discuss interesting cases. There is a monthly directorate audit meeting. At ward level there is a weekly clinical meeting focusing on topics in both General Internal Medicine and Respiratory Medicine.

DEPARTMENT OF GENITO-URINARY MEDICINE

The Department of Genito-urinary Medicine is situated on Level Three B of the Royal Victoria Hospital and provides the main service for patients with HIV in Northern Ireland.

There are three consultants in Genito-urinary Medicine and the Supervising Consultant for a Palliative Medicine trainee is Dr Say Quah MRCP.

There are approximately 300 patients with HIV attending the services which include two consultant led HIV clinics per week. There is a dedicated HIV Pharmacist and Dietician and a Named Nurse policy is in operation. In addition there is Clinical Psychology input for two sessions per month and sessional input from Social Services. Owing to recent advances in antiretroviral therapy the balance of work has changed from inpatient orientated activity to outpatient activity. The death rate has dropped dramatically, as has the incidence of opportunistic infections.

A Specialist Registrar in Palliative Medicine could attend the department on a sessional basis or alternatively could be offered a placement.

HAEMATOLOGY BELFAST CITY HOSPITAL

The Department of Haematology at Belfast City Hospital provides the regional haematology service for Northern Ireland as well as providing a general haematology service for the local population of Belfast.

The clinical team in haematology consists of seven consultant haematologists, two staff grade posts, eleven specialist registrars, five senior house officers and one junior house officer on rotation.

The haematologists work in two teams. One team covers lymphoma, myeloma and general haematology. The other team covers acute leukaemia, allogeneic bone marrow transplant, myeloproliferative disorders and general haematology. There is also a specialist haemophilia and thrombosis service and the consultant responsible for

this joins each team on a six monthly basis, for the purposes of rotation and out of hours issues and cover for the coagulation patients.

The adult inpatient service is provided in Ward 10 North in the Belfast City Hospital where there are twenty-nine inpatient beds including six isolation rooms for allogenic and autologous transplant procedures. There is an outpatient and day patient unit (Bridgewater Suite) shared with oncology providing the service for chemotherapy, blood transfusion procedure, peripheral blood stem cell harvest and photopheresis. (In the City Hospital a regional haematology service is provided for Northern Ireland). There is extensive inpatient work with 1024 admissions per year and also a large outpatient practice with 14,138 appointments per year. The full range of haematological conditions is seen. Opportunities to experience most aspects of haematological training are available.

Relationships

Dr RJG Cuthbert

Dr M Drake

Dr FGC Jones (BMT Director)

Dr P Kettle

Dr TCM Morris

Dr MF McMullin (joint appointment/Reader in Haematology)

Dr D O'Keefe (Haemophilia Director)

The medical team works closely with dedicated haematology nursing staff. There is also good liaison with PAMS including dieticians, clinical psychologists, occupational therapists and physiotherapists.

THE PAIN CLINIC

ULSTER HOSPITAL, DUNDONALD BT16 0RH

The Ulster Hospital Dundonald is a designated Cancer Unit and is located approximately five miles from Belfast City Centre, in close proximity to Marie Curie Hospice Belfast.

The Pain Clinic comprises two Consultant Anaesthetists with an interest in chronic pain and cancer pain, Dr WI Campbell and Dr DA Hill. There is a Consultant Psychologist, Prof. SA Lewis, one Pain Clinic Nurse and a secretary.

The Pain Clinic provides six outpatient clinics a week and two procedure sessions a week. There is also a nurse led TNS clinic fortnightly and three psychology outpatient clinics a week.

.The following procedures are commonly carried out:-

- Trigger point injections
- Interfacetal joint injections
- Epidural steroid injections
- Radiofrequency lesions
- Cryolesions
- Stellate ganglion blocks
- Coeliac plexus blocks
- Guanethidine blocks
- Interpleural blocks
- Phenol blocks
- Intrathecal catheters

The Pain Clinic is actively involved in pain research. Interests include the assessment of pain and intrathecal and epidural opioids.

Throughout the period of Higher Specialist Training in Palliative Medicine, experience may be available in other specialties according to the needs of the trainee.

Please note that the Health and Social Services organisations operate “No Smoking” policies and all employees must comply with this policy.

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER