

# **HIGHER TRAINING HANDBOOK**

## **HEEYH**

**(Health Education England Yorkshire & Humber)  
North, East and West**

### **General Adult Psychiatry Old Age Psychiatry**

We hope that this Handbook will help new and established trainees, trainers, and others considering applying to Health Education England Yorkshire and Humber for General Adult and/or Old Age Psychiatry Higher Training. We continue to strive to support Higher Training and the practice of quality mental health care in the region for the benefit of service users, families and the wider services.

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# **1. Introduction**

## **1.1. Introduction to the scheme**

Welcome to the Health Education England Yorkshire and Humber (HEEYH) Higher Training Scheme in General Adult and Old Age Psychiatry. This handbook will provide you with important information about the scheme and the programme of Higher Training in North, West and East HEEYH, referred to as the Rotation.

The Rotation in General Adult and Old Age Psychiatry provide a wide range of training opportunities through the five linked Trusts which support Higher Training. In HEEYH are also Higher Training schemes in forensic psychiatry, psychotherapy, child & adolescent psychiatry and learning disabilities.

The aim of the scheme is to provide every higher trainee with exceptional quality training in a range of placements that both suits the interests of the individual and equips them for the demands of a consultant post in the future NHS. Trainees engage in an educational contract based on agreed learning objectives delivered through the Yorkshire School of Psychiatry system of supervision, appraisal, and annual assessment. Higher trainees are encouraged to take ownership of their training, by monitoring their own progress using the RCPsych e-portfolio in discussion with their clinical and educational supervisor and having a degree of autonomy in placement choice in their second and third years on the scheme (within the framework monitored by the Yorkshire School of Psychiatry).

The trainees working week is divided into two parts; eight sessions working under the supervision of the clinical supervisor and two sessions devoted to personal development. This is the same proportion for trainees who work Less Than Full Time (LTFT). The personal development day can be used for research or other special interests. Higher trainees are encouraged to give careful thought to the full use of their personal development day to gain maximum benefit from their years of higher training.

The following information provides further details about the Rotations which we hope will be helpful to new higher trainees joining the rotation.

## **1.2. Organisation of the scheme**

Higher training is organised through the Yorkshire School of Psychiatry. The school is accountable for both the delivery of the educational contract and the maintenance of quality and standards set by the Royal College of Psychiatrists and GMC. In the scheme there are 33 general adult and 18 old age psychiatry National Training Numbers (NTN). These numbers are set by HEEYH (former Deanery) and are funded in part by the five linked Trusts.

A wide range of placements are available in community, inpatient, liaison, substance misuse, Psychiatric Intensive Care (PICU), Crisis Assessment Services (CAS), rehabilitation, and eating disorder settings.

## **1.3 Role of HEEYH School of Psychiatry**

- To deliver the education and training to the standards set by the Royal College of Psychiatry and GMC. To set up quality control mechanisms which reflect GMC standards, the Royal College of Psychiatry and the Gold Guide.
- To promote excellence in all aspects of the work of the School
- To support and encourage training and education

## 2. Specialty Training Tutors (STTs) – General Adult and Old Age Psychiatry

### General Responsibilities

- Membership of the General Adult Psychiatry Speciality Training Committee (STC) which meets three times a year
- Support as a member of recruitment and selection process
- Role as ARCP assessor at the time of the annual ARCP assessment interviews (all day event twice yearly in January and June)
- Act as educational supervisor for individual trainees
- To ensure good quality training opportunities
- Ensure adequate preparation towards consultant grade
- Support supervision
- Ensure balanced training
- Encourage management, research, audit and other non-clinical experience

### The Specialty Training Tutor Role and the Trainee

Each STT will normally have trainees attached with the aim of supporting those higher trainees through their course of higher training as the first point of contact with the STC, providing educational supervisor roles.

### Newly appointed trainees

- A meeting with newly appointed higher trainees within six weeks of taking up appointment.
- Please ensure that you apply for your Section 12 approval as soon as possible, to avoid any delays when you start in post. This should usually be on obtaining your CASC exam while still in Core Training.
- Agreeing an **outline training plan (appendix A)** with each new trainee who joins the scheme (and completing outline training plan proforma)
- Personal development (research or special interest): to check that the trainee has discussed and agreed use of personal development sessions with their trainer and has confirmed research or special interest attachments with a supervisor – and to help the trainee make the necessary connections where there are difficulties. To confirm that the trainee has completed an initial plan with their personal development day trainer – and, where needed, has been connected to a research supervisor (this may be their trainer).
- Induction: the STT is not responsible for induction, but should check that the trainee has been through a process of induction into their host Trust, and has received a safety induction.
- To pick up any unresolved issues to do with “settling in”.
- Higher Training Committee: to check that the trainee has connected to the Higher Training peer group and is attending the higher training educational programme.
- Each newly appointed HT is requested to allow their TPD/s and STT permission on the college website to view their e-Portfolio, for monitoring and support to the trainees.

### Established Trainees

- To arrange twice yearly reviews in January and April to pick up any individual difficulties.

- To review the ARCP structured report, Educational Supervisor Report & Personal Development documents prior to ARCPs (twice yearly appraisal reports prepared by trainers at the time of the January and April meetings (appraisals should be completed by trainees/trainers in December and April each year). Appraisals ARCP structured report, Educational Supervisor Report & Personal Development Forms are recorded on end of placement report
- Outline training plan: to check and update the outline training plan yearly.
- Personal development: to check on the appropriate use of personal development sessions and to make sure that proper supervision arrangements are in place.
- Placement procedure: to agree three rank ordered preferences for the August/October rotation, to complete the preference form with the trainee at the time of the April meeting and to return this to the Programme Director by May 31st (ahead of allocations round).

#### Picking up Difficulties

Although the clinical supervisor has first-hand responsibility for the trainee activities of the Higher Trainee during their placement – and for taking an active interest in their outline training plan, career development and use of personal development time, the STT has an oversight in all these areas and there is, a deliberate overlap.

The STT system gives each trainee a point of contact with the General Adult STC, and with a senior colleague other than their trainer. The system is also intended to provide a relationship throughout the duration of that individual's Higher Training – with an appreciation of their personal situation and training interests.

The STT will be in a good position to:-

- To pick up any particular difficulties that relates to the trainee themselves.
- Pick up any particular difficulties that relate to the training placement rather than to the trainee and hopefully to resolve these.
- Liaise with the Training Programme Director where there are any identified difficulties

#### General Adult Specialty Trainee Tutors

STTs would also be expected to provide support to other general adult trainees in their locality.

Current STTs, as of April 2018:

- Bradford District Care NHS Foundation Trust – Dr Anitha Mukundan
- South West Yorkshire Partnership NHS Foundation Trust – Dr Andrew MacDonald, Dr Jamshid Nazari, Dr Junais Puthiyarackal
- Humber NHS Foundation Trust – Dr Graham Harkness
- Leeds and York Partnership NHS Foundation Trust – Dr Robert Baskind, Dr David Leung, Dr Julie Robinson, Dr Kouser Shaik
- Tees, Esk and Wear Valleys NHS Foundation Trust – Dr Stephen Wright, Dr Shona McIlrae

#### Old Age Specialty Trainee Tutors

STTs would also be expected to provide support to other old age trainees in their locality. Current STTs, as of April 2018:

- Bradford District Care NHS Foundation Trust – Dr Shubra Singh, Dr Sushanth Kamath
- Leeds and York Partnership NHS Foundation Trust – Dr Sharon Nightingale, Dr Elizabeth Cashman
- Tees, Esk and Wear Valleys NHS Foundation Trust – Dr Jeffrey Clarke, Dr Parthipan Sivaraman

### 3. Special Interest Sessions

Special interest sessions are your separate personal development time, for additional clinical, academic, teaching or service development opportunities to support your professional development and acquisition of competencies.. Special interest sessions need to be summarised on a Personal Development Day Form. This can be found with all other forms on the School of Psychiatry website. You will need to complete it to record how you are utilising time. The form is signed off by both the Clinical Supervisor and STT.

Special interest sessions documented in Appendix B. This list is not exhaustive, and basically **you should plan your special interest time to meet your own training needs or reflect your own interests**. It is fairly easy to set up your own Special Interest Session by deciding what it is you are interested in, finding someone who is currently practicing in that area, and then contacting them to request a placement with them, make a plan of what you want to achieve and how you're going to reach that goal! Your Specialty Training Tutor may also be able to help you think about what special interest sessions are likely to enhance your training. Your STT will also need to agree with your proposed training and there is a form to fill out.

Remember, the person who supervises your clinical Special Interest Sessions does not have to be a Higher Trainee trainer, or even a consultant psychiatrist. Your supervisor needs to be a specialist in that area of interest and be happy to provide you with learning opportunities and supervision. As such, for example, if you wish to take on some supervised cases for psychodynamic psychotherapy, you are not limited to asking Dr Johnston in Leeds (a psychiatrist and consultant psychotherapist and Higher Trainee Trainer) – instead, you could approach a non-medical psychotherapist – as long as they have the time to supervise you, provide you with appropriate training, and complete the required report for your ARCP.

### 4. Psychotherapy Competencies

The College Specialty Advisory Committee Faculty of Medical Psychotherapy in January 2018 has released best practice guidance for Psychotherapy Training in General Adult Higher Specialist Psychiatry Training. It can be accessed on the College website as follows:

[https://www.rcpsych.ac.uk/pdf/ST%20Psychotherapy%20Training%20%2026%201%202018%20final%20\(v\).pdf](https://www.rcpsych.ac.uk/pdf/ST%20Psychotherapy%20Training%20%2026%201%202018%20final%20(v).pdf)

It emphasises continued development of psychotherapy expertise, after Core Training, dependent on interests and specialty. But as a minimum, they should experience delivery of one psychotherapy type per three years of higher training; and evidence training in at least 2 psychotherapy types over the whole of Higher Training. For example, a rehabilitation or general adult trainee might seek to gain experience of cognitive therapy of psychosis, a trainee interested in eating disorders may gain further experience of family therapy, and psychodynamic psychotherapy, or training on group therapy may interest a learning disability trainee. The guidance identifies that each General Adult Higher Trainee, should evidence this competency with at least one Psychotherapy WBPA, per training calendar year. This can be one SAPE per training year. And there should be protected time in clinical sessions to achieve this.

The plan is to clarify with the HTC and representatives, and psychotherapy colleagues in HEEYH, how the Rotation in GA expects trainees to evidence this from the June 2019 ARCPs; i.e. to commence in training years from August and October 2018. This part of the Handbook will be updated later in 2018.

## 5. Appraisal

A learning agreement (**Appendix C**) is completed at the start of each placement with the allocated educational supervisor. A copy of this is to be kept with the STT and a copy in the trainee's portfolio.

### 5.1. E-Portfolio

Trainees are expected to use the electronic portfolio to build a record of evidences during their training. This will be particularly useful for the ARCP process which is discussed further in the following sections

### 5.2. Guide to Work Place Based Assessment

Work place based assessments are an evidence based tool to assess performance. They have a formative function as the basis for feedback and educational planning and together, the assessments contribute to the annual review of competence, progression (ARCP), which has a summative function providing evidence of the attainment of competencies.

There are currently six work placed assessments which are relevant for higher trainees (ST4 – 6) in psychiatry:

- Assessment of clinical expertise (**ACE**). The assessor observes the whole new patient encounter in order to be able to assess your ability to take a full history and mental state examination and arrive at a diagnosis and management plan.
- Mini assessed clinical encounter (**Mini ACE**). The assessor observes part of the patient interaction, e.g. history taking or negotiating a treatment plan and rates your performance.
- Case based discussion (**CbD**). a case presentation of a typical patient the trainee has fully assessed within this specialist area (e.g. EIP, rehabilitation, crisis, eating disorders, neuropsychiatry, etc.) including a collateral history. And wider discussion with assessor.
- Direct Observation of non-clinical skills (**DONCS**) It is designed to provide feedback on a trainee's performance of skills such as chairing a meeting, teaching, supervising others, Mental Health Review Tribunal presentation, and other non-clinical skills.
- Structured assessment of psychotherapy expertise (**SAPE**) Assessment of a patient in their specialist area (e.g. EIP, rehabilitation, crisis, eating disorders, neuropsychiatry, etc.). See above in Section 4.
- Mini peer assessment tool (**Mini-PAT**). This allows co-workers to assess your attitudes and behaviours and your ability to work well with colleagues. The TPDs suggest trainees request more than the minimum number of respondents than the 10, to ensure that trainees do not have any problems achieving the required numbers of respondents. And that trainees can then evidence feedback from all areas of their work.

ST4s are to complete a minimum of 18 WPBAs over the course of 12 months, ST5 and above are to complete a minimum of 14. This should include a mixture of clinical and non-clinical assessments and a Mini-Pat evenly distributed across the training year. The number is pro-rata for less than full time trainees; therefore an ST5 trainee training at 60% for a year will require a minimum of 8 WPBAs. For ARCPs in June, assessments from the previous July, August and September that were not used in the last year's ARCP can count towards the total minimum required number. Assessments should be spread evenly through the training year. It is to be expected that trainees will score less well on assessments conducted earlier in the training year. Trainees are expected to score four or above for assessments completed later in the year. As much of the benefit from WPBAs comes from their formative nature, having a number of assessments that score less than four will not necessarily

result in an adverse ARCP outcome. However, trainees should use feedback to guide their learning and be able to demonstrate this through progression in their WPBAs. For higher trainees, assessors should be of an appropriate seniority as specified in the College guidelines. However, trainees can ask assessors who may not be of appropriate seniority as per the College guidelines, if they can provide useful additional evidence of skills; for example approved mental health act practitioners (AMHPs), while on call. Although if assessors are not of sufficient seniority, they do not count toward the total number of minimum required number.

The following table has been taken from “A competency based curriculum for Specialist Training in Psychiatry “by the Royal College of Psychiatrists as a guidance for trainees when preparing for ARCP:

### 13. Guide for ARCP panels in Advanced Training in General Psychiatry ST4-ST6

The suggested minimum number of WPBAs for ST4-ST6 trainees in Specialist General Psychiatry Training is:

WPBA	Minimum number required per year		
	STR4 50/50 IP /OP	STR5 (Specialty)	STR6 (Specialty)
ACE	2	1	1
mini-ACE	2	2	2
CbD	6	4	4
mini-PAT	2	1	1
SAPE	1	1	1
AoT	2	2	2
DONCS	3	3	3

It is not currently mandatory to have psychotherapy SAPE for ARCPs but psychotherapy competencies must be demonstrated on the portfolio e.g. SAPE, CBD, CBDGA, AOT. This will change from June 2019 ARCPs, when the training scheme will give clear guidance on new requirements for evidence of psychotherapy competencies from June 2019. See above in Section 4.

Further information on WPBA can be found on Health Education Yorkshire and Humber School of Psychiatry website:

<http://www.yorksandhumberdeanery.nhs.uk/psychiatry/assessments/>

### 5.3. Annual Review of Competencies

The ARCP is a formal process that applies to all Specialty Trainees. It is important not to be too prescriptive so that the panel can form a judgement based on all the evidence available and yet some absolute minimum standards do have to be applied to provide consistency and so that trainees

and Educational Supervisors know what evidence they are expected to provide. The required ARCP forms are available at Yorkshire and Humber Deanery:

<http://www.yorksandhumberdeanery.nhs.uk/psychiatry/assessments/>

The summary of the ARCP report (Annual Structured Report) must be submitted along with other necessary documents in the E-Portfolio. A separate ARCP folder should be created where all the required ARCP documents can be stored (This includes FORM-B as well).

The Leeds Postgraduate Department usually email the ARCP dates, deadlines and expected forms a few months prior to the ARCP. Trainees are expected to create an ARCP folder on to the e-Portfolio to submit all the required forms to facilitate the ARCP process. Each Higher trainee is also expected to allow their TPD/s access to their e-Portfolios at the start of their Higher Training, to allow the TPDs to monitor the e-Portfolios for any raised issues of concern.

### **Quality Improvement (Including Audit)**

It is expected that higher trainees will actively participate in local clinical governance activity. Trainees are expected to have a minimum of one completed Audit or Quality Improvement Initiative in any twelve month period. This can include leading a project that mobilises other more junior trainees. It is expected that this will be written up, presented (at a local, regional or national level) and disseminated. Evidence of this should be in the e-Portfolio. For less than full time trainees, one audit per training year is required.

### **Form R Part-B**

Trainees should complete Form R Part A and B for ARCP which is a part of the GMC revalidation process.

[https://www.yorksandhumberdeanery.nhs.uk/specialty\\_training/registering](https://www.yorksandhumberdeanery.nhs.uk/specialty_training/registering)

Please also include any additional work in Section 2 if this relates to you and ensure that you record all scope of work in Section 2, including any additional on call or Section 12 work, such as locum work, and the necessary dates.

### **Personal Development Sessions**

The trainee should clearly demonstrate how they have spent the two sessions available for academic/ special interest; and upload a report from their Personal Development supervisor/s.

### **Educational Supervisors' Reports**

The portfolio should include copies of all educational supervisors' reports completed at the rate specified by the training programme. Trainees generally should be rated competent or excellent in the vast majority of professional competencies, allowing for their stage of the training. There should be no significant concerns expressed for the first time; any significant issues of concern should have been alerted through the STT and TPD at an earlier stage; and support given to the trainee to aim to have the issues addressed. Minor concerns, including those that have been sorted, should be recorded with details.

If Educational Supervisors are unsure how serious a problem is, they should discuss with the STT and TPD at the earliest opportunity. Trainees need to be aware that the discussion is taking place and involved in agreeing any outcomes.

## **5.4. ARCP Report**

### **THE FIRST STAGE PROCESS**

Complete portfolios will be processed by a local panel within each of the localities with a composition as per Gold Guide, including a need for lay, but not external, input at this stage. Initially, educational supervisors' reports and the annual structured report will be assessed on each trainee

and the portfolio scrutinised in more detail where any concerns are highlighted. Trainees will either then be given an outcome 1 or 5 or referred to the second stage of the process and invited to attend. Documentation on reasons for required attendance will be forwarded to the Head of School, and discussed with the trainee. Locality panels will meet in mid-June or mid-January, so all documentation must be completed at least 2 weeks before the local panels, within the timescales required by the HEEYH, which will be communicate in good time to the trainees.

### **THE SECOND STAGE PROCESS**

Those who have not been given an outcome 1 (or 5 with expectation that a 1 will be achieved) by the local panels will be seen by a panel chaired by the Head of School and including lay and external representation. Trainees should be aware of this and an invitation to attend a panel should not come as a surprise.

The external and lay representatives will also examine the ARCP reports for 10% of the trainees that were awarded outcome 1s in the first stage panels. Further information can be found on Health Education Yorkshire and Humber School of Psychiatry website:

<http://www.yorksandhumberdeanery.nhs.uk/psychiatry/assessments/>

## **5.5. ARCP Outcomes**

Trainees will be informed of the outcomes of the local ARCP Panels by the TPD; from June 2018 this will be in the form of a letter, highlighting any issues to commend, or for suggestions for focus for future training, copied to the STT. Trainees will be informed of the outcomes of Central panel by the School of Psychiatry. For local and central panels, the trainee is encouraged to discuss the outcomes with their STT, to support any future training needs.

## **6. Less Than Full Time Training (LTFT)**

### **Types of LTFT training**

1. **Slot share**, where 2 trainees each work 50% or 60% of a full-timer, and share a full-time training slot on a rotation. The salary comes from the full-time slot, with 20% top-up from the Deanery. The trainees each do 50% or 60% on call of a full-timer, using funding that would have been in place for a full-timer.
2. **LTFT training in a full-time slot**. The LTFT trainee takes a proportion of the existing full-timer training post salary and the on-call payment is from the Trust as part of the usual full-timer on call allocation. This can only be accommodated with the approval of the Deputy Postgraduate Dean responsible for LTFT Training and if the speciality can continue to provide the required service provision with a LTFT trainee, which can often be the case with general and old age psychiatry. LTFT trainees in a full time slot can work at 50%, 60% or 80% of full time.
3. **Supernumerary funding**, where the Deanery agrees to fund an additional training post for the LTFT training, and an additional training number where it is available. Approval for a particular placement requires the employing Trust to pay additional money for the on call payments. This is often for LTFT trainees with health issues.

Please refer to the following Health Education Yorkshire and Humber policy:

[http://www.yorksandhumberdeanery.nhs.uk/pgmde/policies/less\\_than\\_full\\_time/](http://www.yorksandhumberdeanery.nhs.uk/pgmde/policies/less_than_full_time/)

Trainees who train LTFT are expected to have continued training in programmes on a time-equivalent (pro rata) basis. So pro rata for clinical and non-clinical ILOs. And to maintain a balance in LTFT arrangements with regards to educational needs and those of the service. Therefore it is

important that LTFT trainees do only the same percentage of clinical work that they are training, i.e. a 60% LTFT trainee only has 60% of the clinical responsibilities of a full time trainee. And the same percentage of on call. It is suggested that trainees who wish to work LTFT gain advice from the HEEYH Policy, and form their STTs and TPD.

### **LTFT training and progression**

LTFT trainees will progress through the training increments after completing the relevant months of full time equivalent training. For example, a LTFT trainee starting ST4 working 60% of a full timer, will progress to ST5 after 20 months training at 60% (12 months x 10/6). However a LTFT trainee will have an ARCP at the same time as full timers, i.e. every 12 calendar months, usually in June of each year. He/she will then be expected to present evidence of training equivalent to his/her amount of training received since the last ARCP. A LTFT will have a 6 calendar month period of grace after the end of their training, in the same way as a Full Timer (and not the equivalent of 6 months of training, which if worked LTFT would equate to more than 6 calendar months).

### **LTFT and Clinical posts**

LTFT trainees will be expected to achieve the same types of clinical posts as full timers, and to rotate at the same point in the calendar year. This will include 6 months in a community post and six months in an inpatient post early on in their training, as outlined in the College guidance. As for full timers, the rotation is not always able to meet exactly the College guidance for clinical posts in exactly the order as outlined on the current College guidance. The College is aware of this issue.

### **Working arrangements for LTFT trainees**

There are no specific rules about how an individual trainee works through a week to fulfil his or her hours of work. Most LTFT trainees work 3 (if 60% of a Full Timer) or 2.5 (if 50% of a Full Timer) regular days in a normal week. But some LTFT work part of whole days to do the equivalent hours as above. The working arrangements need to be based on the clinical and educational opportunities available in the training post, and the individual needs of the trainee. This is best achieved in discussion with the clinical or educational supervisor as early as possible when the training post has been identified, for planning and individual flexibility to allow the trainee to gain the maximum training experience in any given post. This may include a need for the trainee to change around the days that he or she usually works, with sufficient notice, if this means that he or she would not otherwise gain core clinical experience in a given post.

### **LTFT training and Study Leave**

LTFT trainees should have access to the same study leave entitlement as a full timer but pro rata for the proportion of time that they work of full time. Therefore a 60% LTFT trainee should have 60% of the number of days of study leave as a full timer. However he or she should do all the mandatory study leave the same as a full timer, i.e. not pro rata. Study leave, including mandatory study, is usually offered on various days, and so can usually be done on days that a LTFT trainee is in work. Occasionally a LTFT trainee may wish to take study leave on a day that he or she does not usually work. The arrangements for this need to be discussed with the LTFT trainees' Trainer and Employing Trust, whether time can be taken in lieu.

### **LTFT Training and Annual leave and Bank Holidays**

Annual leave for LTFT trainees needs to be clarified with the employing trust. Annual leave is pro rata for a full time colleague. The LTFT trainee also needs to clarify with the employing trust how many bank holidays he or she can have as part of annual leave. The number of these are usually pro rata for the total number of Bank Holidays that are available in a given year. E.g. if he or she works 60% of a Full Timer then he/she will have 60% of the total number of bank holidays in a given year

included in his/her annual leave allowance. This same principle applies whether or not the LTFT trainee usually works on a Monday.

## 7. Placements

A list of all jobs available can be found in **Appendix D**. A separate booklet is available with details of all the posts available within the training scheme.

All Higher Trainees must accept and move through those placements of training which have been designated as parts of the training programme. In placing Higher Trainees, Postgraduate Deans should take account of College assessments of progress and of the individual trainees' educational needs and personal preferences, including domestic arrangements. The permission of the Postgraduate Dean must be obtained before the trainee undertakes any other placement or attachment, including those outside the training programme.

Trainees on this scheme are fortunate in having a degree of freedom in choosing their own placements. The Training Programme Director has the final say in placements all placements are validated by Health Education Yorkshire and Humber. However, as long as a trainee develops a personal training plan at the beginning of their rotation, done in conjunction with their STT, every effort will be made to ensure that a trainee has the opportunity to gain experience in the type of posts they require given their interests and future job aspirations. The TPDs have experience of supporting the trainees with a wide variety of needs. The Rotation has extensive experience that trainees benefit in their training from being placed in a number of different Trusts in their training; and not staying in one geographical place. This includes not staying in the same Trust that they may have done their Core Training, for the whole of Higher Training. However, TPDs are keen to support Higher Trainees wherever possible for any work life balance and other personal issues.

### Allocation Process:

- At the first meeting, following appointment, the STT and the trainee will outline a broad training plan (The Outline Training Plan). This may give guidance as to the type and location of placements but will not detail specific posts. *(It should be noted that for flexible trainees there is a requirement that the first two posts are specified).*
- At an appropriate time prior to the rotation of trainees there will be a further meeting between the trainee and the STT to discuss the next placement in detail. The trainee, having discussed the matter with his/her Clinical Supervisor and STT will complete a preference form which will rank order up to three posts for consideration. The meeting with the STT will take place in April.
- The Higher Training Committee will organise a meeting which will endeavour to clarify placements for all higher trainees on the rotation. The mechanism for doing this was approved by the General Psychiatry Sub-Committee. A list of proposed placements will be sent from the Higher Training Committee to the General Adult Psychiatry Sub-Committee. It is perfectly acceptable for there to be two or three names of higher trainees by a single placement if this is the wish of the trainee.
- The Training Programme Director will review the proposed placement list against the stated preferences of individual trainees as recorded on the Preferences Form. If there are major discrepancies, the TPD will contact the trainee in order to establish the reason for change. If appropriate, the Chair of the General Adult Psychiatry Sub-Committee will review the placement and training needs. Individual interviews will take place should the need arise. Further advice will be taken through the STT and respective trainer where necessary.

- The allocation list will be approved by the Training Programme Directors prior to validation which takes place by Health Education Yorkshire and Humber who will then notify trainees of their next training posts.

The following should be noted:

- (a) The Yorkshire School of Psychiatry STC is the final arbiter of the allocation process.
- (b) The General Adult Psychiatry Sub-Committee reserve the right to withhold placements from the list submitted to the Higher Training Committee e.g. In the case of newly appointed trainees who require to continue in their current placement, or if there are particular circumstances which would require “replacement” of a particular trainee.

The Higher Training Committee has proposed that it will oversee the trainee contribution to the allocation system by means of a committee meeting hoping to reach agreement between trainees using a points system (approved by the Training Committee and set out below) to minimise the problem of two trainees applying for the same post. Full time trainees seeking dual accreditation and less than fulltime trainees will share in a common allocations process which aims to meet individual training needs, and the interests of different trainee groups with a degree of equity. (It has required considerable discussion to achieve agreement on a fair equitable process).

As stated above all trainees will have their first placement allocated by the Training Programme Director in discussion with the trainee. Depending upon the time of year there may be limited scope within the choices available. An outline training plan will be agreed between the trainee and their STT within 3 months of appointment.

Lecturers will have an academic post either for their first placement or, if this is not possible because the placements are already taken at the time of the trainee’s appointment, then at the next available change of posts. Lecturers will have the option to take up a second academic placement during the period of their training (normally in their fourth year).

Less Than Full Time trainees, given that their period of training is longer, will have their first two posts allocated in discussion with the Programme Director and STT. They will agree an outline training plan which will indicate the type and location of future placements, but will not detail specific posts. The Training Programme Director will submit this training plan to the Royal College for approval in line with College requirements.

**The table below gives details of the points system which will operate for each year for each category of Higher Trainees.**

	YEAR ONE	YEAR TWO	YEAR THREE	YEAR FOUR	YEAR FIVE	YEAR SIX	YEAR SEVEN
<b>Full-Time StR</b>	TPD	3	2	1	N/A	N/A	N/A
<b>Dual StR</b>	TPD	TPD	3	2	1	N/A	N/A
<b>Dual/LTFT</b>	TPD	TPD=STT	3	3	2	2	1
<b>LTFT StR</b>	TPD	TPD=STT	3	2	2	1	N/A
<b>Lecturer</b>	TPD +R of AD	3	2	TPD +R of AD	N/A	N/A	N/A

**Points system for F/T, P/T, Dual and Academic trainees**

TPD = Training Programme Director

STT = Specialty Training Tutor

R of AD = Representative of Academic Department

## CLARIFICATION OF HIGHER TRAINEE ALLOCATIONS POINTS SYSTEM

**Dual trainees:** ‘trumping’ according to NTN or origin will not apply. Dual trainees will have the same status as full time trainees regardless of “NTN of origin”.

It is the responsibility of the dual trainee to approach the Training Programme Director of the second speciality in which they wish to dual train no later than April 1<sup>st</sup> of the year in which they wish to take up a placement in that second speciality. A suitable post cannot otherwise be guaranteed.

- In **Year 1** (in speciality) the dual trainee will agree their training requirement with the Training Programme Director (TPD) of that speciality and will be allocated to an appropriate post by the Head of School on the advice of the Programme Director for that discipline.
- In **Year 2** (in that speciality) dual trainees will participate fully in the placement procedure as set out above alongside colleagues.

**Footnote:** Please note that reference to year 1 and 2 above is to years in speciality and *not* years in higher training. Year 2 in a given discipline may fall in year 4 of training, and three points would then apply – depending on the sequencing of speciality posts over the course of the four year programme of training.

Each trainee is asked to agree 3 preferences in priority order with their STT ahead of the allocation round. Every effort will be made to respect the outcome of the Higher Training Committee process, but where two trainees compete for 1 placement and 1 is displaced, there will be a knock on effect on the draft placement list. The Allocations Committee will be guided by the stated preferences of the trainee and the contents of the outline training plan.

### **Single year placements in parallel speciality**

For trainees wishing to do “a single year” of General Psychiatry but holding NTNs in other specialities, (e.g. Old Age or Learning Disabilities), the procedure will be as per dual trainee Year 1 i.e. contact General Psychiatry Programme Director before April 1<sup>st</sup> and decision by Allocations Committee in June.

### **Higher Trainees appointed “mid-year”**

An arbitrary 6 months cut off will apply. New trainees taking up post after May 1<sup>st</sup> will be treated as **Year 1** in the October rotation and October placement will be decided by the Programme Director at the time of the Allocations Committee. Trainees in this position may be advised to continue in their current placement.

New trainees with more than 6 months in initial post will be classified as **Year 2** and take part in the allocation process on that basis.

### **Lecturers**

Lecturers may expect to have two academic placements during the course of a 4 year rotation which will normally be in the 1<sup>st</sup> and 4<sup>th</sup> years of an academic rotation.

Academic placements for Lecturers will be agreed between the Programme Director and Head of Academic Department, with a pre-commitment over the placement in question reflected in the “list of available placements” provided to the Higher Training Committee by the Programme Director.

Other trainees are free to apply for the “pre-committed academic post” and the Allocations Committee will decide whether it is possible and appropriated to place a second trainee into that academic slot.

Lecturers will participate on equal terms alongside their colleagues within the allocation process in Years 2 and 3.

A Lecturer is not bound to apply for their second academic post in Year 4. If that option is exercised in Year 3, Year 3 points will apply in Year 4. If the Lecturer does not apply for a second academic post, they will enter the allocation system with 2 points. A Lecturer is not excluded from requesting a third academic placement but will carry no priority over colleagues in making that application.

## 8. Higher Training Committee (HTC)

The Higher Training Committee (HTC) consists of higher trainees within the Yorkshire/Humber regions. The HTC meets the morning of the first Wednesday of each month and chaired by higher trainees who have made themselves available for the chairing role. The HTC provides a regular forum for higher trainees to discuss any clinical or training related topic. Areas of formal discussion range from clinical (e.g. on-call) and training-related issues to reports from various relevant Yorkshire-wide committees. Guest Speakers present valuable educational talks which comprise the latter half of the HTC meeting. When required, HTC attendees also liaise with members of other relevant national trainee/ non-trainees committees. The HTC is also a valuable opportunity for higher trainees to meet with colleagues who work in different parts of the Yorkshire Deanery as part of peer support and socialising. Social meetings are also organised.

The committee has elected or volunteer representatives who attend other relevant committees and who feedback to the HTC. Such representatives will usually stand for one year to provide opportunities for all attendees to participate as a HTC representative. HTC Chairs are elected by a process of committee member voting once a year or on a Chair stepping down. Chairs will generally attend certain committees as representatives also (e.g. Yorkshire School of Psychiatry Meetings). For the second hour of the HTC there is a formal teaching slot every month where guest speakers are invited to present and facilitate discussion on topics relevant to psychiatry clinical practice, management, research and career development. It is ensured that clinical presentations are inclusive of all areas/ sub-specialities and committee attendees are given the opportunity to suggest potential speakers. These sessions provide a unique and informative learning opportunity for higher trainees.

Higher trainees in general find the HTC meeting valuable and informative, especially if you aim to keep up to date with local and national training and service developments. It offers moral, professional and emotional support from other trainees, and is an indispensable part of your monthly timetable!

## 9. Peer Groups

The HEEYH School of Psychiatry recommends that Higher Trainees join with other colleagues to form a PDP/CPD Group. This is a group of 4-6 colleagues who are also Higher Trainees. To mirror the PDP Groups that Consultants are required to form as part of the College Requirement to be in Good Standing for CPD. This allows Higher Trainees to experience the equivalent structures ahead of being in Consultant practice. The Guidelines and rationale for the Consultant CPD Groups are outlined: <https://www.rcpsych.ac.uk/files/pdfversion/OP98x.pdf>

The rationale for PDP groups is for colleague oversight of your development needs, agreement on the value and appropriateness of your planned study leave and other CPD; and for mentoring support. For newly starting Higher Trainees, it is suggested that this is discussed at the first Higher Training Committee Meeting, and will be outlined at the Rotation-wide Induction.

## 10. Postgraduate Departments and Libraries

Bradford and Airedale (Bradford District Care NHS Foundation Trust)

Elizabeth Hall is the medical staffing coordinator and can be contacted on 01274 363200.

The library for BDCT is based at Lynfield Mount Hospital (tel: 01274 223900 e-mail: [library.lynfield@bdct.nhs.uk](mailto:library.lynfield@bdct.nhs.uk)) . It contains resources on all aspects of health but has a specific emphasis on mental health, learning disabilities and health promotion. The collection includes around 9000 books, as well as a wide selection of journals, reports and guidelines. There is also a large variety of Health Promotion material including leaflets, posters, teaching packs, games, anatomical models, visual aids, videos, DVDs and display boards. The library has good IT facilities and provides access to many electronic resources. Current awareness, knowledge management and evidence-based practice are heavily promoted. Interlibrary loans, document supply and photocopying services are also available. The library is staffed during office hours although 24/7 access is available for BDCT staff with a swipe card.

Calderdale - Wakefield, Huddersfield, Dewsbury and Halifax (South West Yorkshire Trust)

Alison Scott is the Postgraduate Secretary and can be contacted on 01484 343914 between Monday to Wednesday, and on email [alison.scott@swyt.nhs.uk](mailto:alison.scott@swyt.nhs.uk).

Calderdale has a reference library on site (open 5 days a week) but there is a lending library in the Education Centre on the main site in Wakefield – Fieldhead Hospital, Ouchthorpe Lane, Wakefield, WF1 3SP. Books and journals/journal papers can be ordered via the Trusts intranet and will be sent via the internal post.

Hull

Sally Morrell-Witty. Email - [sally.morrell-witty@nhs.net](mailto:sally.morrell-witty@nhs.net)  
Post Graduate Secretary,  
Millview, Castle Hill Hospital, Castle Road, Cottingham, HU16 5JQ

York and Harrogate (Tees, Esk and Weir Vally Trust)

Hayley Lonsdale is the main contact - [hayley.lonsdale@nhs.net](mailto:hayley.lonsdale@nhs.net)

Leeds (Leeds and York Foundation Trust) - The Medical Education team contact Ally Kelly or Coralie Lewis at [medicaleducationlypft@nhs.net](mailto:medicaleducationlypft@nhs.net), Location: Ground Floor, South Wing, St Mary's House, St Mary's Road, Leeds, LS7 3JX, Tel: 0113 8559945 Fax: 0113 2952373

The Library is multi-disciplinary and provides a comprehensive range of services to support all Trust staff in the delivery of high quality health care. Libraries are based at The Mount. Services include: access to collections (books, journals, reports, quick reference, etc.), lending and postal loans, wide range of electronic resources including full text journals, e-books and key clinical/management databases (e.g. Medline, PsycINFO, DH-Data), evidence-based health information, reference and enquiry service, photocopying and Inter-Library Loans, database tutorials and specialised training in information retrieval skills, mediated literature search service, study space with PC/Internet access, advice and support from professional information staff, access to Leeds Libraries Website [www.leedslibraries.nhs.uk](http://www.leedslibraries.nhs.uk).

## **11. Teaching Opportunities**

Teaching others is important because it not only gives motivation to study and to think critically, but it helps develop a skill which will be required in consultant practice. Higher Trainees should aim to teach undergraduates, psychiatric trainees and staff from other medical and non-medical disciplines who view clinical problems from another perspective (e.g. GPs, patient groups, carer groups). Teaching may be given formally (such as delivering and organising journal clubs and case conferences, lecturing at the Leeds MSc course) or informally (in ward discussions with MDT

colleagues, during supervision of clinical work of psychiatric trainees). Keep a note of your teaching activities in your portfolio, including reflections, as this info is also useful for your CV.

### **Teaching opportunities open to all trainees in all trusts**

University Of Leeds (one year ST Tutor & Academic post via application). These posts are advertised regularly and can be done as part of your special interest time. The role has two components -

- Teaching Year 1 medical students about Individuals and populations. This module combines epidemiology and psychological considerations. The sessions are set but you can use your imagination for the delivery. There will also be 2 sets of essays to mark. Guidance and training is provided for this
- Teaching Year 4 Psychiatry ICU model. This is an introductory week of lectures delivered to year four medical students before they start their placements. Again, these lectures are set but there is an opportunity for feedback into how they can be improved. The sessions are fun and interactive.

### **Deanery-Wide teaching planned and organised by Higher Trainees in groups or as individuals includes:**

- Organising Mock CASC session to Core Trainees for their RCPsych membership exams at University of Leeds.
- Teaching medical students (usually 4<sup>th</sup> year) on placement with your consultant
- Organising teaching to FY1, FY2 and other junior doctors in the general hospital about mental health related subjects.
- Opportunities to teach in MRCPsych Course – clinical sciences module, statistics module and clinical pharmacology – speak with MRCPsych course organiser.
- Teaching medical undergraduates (as arranged via Leeds Medical School – this is currently being run by Simon Budd in Leeds for 2<sup>nd</sup> years)
- Helping to supervise Core Trainees informally on wards / in clinic
- Talking to Carers' Groups (via Carers Leeds)
- Higher Trainees get together to write and deliver exam practice for RCPsych membership candidates in the form of CASCs.

### **Leeds and York Partnership Foundation trust**

Campus to clinical teaching for medical students in Leeds

Teaching Year 4 during their placement

Teaching opportunities for FY2 doctors in psychiatry. Contact Dr Vikram Luthra, [vluthra@nhs.net](mailto:vluthra@nhs.net)

Liaison Psychiatry Higher Trainee teaching Leeds:

- There are numerous opportunities to provide teaching to general hospital staff on a range of mental health subjects. We provide regular teaching programmes to general hospital staff and higher specialist would be welcome to contribute to that We are also frequently asked to provide mental health training to specialist physical health teams within the region and there will be opportunities for interested higher trainees to contribute
- We have an in house liaison psychiatry educational group, through which we programme our own MDT teaching across the various liaison services. Trainees would again be welcome to provide talks on areas of special interest
- Our services also have regular team level teaching sessions and trainees have often enjoyed presenting at these

### **South West Yorkshire Mental Health Trust**

- JAPS – Joint Academic Psychiatric Seminar – is a monthly training delivered to psychiatrists (all grades) at Dewsbury, Halifax, Wakefield and Huddersfield. Higher Trainees are involved in some of the teaching and case presentations.

- Higher trainees may chair or facilitate the Core Trainees with their case presentations at lunchtime teaching.
- Opportunities to provide undergraduate teaching sessions.
  - Please contact Dr Ian Pickering, [Ian.Pickering@swyt.nhs.uk](mailto:Ian.Pickering@swyt.nhs.uk), or Diane Baldwin, [Diane.Baldwin@swyt.nhs.uk](mailto:Diane.Baldwin@swyt.nhs.uk) for more information

## 12. Management and Leadership Opportunities

Trainees are expected, as part of the curriculum to achieve competencies in leadership and management. They should discuss at an early stage with their trainers and STTs how they intend to achieve and evidence these competencies.

Opportunities can include:

- Trust management opportunities including committees, shadowing of managers and consultants.
- Service improvements within clinical work
- Trainee representative on various committees including HTC, STC, School Committee Meetings,
- College leadership roles.
- Leadership Fellows, see Out of Programme Opportunities
- Deanery Leadership and Management Courses, see HEEYH website for details

## 13. Study Leave

### 13.1. Study Leave Policy

Dr Sharon Nightingale is the Director for Postgraduate Medical Education in Yorkshire (North, East and West localities of the Yorkshire & Humber Deanery). All study for all psychiatry specialties and localities is processed at local Medical Education Centres prior to submission to Jayne Wilson (Leeds Medical Education Centre Administrator) and approved by Dr Nightingale.

- Specialty trainees should submit applications for all courses including: Conferences, Courses, Royal College Faculty Meetings, Mandatory Training e.g. Breakaway Training, Child Protection Course, Resuscitation Training, Health Education England Management Courses, Approved clinician and DoLS course  
Curriculum delivery does not support attendance for interviews. Time off for interviews must be discussed with your clinical supervisor and may be deducted from your annual leave entitlement.
- As a higher trainee, you can claim for You may be able to claim for the following: Course Fees, Travel Expenses (Road – official mileage from base to destination only (public transport rate), if you request funding for travel you must claim via the study leave budget and not via your Trust mileage claim form) (Rail – standard class travel -savings can be made on some journeys by booking Apex tickets at least 7 days in advance of journey), Accommodation (Up to £55 per night (with receipts), £25 per night if staying overnight with friends and not charging for accommodation).
- If you are a trainee in general adult or forensic Psychotherapy you are entitled to one third of personal therapy and must use separate claim forms for this
- Expenses are not refundable for examination fees, course dinners, telephone calls, bar bills, newspapers, car parking. And you cannot claim for poster presentations, Gown hire at graduations or Overseas study leave funding.

- The procedure for applying for study leave is to:
  - Complete the application form, SL-A, with the approval of your educational supervisor. You need to allow 6 weeks' notice prior to the event. Retrospective applications will not be accepted (**Appendix E**)
  - Return the completed form back to the local postgraduate centre who will then send to Medical Education Centre, Leeds who will check to ensure that a) you have enough study leave days to use and b) ensure that there is the allocated funding for the event. This is then sent to Dr Nightingale for approval
  - When your application is approved you will be sent confirmation by email, expenses claim form and course evaluation form. If you travel by car you will be paid mileage at a rate of 24p per mile.
  - Once you have completed the study leave you can claim the costs. You should complete and return the expenses form SL-C (**Appendix F**) to your local medical education centre along with receipts for the costs incurred. Claim forms and receipts are to be submitted within three months of the event. Do not submit receipts without your study leave claim form and after this has been approved. If you lose a receipt for accommodation or a course you may be able to obtain a duplicate. If you paid a bill with a credit or debit card, you could submit a copy of your statement (ensuring personal details like card/bank account numbers are blanked out). Please ensure that the date, cost and recipient's name are shown.
  - All claims submitted to Salaries and Wages by 5th of the month will be met in that month's salary.

You cannot claim expenses if they have not been approved.

- Below is a general list of principles and guidance for all trainees at all levels:
  - Study leave should enhance clinical education and training and should be planned as far in advance as possible as an integral part of the education and training process.
  - Study leave is discretionary subject to the exigencies of the service.
  - When applicants submit Form SL-A, they should take extra care in estimating expected expenses. **If, when claiming expenses, the claim differs significantly from the estimated expenses, the SSLA may not approve additional, unexpected expenses.**
  - Specialty trainees ST4+ are allocated funding per financial year (April-March). Though no fixed costs per trainee, most are expected to be less than £600 per annum. This is neither an entitlement nor a cap. The total study leave fund should be used at the discretion of the SSLA.
  - Study leave budgets may be "top-sliced" by Specialty Schools in order to provide local provision of required training, in line with the specialty's curriculum.
  - The maximum recommended allowance for trainees is 30 days per year (15 per 6-month post). This is in addition to examination leave. Authorisation of study leave is at the discretion of the Specialty Study Leave Advisor (SSLA) Dr Nightingale. Trainees working less than full time are eligible to access leave on a pro rata basis to ensure annual progression through achievement of specialty curriculum competencies.
  - Examination fees are not payable.
  - Travel and subsistence expenses may be sought for approved examinations to a maximum to two attempts at the same exam.
  - A maximum of five days private study leave can be authorised immediately prior to an exam being taken. Any leave authorised would be based upon the needs of the service.
  - Trusts may have additional requirements/guidance in relation to approval for study leave, which must be followed in conjunction with this guidance.
  - Overseas study leave will only be granted in exceptional circumstances. Applications for overseas study leave require the authorisation of the Deputy Postgraduate Dean.

A list of useful websites that you can access courses on would be:

- Yorkshire and the Humber Deanery courses  
[https://www.yorksandhumberdeanery.nhs.uk/learner\\_support/generic\\_skills\\_courses](https://www.yorksandhumberdeanery.nhs.uk/learner_support/generic_skills_courses)
- The Leadership Academy <https://www.leadershipacademy.nhs.uk/programmes/>
- Andrew Sims Course Les for mental health and learning disabilities  
<http://www.andrewsimscentre.nhs.uk/index.htm>

### **13.2. Travel and other expenses**

This is applicable to all doctors in training who use their car for Trust business e.g. attending meetings, teaching, home visit etc. You can also claim travel expenses from base hospital closer to your home to any other trust you work for. Each trust has a travel policy which you can request from medical education to enable you to understand what you can claim for. For example in Leeds there is an electronic system that you can use to claim expenses.

Please note that you have only three months from the date of the travel that you can claim it back. This is separate from claiming study leave travel expenses.

### **14. Section 12 (2) Work**

The majority of the Higher Trainee's section 12 (2) work will take place during their clinical posts and on-call hours. The higher training handbook specified a minimum of 70 nights 'on-call', though there was no required number of assessments to be undertaken. The new ST4-6 training requirements now recommend that the trainee takes the lead in the planning of 50 acute / complex care plans whilst on-call. There is no stipulation that these must arise from section 12 work, however, given the nature of section 12 work, the plans you make after your assessment are likely to fall within the 'acute / complex' remit.

Whilst on the training scheme, you are required to respond appropriately to requests for section 12 related work during the periods you are on call for that Trust. In practice, this means assessing a person either in the police cells, the local Sec 136 suite, A&E department, hospital wards or at the person's home.

Occasionally, higher trainees have been requested to attend private psychiatric hospitals during on-call to assess an inpatient detained on Sec 5(2) MHA – it is your choice as to how you respond to such requests, and you may decline.

The GP / FME / police officer / mental health professional requesting the assessment will inform the local Emergency Duty Service or Team (EDS or EDT) and the Approved Mental Health Practitioner (AMHP) will take the relevant details and background as to why the assessment is being requested. Most AMHPs know to enquire as to whether drugs or alcohol are involved and usually gauge a suitable interval before arranging assessment. This initial information enables the assessment to be given appropriate priority.

In keeping with good practice, we should aim to assess detained persons as soon as practicable to ensure as short a period of detention as possible. Similarly, in the community, the urgency of response required can be determined through discussion with the referrer.

After receiving a referral out of hours, the AMHP will contact the local Trust psychiatrist on call, discuss the case and make arrangements to meet for the assessment. This is a good time to exchange mobile phone numbers so that unexpected delays can be quickly notified. There may be computer or written records available at the hospital and you could agree which of you will collect these to bring to the assessment. Past assessments, care plans and risk assessments can all help inform your decision.

Some EDTs make a point of always finding a second doctor to attend the assessment, whilst others will await a first recommendation for detention under the MHA before sourcing a second doctor. Please note that it is best practice for an AMHP to be present at your assessment, and we suggest you resist (and report) any pressure to make a solo assessment with the AMHP only attending if you proceed to make a recommendation for a section. But do this bearing in mind that patient's care and safety come first.

In the recent past, some Higher Trainees have felt under pressure to complete Section 4 papers when the AMHP has been unable to obtain a second approved doctor. This is bad practice unless it really is an emergency. Please resist (and report) any such pressure to complete Section 4 papers which you do not think really fulfils criteria for a Section 4.

If the police are specifically requesting a psychiatrist to assess Fitness to Interview, please note that after discussions at Higher Trainees Meetings, it is agreed that such requests can be declined whilst on call. Usually the FME assesses this, and refers on in only special cases. If you do attend, you are entitled to ask the police for a claim form (around £100/hr) for your work. Assessing Fitness to Interview is not part of Section 12 work but can be useful for your training to be a consultant. Please note that if the police are asking for a psychiatric assessment because the detained person is alleged to have committed murder or attempted murder, then check with Trust policy before you attend. In Leeds, such cases should be referred to the consultant on call (but it makes sense to try arrange to accompany them), whereas in other Trusts, you may be expected to attend.

On arrival at the police station, check with the custody sergeant in the cells and let them know you are there to assess one of their detainees. The police will be able to give you information about how / why the person was detained and how their behaviour has been in the cells. Each detainee has a custody record in which you should make a brief entry about your examination of the person. Avoid giving unnecessary medical information away – you have a duty of confidentiality. If the person requires constant observation, then state this. If you wish to leave any notes to assist the second assessing doctor, ask the police for an envelope, address and seal it with instructions that it is to be passed to the next doctor. Your notes should ideally include some risk assessment, e.g. FACE.

If admission to hospital is arranged, your notes can go with accompanying ambulance staff or AMHP and be filed in the hospital patient notes. If your trust have an electronic record you have the duty to make sure that documentation is provided on that system as well as updating any risk assessments that might be necessary for admission as well as a brief plan including observation levels for junior doctors who will be clerking the patient. It is the AMHPs task to identify a suitable bed in discussion with you (open ward, PICU, forensic bed) though increasingly local Crisis Teams source beds.

If admission is not required, your notes can be sent for filing in the persons file if they have one at medical records or if your trust have an electronic record you have the duty to make sure that documentation is provided on that system as well as updating any risk assessments that might be necessary. You should dictate a short note to the GP to inform them of events and plan.

If there is no hospital file for your notes, then the notes must be stored safely for medico-legal purposes. One suggestion is that you keep a personal file with your consultant's secretary for such notes.

Usually, after discussion with the AMHP and patient / detained person, a reasonable plan of care can be agreed. In the event of strong disagreement, you should seek to resolve this by further discussion or by discussing with the second doctor. Ultimately, a reasonable plan of action must be negotiated and it must reflect a good standard of psychiatric care. Remember you have access to discussing the case with the consultant on call if thought would be useful; especially if you are relatively less experienced. And always remember that you are acting on call on behalf of the Consultant on call. And it therefore appropriate for you to discuss any contentious issues with him or her.

Please remember that any Section 12 work outside of your contracted Trust, must be included, along with any other additional work, on your Form R.

Each time you change work placement / Trust, the Sec 12 (2) Approvals Office must be informed:

North of England approval panel

01325 552389 - Yorkshire & Humber Coordinator (Jayne Wall)

01325 552388 - North East Coordinator (Marjorie Wilson)

01325 552387 - North West Coordinator (A-Q) (Kate Sutherland)

01325 552387 - North West Coordinator (R-Z) (Paula Hodgman)

Approvals manager of the North of England – Alison Mosley

## 15. Reflection

The General Medical Council makes it clear in 'Good Medical Practice' that reflection is the key to effective continuing professional development and is a skill that must be developed and practised by all doctors.

Reflective practice results in a better understanding of the experience and hopefully developing some insight into our behaviour. The main aim of this process is to help in trainee development and to support them with more enhanced performance when they encounter similar situations in the future where they can use the experience that they have gained from the previous similar situation. This is the section in which trainers are most interested. It is important to reflect as soon as possible after the event, to recall as accurately as possible what happened and what was felt. Trainees need to use reflection to develop their skills.

Recorded reflections are important; they are a tool to demonstrate competence and professionalism. Reflection is usually considered as a cycle, as described by Gibbs: (*continues on the next page*)

## Gibbs' model of reflection (1988)



All trainees are aware of high profile legal circumstances affecting trainees in 2018. The Rotation are of the view that reflections need to adhere to the advice from the Dean of HEEYH, Professor David Wilkinson, given in 2017, as follows:

*The General Medical Council make it clear in Good Medical Practice that reflection is the key to effective continuing professional development, and is a skill that must be developed and practised by all doctors ([http://www.gmc-uk.org/education/continuing\\_professional\\_development.asp](http://www.gmc-uk.org/education/continuing_professional_development.asp)).*

*Doctors should reflect on all aspects of their professional work, including interactions with colleagues and patients. It is equally important that all doctors are able to reflect on critical incidents and complaints. Trainees must continue to do this in discussion with their supervisors and provide evidence of this activity at ARCP. This is no different to the expectation that all consultants, non-training grade doctors and GPs will reflect on their work and discuss this at annual appraisal. Without this evidence no doctor can revalidate.*

*Recently, a trainee was required to release a written reflection to a legal agency which was subsequently used as evidence against the trainee in court. This has raised questions about whether trainees should still provide reflection about incidents in their portfolios.*

*Health Education England in Yorkshire and the Humber is clear that all doctors have to provide written reflections for their ARCP and appraisal, and so doctors in training must continue to write reflections, especially when there are things that do not go well. This is an essential part of training and is needed to progress through a postgraduate training programme. However doctors in training should ensure that their reflections are carefully written and focus on the learning gained from such events. The focus should shift from "What would I have done differently?" to identifying individual or system wide learning points. There must be no patient identifiable information contained within written reflections.*

*Although the law will continue to challenge we must maintain our Professional approach, including reflection for learning. I would encourage doctors in training to continue to discuss reflections with supervisors and to seek advice from senior doctors if they have concerns about how to reflect on a*

*specific incident. Doctors in the early years of postgraduate training may benefit from more guidance and support in developing their reflective writing skills and we expect educational supervisors to provide this.*

*This is a complex area where there is no single answer that will cover all situations. If you do receive a request (or a demand) for disclosure of any of your e-portfolio content, your Head of School and senior staff within HEEYH are always available to give advice and support.*

The GA and OA TPD advise, in the light of recent uncertainty and outstanding appeals, that any request or demand for disclosure of any e-Portfolio content should be discussed with your trainer, ST and TPD. And that any reflections need to have in mind the need to balance appropriate reflection with learning from the event for future practice.

## **16. Social Media Usage**

Social media and use of aspects of social media are fast gaining acceptance as tools for knowledge acquisition and dissemination of knowledge. If put to use wisely, it can be very useful to improve and enhance training and development. This can include use of blogs, Twitter, Facebook, YouTube, Instagram and even WhatsApp groups.

At the same time it can also impact negatively on a doctor's practice, if they are not careful regarding what they put in social media. This is mainly because patient confidentiality is one of the main pillars of our practice.

Following are the key points taken from BMA guidance (Using social media: practical and ethical guidance for doctors and medical students):

“

- Social media can blur the boundary between an individual's public and professional lives
- Doctors and medical students should consider adopting conservative privacy settings where these are available but be aware that not all information can be protected on the web
- The ethical and legal duty to protect patient confidentiality applies equally on the internet as to other media
- It would be inappropriate to post informal, personal or derogatory comments about patients or colleagues on public internet forums
- Doctors and medical students who post online have an ethical obligation to declare any conflicts of interest
- The BMA recommends that doctors and medical students should not accept Facebook friend requests from current or former patients
- Defamation law can apply to any comments posted on the web made in either a personal or professional capacity
- Doctors and medical students should be conscious of their online image and how it may impact on their professional standing.”

You will have to keep up-to-date with GMC guidance and also follow updates from the trust you are working for on social media usage.

Please note that using social media carefully is not only for the protection of your professional life but also for protecting your privacy

Other useful guidance are from British Medical Association and organisations like Medical Protection Society and Medical Defence Union.

If in doubt you could discuss with your supervisor about how you plan to use social media to enhance your knowledge and skills.

Social media is an extremely useful tool and has an important role in dissemination of knowledge. We are all aware that all Royal Colleges, NHS Trusts, Health Education England, GMC and many well-known journals (Lancet, New England Journal of Medicine etc.) all use social media effectively to let society know of their activities and also in helping people understand their work in the field of medicine. Hence it is encouraged that the social media is used, but within a framework that protects patients, public and you as a professional.

GMC guidance link:

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/doctors-use-of-social-media>

BMA guidance link:

<https://www.bma.org.uk/advice/employment/ethics/social-media-guidance-for-doctors>

## 17. Psychiatry Trainee of the Year Award

Every year, there is a Psychiatry Trainee of the Year Nomination, which is done usually in the first week of March. The dead line for submission is towards the last week of March. This is for both higher trainees and core trainees. Among higher trainees, it can be nominations from trainees in General Adult, Old Age Psychiatry or other specialities. There is only one award per year. It is based on the guidelines set by Royal College of Psychiatrists. It essentially states the following:

### Criteria

This award is for trainees who have demonstrated through their clinical performance and practice that they have attained a level of achievement over and above that expected for their grade. The person nominated should be resident in the UK.

The entry should describe how the nominee has demonstrated exceptional levels of achievement as an innovator, a scholar, a researcher, a clinician, a medical and/or non-medical educator and a leader.

The nomination form states - Please note: Self-nominations or nominations for trainees by other trainees cannot be accepted

Every trainee is encouraged to consider this as an opportunity that can be used. The recipient of the award will not get any financial remuneration, but it will definitely add to your portfolio.

Everyone should get the opportunity to get the prize. Hence it is important that your portfolio is kept updated, with achievements you have attained during the year. Discuss with your Clinical supervisor and educational supervisor about this and if they agree, ask them to make the nomination.

HEE Yorkshire and Humber send a nomination request to all TPDs and this gets forwarded to all trainers who have trainees and ST Tutors. Once the nominations are suggested, the TPD's forward

the nomination form to HEE Yorkshire and Humber. TPD'S can also make their nominations, if they know the trainee well. The nominees are expected to have achieved excellence or have made outstanding contributions during that year. Your contributions and skills in the following domains are considered for the award: Innovator; Researcher; clinician; medical and/or non-medical educator; leader, a scholar and finally a summary.

It would be very useful to speak to those trainees who have received the award in the past.

Please see the link below:

[https://www.yorksandhumberdeanery.nhs.uk/psychiatry/about\\_your\\_programme/trainee\\_of\\_the\\_year](https://www.yorksandhumberdeanery.nhs.uk/psychiatry/about_your_programme/trainee_of_the_year)

## 18. Out Of Programme Opportunities (OOP)

There are opportunities for trainees to take time out of the training programme to gain experience in other areas. These include Out of Programme Experience for other clinical opportunities, research, leadership and management, and for a break of service. Trainees are advised to refer to the HEEYH Policy on Out of Programme (OOP) Experience on the HEEYH website [https://www.yorksandhumberdeanery.nhs.uk/general\\_practice/trainees/out\\_of\\_programme\\_%28oop%29](https://www.yorksandhumberdeanery.nhs.uk/general_practice/trainees/out_of_programme_%28oop%29)

Future leaders programme - opportunities for HEEYH trainees to complete a one year "Out Of Programme Experience" (OOPE) Clinical Leadership Fellowship to help grow and develop their personal leadership skills. The Future Leaders Programme enables the Clinical Leadership Fellows to:

- Gain practical and academic experience in clinical leadership from local experts in the field.
- Build a network of expert contacts with medical and NHS management leaders.
- Enhance skills and competencies that are essential for future medical leaders.
- Develop competencies relevant to the domains defined in the Healthcare Leadership Model.
- Develop and deliver a specialty or management driven project that is relevant to the specific needs of the NHS.
- Undertake a one year postgraduate qualification e.g. in leadership or medical education.

Jobs are advertised in November with interviews in January. More information can be found on the website [https://www.yorksandhumberdeanery.nhs.uk/education/future\\_leaders\\_programme](https://www.yorksandhumberdeanery.nhs.uk/education/future_leaders_programme)

## 19. Personal Safety

Psychiatrists and psychiatric trainees like all clinical and frontline staff have a right to expect to be safe within the workplace. Therefore all psychiatric trainees working in Yorkshire, as in the rest of the country should expect that they will be provided with safe working conditions. Safety for psychiatrists and psychiatric trainees has been set out in RCPsych College report CR78-Safety for trainees in psychiatry (1999), <http://www.rcpsych.ac.uk/pdf/cr78.pdf>, CR183 Liaison Psychiatry for every psychiatric Hospital (2013), CR134, Safety for psychiatrists (2006) and outlined in RCPsych Occasional paper 65, Postgraduate training in psychiatry: Essential information for trainees and trainers (2008). The safety aspects of individual placements are addressed by the Training Committee, by Trusts and by individual training posts

The Yorkshire General Adult Psychiatry sub-speciality Training Committee has a duty to ensure that each training place ensures that it has measures in place to ensure the safety of trainees. It reviews all placements in relation to their safety aspects and expects that the safety arrangements for

trainees are covered in the job descriptions for individual placements. The training scheme monitors any violent incidents involving trainees and works with individual Trusts to bring about changes where necessary. The training scheme is also committed to supporting trainees with untoward incidents including providing any necessary counselling.

Each Trust that provides training posts under the scheme has local policies and procedures concerning the safety of trainees in hospital and community settings and trainees should be clear of these local policies from their local induction programme. Each individual training post needs to have a clear section in their job description on safety within that placement. The individual placement needs to ensure that trainees are able to attend breakaway and risk training as part of their induction. The CR 78 link provides general guidelines on safety and also specific requisites for trainees whilst working in Isolation, On calls, Community visits, A&E's and emergency situations.

The Training Scheme would expect to hear from trainees about any individual problems in relation to their attachments that fail to adhere to the above safety requirements, either through the STTs, or from the trainees directly.

## 20. Take Time

Medical work is stressful. However, doctors and dentists often find it difficult to acknowledge that they feel stressed or to ask for help. Trainees are strongly encouraged to discuss pastoral issues with their STT. And to seek advice, where appropriate from their trainer and their occupational health department in their Trust. Having time to talk in a confidential setting away from the work context has been found to alleviate many problems. Take Time is a confidential counselling and psychotherapy service specifically for junior doctors and dentists within the Yorkshire & Humber Deanery. Doctors can request to see a counsellor from a department different to the one in which they may be working. It is for doctors who have work-related and personal difficulties which may cause anxiety, stress, depression and unhappiness, such as: Managing workload, Conflict with colleagues, Relationship/family problems, Loss and bereavement, Reactions to trauma, Decision-making, Emotional pressures, Loss of confidence and Alcohol and drug misuse.

Further information on Take Time is available at:

[http://www.yorksandhumberdeanery.nhs.uk/pgmde/pgmde/trainee\\_support/](http://www.yorksandhumberdeanery.nhs.uk/pgmde/pgmde/trainee_support/)

Or you can email [taketime@leeds.ac.uk](mailto:taketime@leeds.ac.uk) or call 01133434643

## 21. Preparing for End of Training (CCT)

**Placement-** It is important to plan your final placement to match your future plans. Trainees could consider a placement in the last year of training in a Trust where you may have opportunities to become a Consultant. Or in a specialty for which you are keen to achieve Consultant practice.

### 21.1. Acting Up

Higher Trainees who are within one year of their anticipated CCT are eligible to 'Act Up' as consultants, to a maximum period of three months. Acting up must take place prior to CCT date as applications submitted for approval after CCT will not be considered. Acting up cannot be split between a consultant role and training. Again, trainees are encouraged to discuss this with their trainer and/or STT. All information and guidance can be found at:

[http://www.rcpsych.ac.uk/pdf/AUC\\_Guidance\\_March\\_2016.pdf](http://www.rcpsych.ac.uk/pdf/AUC_Guidance_March_2016.pdf)

## 21.2. Interview Considerations

**Application**-Six months prior to your completion of training you would be eligible to apply for Consultant Jobs. It is important to look for Jobs and update your NHS Job application. Please ensure that your application is specifically tailored to the position you wish to apply.

**Informal Visit**-Consider making an informal visit to the future employer if acceptable.

**Formal Visit**-You could also consider a formal visit after shortlisting. It is important to display genuine interest and meet the relevant trust personnel.

**After Shortlisting**-It is recommended to get interview practice as this may be the largest interview panel you may have encountered. You can get interview practice through your current consultant or other STT trainers, there are also interview courses in some trusts and deaneries.

**Interview process**-The Interview Panel (Advisory Appointment Committee) members have a specific role. Usually the panel comprises of a Chairman, Chief Executive officer, Medical Director, Clinical Director, External college representative, Lead clinician, University representative, Layperson and Human resources.

**Performing on the day**-Body language, General behaviour and influencing skills will be vital for the interview process. It is important to know the political landscape with relevance to your role and specialty such as Department of health, Primary Care Trusts, Foundation, Governors and their roles, Trust board and delegation to divisions.

**Somme common hot topics are: -**

- Concept of Governance
- Patient experience and complaints
- Patient safety
- Clinical effectiveness and creating of policies, Audit
- Capacity, legal and ethical issues
- Finance including payment by results and awareness of trust basic financial divisions
- Appraisal, Revalidation and performance management
- Medical education
- Staff welfare
- Research
- Leadership and management

## 19.3. CCT

According to the Royal College of Psychiatrists the criteria for award of a CCT for GA and OA is:

- Completion of a minimum of 36 months of Core Training approved by the Royal College of Psychiatrists.
- Successful pass of the MRCPsych Examination.
- Completion of a minimum of 36 months of Higher Specialist training in the SpR grade.

A trainee can expect to have their final ARCP assessment within three months of their CCT date. Trainees will be given an Outcome 6 which is the final record of satisfactory progress. This signals the successful conclusion of a training programme leading to the award of a CCT.

**General (Adult) Psychiatry (Total duration 3 years):**

Two years must be spent in General Psychiatry only which must include:

- Twelve months in a core general adult placement, i.e., a placement that can offer either both inpatient and community experience, or, a split post of two six-month placements in inpatient and community settings (a minimum of six months inpatient experience is mandatory for CCT).
- Twelve months in a sub-specialty of general psychiatry which may lead to an endorsement (rehabilitation, substance misuse, liaison).
- Twelve months in another psychiatric specialty which can also include general adult psychiatry. A doctor can only undertake training in another psychiatric specialty where the training is available, i.e., forensic psychiatry, old age psychiatry, psychotherapy, learning disability psychiatry, child & adolescent psychiatry.

#### **Endorsements in General Adult Psychiatry**

It is only possible to obtain an endorsement if the doctor is undertaking a CCT in general adult psychiatry. **An endorsement is an entry on the General Medical Council (GMC) Specialist Register and this can only be obtained if a minimum of 12 months is spent in Rehabilitation Psychiatry, Liaison Psychiatry or Addiction Psychiatry however, this is not essential to General Adult Psychiatry training.**

#### **Old Age Psychiatry (Total duration three years):**

Two years must be spent in old age psychiatry only which must include:

- Twelve months in a core old age psychiatry placement, i.e., a placement that can offer both inpatient and community experience, or, two six-month placements in inpatient and community settings. (A minimum of six months inpatient experience is mandatory for CCT)
- Twelve months in another old age psychiatry placement.
- Twelve months may be spent in general psychiatry (or one of its sub-specialties) or in any other psychiatric specialty.

#### **Dual Accreditation for General Adult and Old Age Psychiatry:**

Four years training in total, which must include two years in Old Age Psychiatry and two years in General Adult Psychiatry. This must include the achievements of the twelve months in a core General Adult Psychiatry placement (as outlined above; and twelve months in a core Old age Psychiatry placement, as outlined above.

If you have any queries, please contact Specialty Training Administrator, Department of Professional Standards, Royal College of Psychiatrists.

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APPENDICES  
AND USEFUL LINKS

## Appendix A

### OUTLINE TRAINING PLAN

Name:

Name of Trainer:

Specialty:

Career Path – List additional skills and competencies that you wish to gain during the course of your Psychiatry placement:

List main career interests:

Sub-Specialty experience which you wish to gain (list in rank order):

Do you wish to achieve college recognition in a sub-specialty? Yes/No

Give details:

---

List Special Interest attachments which you would like to complete during the course of your training (in priority order):

Give main preference/priority for next rotational training attachment (indicate nature of experience required NOT placement/post):

**Signed:**

**Signed:**

**(Trainee)**

**(Specialty Training Tutor)**

**Date:**

**YEAR 2 REVIEW OF OUTLINE TRAINING PLAN**

**Date of Review:**

List amendments to outline Training Plan:

**Signed:**

**Signed:**

**(Signature of Trainee)**

**(Specialty Training Tutor)**

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**YEAR 3 REVIEW OF OUTLINE TRAINING PLAN**

**Date of Review:**

List amendments to outline Training Plan:

**Signed:**

**(Signature of Trainee)**

**Signed:**

**(Specialty Training Tutor)**

**YEAR 4 REVIEW OF OUTLINE TRAINING PLAN**

**(Dual, Lecturers and LTFT Trainees)**

**Date of review:**

List amendments to outline Training Plan:

**Signed:**

**(Signature of Trainee)**

**Signed:**

**(Specialty Training Tutor)**

## Appendix B: Available Special Interest Sessions

LOCATION	NAME	SPECIALTY	INFO DATE PROVIDED	PROVIDED DETAILS
Barnsley	KARAN Anil	General Adult	Feb-18	If any trainee is keen to have some experience in General Adult Psychiatry-Community, then I would be happy to provide this. This would mostly involve Out-Patient Clinic experience.
Barnsley	VISWANATH Arun	Older Peoples Services	Feb-18	I am able to have trainees for inpatients in functional older people care. Ward reviews are usually Monday and Fridays AM. This may offer good inpatient experience in elderly care. Occasionally we may have Dementia patients and interface issues. I am able to offer regular supervision at least fortnightly.
Barnsley	NIAZ Omair	IHBT & Liaison	Feb-18	I'd be happy to offer a special interest session also. I've attached a brief summary for you which I hope will be of help.
Calderdale and Kirklees	RANI Jhansi	CAMHS	Feb-18	Within CAMHS service we could offer experience with family therapy clinic and general clinics if required
Calderdale	DAVIES Sara	EIP	Feb-18	I am able to offer Special interest session in Early Intervention Psychosis, in Calderdale, SWYPFT; on a Thursday or Monday, all day, or part of the day. This will allow a trainee to understand the Early Intervention Psychosis model, service offer, NHS standards, and review against the standards. In addition, there will be an opportunity for individual assessments, risk management, psychological and engagement work. And/or involvement in service development, audit or other Quality Improvement activity.

Calderdale and Kirklees	BASU Ranjan	Adult Psychiatry-working with Core/SPA MDT	Mar-18	An exciting opportunity for the Higher Trainee either working with SPA screening GP referrals or the Core MDT seeing new patients in the outpatient clinic. Telephone number: 01484 343742.
Calderdale and Kirklees	DOUGLAS Chris	Psychotherapy	Mar-18	The intention would be to provide the opportunity to observe and provide assessments for suitability for psychotherapy, to take on a case for therapy, with possible opportunities to get involved in consultations, team consultations and Balint Group provision. It is also possible to work towards accreditation as a Balint Group leader as a stand-alone option. Based at The Laura Mitchell Centre in Halifax on Tuesdays or Thursdays at Folly Hall in Huddersfield
Calderdale and Kirklees	HILL Graham	Perinatal	Mar-18	Currently Trustwide service, base is at Fox View Hub, Dewsbury. Opportunity to see a first wave community perinatal service in action. Opportunity to do preconception work, planning and treatment during pregnancy, and co-working with perinatal practitioners up to baby being 1 year old. You are likely to see any psychiatric condition in ICD-10. Opportunities for audit and research development are plentiful.
Calderdale and Kirklees	GOWDA Umesh	Perinatal	Mar-18	Nature of work – Prenatal counselling looking into giving advice on medication, assessment and management of mental health of women during their perinatal period, including medication management. Working together with other agencies/professionals including midwife, health visitor, obstetric team, social services, safeguarding team and mental health services.

Calderdale and Kirklees	BACHU Chandrashekar	General Adult Psychiatry	Mar-18	Based at Folly Hall Mills. Intensive Home Based Treatment team provides experience in assessment and management of mental health crisis and emergency referrals with particular emphasis on risk assessment and management plan. It will also provide experience in positive risk taking and gatekeeping assessments. There is plenty of scope to gain experience in multidisciplinary and multiagency joint working including developing medical leadership skills.
Wakefield - Newton Lodge	GAIRIN Isaura	Medium Secure	Feb-18	I would be happy to offer the opportunity to offer sessions in forensic psychiatry. The trainee would have the opportunity to get involved in the management of patients within a medium secure setting and also to undertake access assessments in hospitals of various levels of security and prisons. The possibility to observe court proceedings and to participate in the same may also be available. There are other in-house training opportunities such as being involved in completing risk assessments, attending tribunals and managers hearings for restricted patients, liaising with the Ministry of Justice and observing and participating in business meetings where insight into the workings of a Medium Secure Hospital can be gained.
Wakefield - Newton Lodge	SHENOY Suraj	Medium Secure	Feb-18	I would be willing to have a special interest trainee placed with me at Newton Lodge. The trainee can gain from a wide range of experiences within forensic psychiatry including attending admission assessments, ward rounds/team meetings/CPA meetings within the acute service, shadowing me at prison assessments/giving evidence in court and visit other secure units including Rampton high secure hospital. This placement would give the trainee a good opportunity to understand the nature of forensic services, improve their awareness of the utility of Part 3 of the MHA, the working of the criminal justice system and improve report writing skills. Opportunities to attend at ward rounds/team meetings of the other pathways within Newton Lodge (Rehab, women and LD) are also available. The trainee will be expected to shadow me/my colleagues/our trainees initially but will then proceed to preparing reports under my supervision. Research interests would be encouraged.

Wakefield	NUSAIR Abdul	PICU	Feb-18	My SPR goes for special interest session ( Day) which give a chance to exposure to PICU experience, with learning objectives such as managing Challenging patients with high level of psychopathology as well as Mental health act work
Wakefield	MAHAPATRA Prabhat	LD Low Secure	Feb-18	Newhaven is a low secure forensic unit for males with learning disabilities. Sessions would involve attending MDT meetings on Tuesday and / or Thursday mornings. If the trainee wants to do more, he /she can do risk assessments, reports for tribunals and give evidence at tribunals / hospital manager meetings.
Wakefield	SAJU Padakkara	Psychotherapy	Feb-18	I can offer placement in CBT or Family therapy ( 1 session/ week over 1 year). More details are in the attached document.
Wakefield	VENTRESS Mike	Forensic Psychiatry and/or AMD patient safety	Mar-18	Based at The Bretton Centre, Wakefield I can provide special interest sessions in a low secure unit. The trainee would have exposure to the interface between general and adult psychiatry, with assessments in prisons, PICU, community and in other secure settings. Various opportunities to learn and practice risk assessment and formulation and to have exposure to in-patient management of acutely ill patients, but also those undertaking rehabilitation. I can also provide access to quality improvement projects through my AMD role in patient safety. I have a small out-patient case load, should the trainee want to be involved in the oversight of patients in the community (typically serious offenders under restriction orders).
Wakefield	RUDKIN Lisa	Insight Team (Early intervention in psychosis)	Mar-18	Based at Drury Lane, Wakefield. The Insight team is an early intervention in psychosis community team based in Wakefield and covering the communities of Wakefield, Pontefract and Castleford; it is a large team of around 30 staff . We accept people presenting with a first episode of psychosis, including bipolar disorder, psychotic depression and postpartum psychoses from ages 14 to 65 and work with them for around 3 years. The team provides multidisciplinary

				care including psychiatric, CBT, family and vocational approaches. You would have the opportunity to work with children and adults presenting with both confirmed psychoses and those with diagnostic uncertainties, including new assessments, urgent mental health act assessments and monitoring of antipsychotics in adults and children. This placement would be relevant to both CAMHS and adult trainees. The team and I are welcoming and I would be happy to accommodate higher trainees for two sessions/ week on any day. Although the team is based in the Wakefield Hub, I also work from the Pontefract hub, most of the team work entirely in the community. If you would like any further information, please contact me on <a href="mailto:lisa.rudkin@swyt.nhs.uk">lisa.rudkin@swyt.nhs.uk</a> or 01924316936.
SWYT	ADAMOU Marios	ADHD / ASD	Feb-18	The higher trainees would have access to clinical experience in Adult Neurodevelopmental Psychiatry and work part of an MDT.
Wakefield	Dr Kumar	ECT		
Leeds - Newsam Centre	NESS Graham	Forensic Psychiatry and/or AMD patient safety	Apr-18	I am an approved trainer for general adult and forensic psychiatry placements for higher trainees. We are also happy to consider any special interest sessions of higher trainees – depending on what they need. Typically this would involve assessments, initially accompanied but then with a high level of support supervision. All the forensic service consultants offer this.
Leeds	BRANTON Tim	ECT	May-18	<p>Special interest in ECT offers the opportunity to gain the higher level ECT competencies set out by the RCPsych. You will become familiar with prescribing and application of ECT in a range of clinical circumstances and have the opportunity to participate in the teaching, audit and governance activities of the Treatment Unit.</p> <p>The Treatment Unit has received favourable accreditation from the RCPsych ECTAS process and has been a trial site for the multi centre Ketamine ECT study.</p> <p>ECT takes place on Tuesday and Friday mornings and it is possible to accommodate two senior trainees in these slots. Six months is probably the minimum commitment to gain enough depth of experience to be confident to prescribe and advise on EC. Trainees spending a year should gain enough experience to be able to take on an ECT role as a consultant.</p>

				If you are interested contact Tim Branton Consultant Lead for ECT <a href="mailto:t.branton@nhs.net">t.branton@nhs.net</a>
Leeds	CROWTHER George	Research	Apr-18	Contact directly for current projects <a href="mailto:georgecrowther@nhs.net">georgecrowther@nhs.net</a>
Leeds	BASKIND Robin	ADHD	Aug-18	Dr Baskind can offer the opportunity to gain experience working with an established multidisciplinary Adult ADHD team and developing skills in the assessment of and treatment of ADHD in adulthood. It is becoming increasingly accepted that ADHD is a common condition presenting to mental health services, although it may be often missed due to a lack of awareness and training, whilst the number of Adult ADHD services and job opportunities in Adult ADHD are steadily expanding. ADHD is a very rewarding condition to assess and treat with very high success rates. The service is based at The Mount Hospital in Leeds.
Leeds	Research and Development department		Apr-18	0113 855 2387 and <a href="mailto:research.lypft@nhs.net">research.lypft@nhs.net</a>
Leeds	NIGHTINGALE Sharon	CASC teaching	Apr-18	Organising teaching for trainees who are sitting the CASC
Leeds	NIGHTINGALE Sharon	Management and Leadership	Apr-18	attending and maybe chairing TMEC as well as doing an educational/managerial projects and more- great way to improve your management skills
Leeds	JONES William Rhys /or MORGAN John	Eating disorder	Apr-18	Ward 6 Newsam Centre
Leeds	ALTY Jane	Neurology		LGI clinics
Leeds	NARAYAN Gopinath	Perinatal		Mother and baby unit. The Mount Hospital
Leeds	BAMFORD John and DUNN Edward	Neurology		Clinics at Leeds General Infirmary and St James University Hospital

Leeds	Allison Stansfield	Autism		Leeds autism diagnostic services
Leeds	HOSKER Chris	Palliative care		St James's Hospital and Becklin base
Leeds	COOPER Anne and CARDNO Alistair	ST tutor	Apr- 18	Teaching medical students at the university in a formal tutor role
Leeds	COOPER Anne	CBT supervision	Apr- 18	Group running weekly Friday at 8am, supervision for trainees in Leeds
Leeds	COOPER Anne and JOHNSTON James	Psychodynamic psychotherapy		An introduction into psychodynamic psychotherapy by the Northern School of child and adolescence psychotherapy – can get experience in therapy at Southfield House
Leeds	NEIL Wendy	Service improvement		Leading on Service improvement projects
Leeds	LYPFT	Mary Seacole Programme	Apr-18	Advertised at the trust intranet- led by the Leadership academy and helps improve leadership skills
Leeds	Claire Kenwood	Management and leadership	Apr 18	We can offer specialist session in QI and by arrangement I would be very happy to provide mentoring for specific project work that trainees wish to undertake to build management skills
Leeds	VIDYARTHI Ankush	Chronic Fatigue Syndrom		Newsam centre
Hull	MARKOVA Ivana	Neuropsychiatry and Huntington's disease	Apr-18	Department of Psychological Medicine, Humber Teaching NHS Foundation Trust
Hull	MAYET Soraya	Addictions	Apr-18	There is an opportunity to assess and manage patients with drug and alcohol disorders.

Hull	ROY Reena	Teaching HYMS (Hull and York Medical School)	Apr-18	Based at Hessle Grange Primary care centre, 11 Hull Rd, Hessle Hu13 9LZ. The trainee will have access to courses in teaching , will be able to provide seminars, examine students and do service improvement projects and research with the students. HYMS is expanding so there will be a lot of opportunities for the trainee.
Hull	WARD Richard	PICU/ECT	Apr-18	PICU, Miranda House, Hull 01482 617508
Hull	MALIAKAL Paul	Neuroradiology		Hull royal infirmary
Hull	Dr Beardsworth	Community geriatrics		Hull
Hull	Dr Richards	Family Therapy	Apr-18	
Hull	Dr James	Multiple Sclerosis		Neurology Hull Royal Infirmary - OPC
Bradford	RUSSELL Gregor	Introduction to R&D	Apr-18	This session will offer a chance to gain knowledge and understanding of how Research is delivered in the NHS, and the role of the National Institute of Health research, the Clinical Research Networks and Health Research Authority in supporting this. There will be the opportunity to work with the R&D team in the scoping and delivery of nationally significant research studies, including observational studies and clinical trials. This is an excellent opportunity for trainees who would like to develop a special interest in Research Delivery as a consultant to learn how this work is carried out, and to start to build relationships and networks to enable future work in this field.
Bradford	OSTLER Joanna	Liaison	Apr-18	This service covers referrals from the acute and community hospitals in Bradford. Opportunity to assess and manage patients over age of 65 with complex physical and mental health needs If interested to contact: Dr Joanna Ostler, based at Osprey House, Lynfield Mt Hospital, Heights Lane, Bradford, BD9 6DP Email: jo.ostler@bdct.nhs.uk or telephone on: 07525872494
Bradford	ASPIN Andrew	Drug and Alcohol		Keighley
Bradford	MUKUNDAN Anitha	Adult ADHD and Autism	Apr-18	Initiation and monitoring of medications in ADHD

		assessments.		
Bradford	CHUA Lian	Perinatal Psychiatry	Apr-18	Working Tues, Wed and Thursday
Bradford	Dr Khan	Management / teaching	Apr-18	Bradford
York	SAMPFORD James and MARTIN Katie	Urgent and Emergency Liaison Psychiatry	Apr-18	Mainly adult patients presenting in mental health crises or with complex medical/ psychological needs from York Hospital ED and inpatient wards
York	ELMSLIE Andy	Assertive Outreach and Community Rehabilitation	Apr-18	York & Selby, Huntington House, Jockey Lane, York. YO32 9XW
York	WRIGHT Steve	Early Intervention in Psychosis / Management experience	Apr-18	Current studies (principle investigator) – SCENE: Social Connectedness in Psychosis – Intervention. CANTOP: Cannabidiol in the at-risk mental state. Other opportunities for developing your own research ideas. E: stephenwright@nhs.net, M: 07852536691
Harrogate	KER Suzy			RAMPPS
Sheffield,	LAGUNDOYE Olawale	Drug and alcohol		
Bradford/Airedale	BEAVAN Paul	Forensic Psychiatry- low secure unit	Apr-18	Opportunities for prison visits, court work and day to day management of the mentally disordered offender
Harrogate	BURROWS Alison	Rehab	Apr-18	I can offer a special interest session in rehabilitation psychiatry Dr burrows would be the supervisor
Bradford/Airedale	STEPHENSON Clare	Low secure forensic psychiatry	Apr-18	Opportunity to learn about risk assessment and management, part III mental health act diversion from criminal justice system and ministry of justice reporting.

## Appendix C

Learning Agreement /Annual Learning review

[https://www.yorksandhumberdeanery.nhs.uk/psychiatry/appraisal\\_and\\_assessments](https://www.yorksandhumberdeanery.nhs.uk/psychiatry/appraisal_and_assessments)

### Annual Learning Agreement

<b>Trainee:</b>			
<b>GMC Number:</b>		<b>Year of Training:</b>	
<b>Educational Supervisor:</b>			
<b>Date:</b>			

At the first meeting in each year of training the Trainee and Educational Supervisor should read and agree the following Annual Learning Agreement and complete a Personal Development Plan. The Educational Supervisor should send both these documents to the Trainee by email with a copy sent to the current Clinical Supervisor.

#### The Trainee will:

- Take an active part in the appraisal process including setting educational objectives and developing a Personal Development Plan
- Endeavour to achieve the learning objectives by:
  - Regularly reviewing their PDP
  - Utilising the opportunities for learning provided in everyday practice
  - Taking responsibility for arranging appropriate WPBAs with appropriate raters
  - Attending formal teaching sessions
  - Undertaking personal study
  - Using study leave appropriately
- Develop as a lifelong learner through
  - Reflecting and building upon their learning experiences
  - Identifying their learning needs
  - Being involved in planning their education and training
  - Evaluating their learning experiences

#### The Educational Supervisor will:

- Be available for, and take an active part in the ongoing supervision and subsequent appraisal process including setting educational objectives
  - Ensure that the objectives are realistic, achievable and within the scope of available learning opportunities
  - Promote a supportive climate for learning
  - Ensure that an individual doctor's timetable allows attendance at formal teaching sessions, is appropriate for their learning needs and that there is an appropriate balance of education and service in their placements
-

## Appendix D

### Training Posts on the General Adult and Old Age Psychiatry Higher Training Scheme in North, East and West Yorkshire

In April you provisionally choose your next post to start in October.

Below is a list of all approved trainers in General Adult and Old Age Psychiatry for the higher training scheme. In General Adult & Old Age there is a wider selection of trainers to provide trainees with a choice of training posts (in line with the Royal College curriculum). However, please note that there are more approved trainers than funded placements which does cause a bit of confusion when the allocations take place.

Here is a breakdown of the number of funded posts per Trust:

Trust	Gen Adult Psychiatry	Old Age Psychiatry
Bradford District Care Trust	5	2
Humber Mental Health NHS Trust	3	1
Leeds Partnerships NHS Foundation Trust	16	8
Tees, Esk and Wear Valley Trust (inc. Malton/Harrogate/Northallerton/York)	5	3
South West Yorks Mental Health Trust (inc. Dewsbury, Huddersfield, Halifax, Wakefield)	4	4
<b>Yorkshire Deanery Total</b>	<b>33</b>	<b>18</b>

The Training Post Job Descriptions booklet contains job descriptions on each of the below posts.

For an up to date copy please contact LYPFT Medical Education at [medicaleducationlypft@nhs.net](mailto:medicaleducationlypft@nhs.net)

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## List of Training Posts

### **LYPFT GA Posts**

Leeds	General Adult Psychiatry	Dr V Savage (CMHT)
Leeds	General Adult Psychiatry	Dr N Venters (CMHT)
Leeds	General Adult Psychiatry	Dr R Owen (CMHT ICS)
Leeds	General Adult Psychiatry	Dr D Fraser (CMHT)
Leeds	General Adult Psychiatry	Dr T Mahmood (Inpatient)
Leeds	General Adult Psychiatry	Dr C Buller (CMHT)
Leeds	General Adult Psychiatry	Dr S Punnoose (Inpatient)
Leeds	General Adult Psychiatry	Dr A Chakrabarti (Inpatient)
Leeds	General Adult Psychiatry	Dr J Robinson (Crisis)
Leeds	General Adult Psychiatry	Dr G Brookes (CMHT)
Leeds	General Adult Psychiatry	Dr S Johnson (CMHT)
Leeds	General Adult Psychiatry	Dr S Roy (CMHT)
Leeds	General Adult Psychiatry	Dr P Hosalli (CMHT)
Leeds	General Adult Psychiatry	Dr D Protheroe (receive endorsement in Liaison)
Leeds	General Adult Psychiatry	Dr J Morgan (eating disorders)
Leeds	General Adult Psychiatry	Dr G Narayan (perinatal)
Leeds	General Adult Psychiatry	Dr M Henderson (receive endorsement in Liaison)
Leeds	General Adult Psychiatry	Dr C Hosker (receive endorsement in Liaison)
Leeds	General Adult Psychiatry	Dr M Abbas (receive endorsement in Liaison)
Leeds	General Adult Psychiatry	Dr D Leung (Inpatient, PICU)
Leeds	General Adult Psychiatry	Dr J Pick (ICS)
Leeds	General Adult Psychiatry	Dr K Shaik (CMHT)

### **LYPFT OA Posts**

Leeds	Old Age Psychiatry	Dr N Brindle (Inpatient)
Leeds	Old Age Psychiatry	Dr T Branton (Inpatient)
Leeds	Old Age Psychiatry	Dr S Waddingham (Liaison) (receive endorsement in Liaison)
Leeds	Old Age Psychiatry	Dr S Nightingale (CMHT)
Leeds	Old Age Psychiatry	Dr W Neil (CMHT)
Leeds	Old Age Psychiatry	Dr A Ahmed (CMHT)
Leeds	Old Age Psychiatry	Dr L Cashman (CMHT)
Leeds	Old Age Psychiatry	Dr A Thampy (CMHT)

### **BDCT GA Posts**

Bradford/ Airedale	General Adult Psychiatry	Dr H Garg (CMHT/Inpatient)
Bradford/ Airedale	General Adult Psychiatry	Dr M Dinesh (CMHT/Inpatient)
Bradford/ Airedale	General Adult Psychiatry	Dr S Shora (Inpatient)
Bradford/ Airedale	General Adult Psychiatry	Dr J Clark (CMHT/Inpatient)
Bradford/ Airedale	General Adult Psychiatry	Dr Q Nazar (CMHT/Inpatient)
Bradford/ Airedale	General Adult Psychiatry	Dr P Beavan (Forensic post)
Bradford/ Airedale	General Adult Psychiatry	Dr C Stephenson (Forensic post)
Bradford/ Airedale	General Adult Psychiatry	Dr A Mukundan (CMHT/Inpatient)
Bradford/ Airedale	General Adult Psychiatry	Dr A Santiago (EIP & Community)

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## BDCT OA Posts

Bradford/ Airedale	Old Age Psychiatry	Dr S Singh (CMHT/Inpatient)
Bradford/ Airedale	Old Age Psychiatry	Dr A Pillai (CMHT/Inpatient)
Bradford/ Airedale	Old Age Psychiatry	Dr G Russell (CMHT/Inpatient)
Bradford/ Airedale	Old Age Psychiatry	Dr S Kamath (CMHT/Inpatient)

## TEWV GA Posts

Harrogate	General Adult Psychiatry	Dr H El-Sayeh (Inpatient & Community)
Harrogate	General Adult Psychiatry	Dr A Burrows (Community) (receive endorsement in Rehab)
Harrogate	General Adult Psychiatry	Dr S Gupta (Community)
Malton	General Adult Psychiatry	Dr N Mayfield (Community)
Northallerton	General Adult Psychiatry	Dr P Horn (Inpatient & Community)
Selby/ York	General Adult Psychiatry	Dr G Garry (Inpatient)
Selby/ York	General Adult Psychiatry	Dr P Blenkiron (Community)
Selby/ York	General Adult Psychiatry	Dr A Elmslie (Community) (receive endorsement in rehabilitation)
Selby/ York	General Adult Psychiatry	Dr J Holland (Inpatient & Community)
Selby/ York	General Adult Psychiatry	Dr S Wright (EIP & Community)
Selby/ York	General Adult Psychiatry	Dr S McIlrae (Inpatient)
Selby/ York	General Adult Psychiatry	Dr K Martin (Liaison) (receive endorsement in Liaison)
Selby/ York	General Adult Psychiatry	Dr C Davidson (Community - special interest Autism)
Selby/ York	General Adult Psychiatry	Dr S Ker (Community)
Selby/ York	General Adult Psychiatry	S Gilbody (Academic)

## TEWV OA Posts

Northallerton	Old Age Psychiatry	Dr A Roberts (Inpatient & Community)
Northallerton	Old Age Psychiatry	Dr V Muthukrishnan (Inpatient & Community)
Harrogate	Old Age Psychiatry	Dr T Olusoga (Community)
Harrogate	Old Age Psychiatry	Dr P Nirodi (Inpatient & Community) (receive endorsement in Liaison)
Selby/ York	Old Age Psychiatry	Dr J Clarke (Inpatient & Community)
Selby/ York	Old Age Psychiatry	Dr M Marchant (Inpatient & Community)
Selby/ York	Old Age Psychiatry	Dr A Leigh (Community)
Selby/ York	Old Age Psychiatry	Dr P Sivaraman (Inpatient & Community)

## SWYT GA Posts

Huddersfield/ Halifax	General Adult Psychiatry	Dr M Mathen (Inpatient)
Huddersfield/ Halifax	General Adult Psychiatry	Dr A Perviaz (Inpatient)
Huddersfield/ Halifax	General Adult Psychiatry	Dr R Basu (Community)
Huddersfield/ Halifax	General Adult Psychiatry	Dr S Davies (EIP & Community)
Wakefield	General Adult Psychiatry	Dr A MacDonald (CMHT)
Wakefield	General Adult Psychiatry	Dr Nusair (Inpatient)
Wakefield	General Adult Psychiatry	Dr J Nazari (Community)
Wakefield	General Adult Psychiatry	Dr L Rudkin (EIP & Community)
Wakefield	General Adult Psychiatry	Dr T Rajanna (Crisis)
Wakefield	General Adult Psychiatry	Dr J Puthiyarackal (Community)

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### **SWYT OA Posts**

Dewsbury	Old Age Psychiatry	Dr D Brodie (Community)
Wakefield	Old Age Psychiatry	Professor S Curran (Inpatient)
Wakefield	Old Age Psychiatry	Dr S Musa (Community)
Wakefield	Old Age Psychiatry	Dr R Marriot (Community)

### **Humber GA Posts**

Hull/ East Riding	General Adult Psychiatry	Dr S Mayet (receive endorsement in Substance Misuse)
Hull/ East Riding	General Adult Psychiatry	Dr G Harkness (CMHT)
Hull/ East Riding	General Adult Psychiatry	Dr I Markova (receive endorsement in Liaison)
Hull/ East Riding	General Adult Psychiatry	Dr M Lacey (receive endorsement in Liaison)
Hull/ East Riding	General Adult Psychiatry	Dr R Ward (PICU)
Hull/ East Riding	General Adult Psychiatry	Dr R Jarman (Goole/Pocklington, CMHT)
Hull/ East Riding	General Adult Psychiatry	Dr D Ma
Hull/ East Riding	General Adult Psychiatry	Dr K Fofie

### **Humber OA Posts**

Hull/ East Riding	Old Age Psychiatry	Dr J Watkins (CMHT)
Hull/ East Riding	Old Age Psychiatry	Dr A Pierce (Goole)
Hull/ East Riding	Old Age Psychiatry	Dr R Roy (CMHT)

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## Appendix E

### YORKSHIRE AND THE HUMBER POSTGRADUATE DEANERY – FORM SL-A

#### APPLICATION FORM FOR STUDY/EXAMINATION LEAVE FOR ALL TRAINEES WITHIN NORTH & EAST YORKSHIRE AND NORTHERN LINCOLNSHIRE AND WEST YORKSHIRE LOCALITIES

THIS APPLICATION FORM SHOULD BE COMPLETED IN LINE WITH "STUDY LEAVE GUIDANCE FOR TRAINEES IN: NORTH & EAST YORKSHIRE AND NORTHERN LINCOLNSHIRE LOCALITY AND WEST YORKSHIRE LOCALITY"

PART A – STUDY LEAVE DETAILS																			
Surname:		Forenames:																	
Your Address:		Current Employer:																	
E-mail: Jigna.patel2@nhs.net		Specialty: GA psychiatry		Tel No:															
		Grade/Level: (please delete as appropriate)		<table border="0"> <tr><td>FTSTA</td><td>ST4</td></tr> <tr><td>CT1</td><td>ST5</td></tr> <tr><td>CT2</td><td>ST6</td></tr> <tr><td>CT3</td><td>ST7</td></tr> <tr><td>ST1</td><td>ST8</td></tr> <tr><td>ST2</td><td>SpR</td></tr> <tr><td>ST3</td><td></td></tr> </table>		FTSTA	ST4	CT1	ST5	CT2	ST6	CT3	ST7	ST1	ST8	ST2	SpR	ST3	
FTSTA	ST4																		
CT1	ST5																		
CT2	ST6																		
CT3	ST7																		
ST1	ST8																		
ST2	SpR																		
ST3																			
Main Hospital:		Department:		GMC No:															
<b>Leave requested for:</b> Professional Development <input type="checkbox"/> Exam Leave <input type="checkbox"/> Exam Preparation <input type="checkbox"/> Other <input type="checkbox"/>																			
<b>Dates (inclusive of travel)</b> From: _____ To: _____ No of days: _____																			
Title of Course/Conference/Study Day:																			
Location:																			
Exam details:		Date of Exam:																	
Number of previous attempts at this exam:			Dates taken:																
<b>The following colleagues have agreed to cover my duties:</b> Name (print): _____ Signed: _____ Name (print): _____ Signed: _____																			
EXPENSES	Course Fee	Residential Costs No of Nights ...2.....	Travel Road <input type="checkbox"/> Rail <input type="checkbox"/>	Subsistence	Other (Please specify)														
Estimated:	£	£	£	£	£														
Approved:	£	£	£	£	£														
Signed (Applicant):																			
Date:																			

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

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

**Leeds Partnerships Trust Trainees do not need to complete this section.**

**PART C – APPROVAL OF EDUCATIONAL SUPERVISOR**

**\* Approved / Not Approved**

*\*delete as appropriate*

I CERTIFY THAT:

YES      NO

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

Name (print):

Signed:

Date:

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

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

**\* Approved / Not Approved**

*\*delete as appropriate*

Name (print):

Signed:

Dated:

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

**THIS APPLICATION FORM SHOULD BE COMPLETED IN LINE WITH “STUDY LEAVE GUIDANCE FOR TRAINEES IN: NORTH & EAST YORKSHIRE AND NORTHERN LINCOLNSHIRE LOCALITY AND WEST YORKSHIRE LOCALITY” AND SENT TO THE APPROPRIATE LEAD MEDICAL EDUCATION CENTRE**

## Appendix F

### YORKSHIRE AND THE HUMBER POSTGRADUATE DEANERY – **FORM SL-C** CLAIM FORM FOR STUDY/EXAMINATION LEAVE FOR ALL TRAINEES WITHIN NORTH & EAST YORKSHIRE AND NORTHERN LINCOLNSHIRE AND WEST YORKSHIRE LOCALITIES

THIS APPLICATION FORM SHOULD BE COMPLETED IN LINE WITH “STUDY LEAVE GUIDANCE FOR TRAINEES IN: NORTH & EAST YORKSHIRE AND NORTHERN LINCOLNSHIRE LOCALITY AND WEST YORKSHIRE LOCALITY” AND **SENT TO YOUR EMPLOYING MEDICAL EDUCATION CTR**

Claims may be made as follows:

Travel Expenses: Road – Public Transport Rate  
Rail – standard class travel

Accommodation/Subsistence: **Lunch Allowance** (5 to 10 hours, absent between noon and 2pm): £5.00  
**Evening Meal Allowance** (over 10 hours, returning after 7pm): £15.00  
**Lunch and Evening Meal Allowances** (over 10 hours, time away spans noon and 7pm): £5.00 + £15.00  
**Night Subsistence** (overnight): maximum £55.00  
**Non-commercial accommodation** (subsistence at the flat rate of £25 per night if staying overnight with friends - not charging for accommodation, meals)  
**With the exception of Non-commercial accommodation, receipts are required.**

Expenses not refundable: Include: Examination fees, course dinners, telephone calls, bar bills, newspapers.

Claims must be submitted within 3 months of incurred expenses with all receipts and proof of attendance			
Name: (Block Letters)			
Specialty:			
Email Address:			
Correspondence Address:			
Employing Trust: (for payroll payment)			
Course Attended:		Date(s) of course:	
Expenses		£	Approved by Employing MEC (Y/N)
Travel:	Rail Car Mileage ..... miles @ 24p/mile	£ £	
Subsistence:		£	
Accommodation:		£	
Course Fee:		£	
Total:		£	

I CERTIFY THAT:-

- 1 The travelling and incidental expenses claimed hereon were actually and necessarily incurred whilst engaged on the business stated.
- 2 My insurance policy covers full third party insurance for the use of the vehicle on official business including cover against risk of injury to or death of passengers and damage to property whilst on official business.
- 3 On each occasion for which subsistence is claimed I necessarily spent more on meals than if I had been at my permanent station.

Claimant's Signature: .....

Date .....

**To be completed by Medical Education Centre at Employing Trust:**

Authorised by (print name): .....

Signature:.....

Date.....

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