

**Higher Training Handbook**  
**South Psychiatry Rotation, Yorkshire and Humber, Health Education England**

Contents

1. Introduction	2
2. The role of the Yorkshire School of Psychiatry	2
3. The Directors of Medical Education	2
4. The Educational Supervisor Role	2
5. Organisation of the Scheme	3
6. Postgraduate Departments	4
7. Work place based assessments	7
8. Annual review of competence Progression (ARCP)	8
9. Choosing Placements	9
10. Special Interest Sessions	9
11. Research	21
12. Higher Trainee Committee	21
13. Leadership and Management opportunities	21
14. Teaching Opportunities	22
15. Section 12 Work	22
16. Personal Safety	23
17. Acting Up	24
18. CCT	24
19. Less than full time training	26
20. Study Leave	27
SHSC Study Leave Form	29

## 1. Introduction

Welcome to the South Yorkshire Higher Training Scheme. This handbook will provide you with important information about the programme of higher training in South Yorkshire. The aim of the scheme is to provide every trainee with high quality training in a range of placements which will prepare each individual for the demands of a consultant post. Trainees engage in an educational contract based on agreed training 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, to monitor their own progress using the RCPsych e-portfolio and organise meetings with their clinical and educational supervisor. Trainees will have a degree of autonomy in the choice of placements in their second and third years on the scheme within a framework monitored by the Yorkshire School of Psychiatry and can use special interest time to pursue clinical and academic areas of personal interest.

## 2. The role of the Yorkshire School of Psychiatry

The role of the Yorkshire School of Psychiatry is to:

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

## 3. The Directors of Medical Education

Each of the Trusts included in the South Yorkshire rotation work with training programme directors (TPDs) to achieve a co-ordinated approach to delivery of higher training. They allocate trainees to their respective educational supervisors (ES) when a trainee starts at ST4 level. They are involved in providing exception reporting when trainees are involved in complaints and serious incidents (SIs). They work with the TPD and ES in supporting trainees in difficulty. They are members of the Specialty Education Committee (SEC) and support the national recruitment process and the local annual review of competence progression (ARCP) process.

## 4. The Educational Supervisor Role:

Each educational supervisor (ES) will support a trainee through the course of higher training. There are a number of landmark events in the training year which include:-

For newly appointed trainees:

- A meeting with newly appointed higher trainees within six weeks of taking up their appointment.
- Agreeing a personal development plan (PDP) with each new trainee who joins the scheme

- To check that the trainee has organised a special interest session 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 research plan with their trainer – and has been connected to a research supervisor
- Although the ES is not responsible for induction, they should check that the trainee has been through a process of induction at their host Trust, and has received a safety induction.
- To pick support the trainee with any issues to do with “settling in”.
- To check that the trainee has connected to the Higher Trainee peer group and is attending the higher training educational programme.

#### For established trainees:

- To arrange twice yearly reviews to pick up any individual difficulties.
- To complete the annual structured report (ASR) prior to ARCPs.
- To check on the appropriate use of special interest time and to make sure that proper supervision arrangements are in place.
- To guide decisions around future placements to ensure the required competencies are gained for the certificate of completion of training (CCT).

#### Picking up Difficulties

Although the clinical supervisor has first-hand responsibility for the activities of the higher trainee during their placement, for their PDP, career development and use of special interest time, the educational supervisor has an oversight in all these areas. The overlap is deliberate.

The ES system gives each trainee a point of contact with a senior colleague other than their clinical supervisor. The system is also intended to provide a relationship throughout higher training, with an appreciation of the trainee’s personal situation and training interests.

The educational supervisor will be in a good position 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.

Where there are any difficulties with a placement or with an individual trainee, these would normally be referred to the TPD for discussion.

### **5. Organisation of the scheme**

In the scheme there are 23 general adult (GA) national training numbers (NTN), 7 in old age (OA), 6 in child and adolescent mental health (CAMHs), 2 in dual GA/OA, 1 in dual GA/Psychotherapy and 1 in dual forensic/CAMHs. Numbers are set by Health Education Yorkshire and the Humber and are funded jointly from the HEE tariff and the five linked Trusts. A wide range of placements are available in community, inpatient, liaison, substance misuse, rehabilitation, assertive outreach, early intervention, crisis and intensive home treatment teams. These are spread across 5 NHS trusts based at these sites:

1. Sheffield Health and Social Care Foundation Trust:

Clinical bases include the Longley Centre in the North and Michael Carlisle centre with community bases in different parts of the city of Sheffield (Currently there are 10 GA posts and 4 OA posts here). As the lead employer the postgraduate department deals with both SHSC education as well as the rotation's HR services for psychiatric trainees in the South rotation. Director of Medical education is Dr Abhi Shetty

2. Rotherham, Doncaster and South Humber NHS Foundation Trust.  
There are 6 GA posts, 2 OA posts, 1 CAMHS and 1 LD post in this Trust whose headquarters are based in Doncaster. Higher training is divided equally across both Rotherham and Doncaster. Each has its own local teaching programme and on-call rota. The base for Rotherham is Swallownest Court and the Doncaster base is Tickhill Road Hospital. Director of Medical Education is Dr Sunil Mehta.
3. Derbyshire NHS Foundation Trust:  
There are 6 GA, 2 OA and 1 CAMHS posts in Chesterfield (North Derbyshire). Chesterfield is a town situated 10 miles south of Sheffield and historically has had close links with the University of Sheffield and the South Yorkshire rotation. The teaching base is the Hartington Unit in the grounds of the Chesterfield Royal Hospital. Director of Medical Education is Dr Vishnu Gopal.
4. South West Yorkshire NHS Trust:  
This includes the town of Barnsley which is located to the North East of Sheffield and is within South Yorkshire. There are 2 GA posts and 1 OA post. The educational base is Kendray Hospital. The Director of Medical Education is Dr Anil Karan.
5. Sheffield Childrens' Hospital NHS Foundation Trust  
There are 4 CAMHS posts based in SCH, 1 at Centenary House and 3 at Becton.

All trainees are employed by SHSC but each of these Trusts work with the rotation in providing local induction and a Local Negotiating Committee (LNC) for junior doctors. Each has their own on-call rota and banding, providing governance structures for medical education and report directly to the Deanery as well as the south rotation through the TPDs. Each of the Trusts have their own medical education departments that share necessary information with SHSC.

## 6. Postgraduate Departments

### **Rotherham, Doncaster and South Humber NHS FT (RDASH)**

#### Library Services

- All trainees have access to the Library service:  
<http://nww.intranet.rdash.nhs.uk/support-services/research-and-development/completed-research-projects/>
- There is a library facility in Swallownest Court, Rotherham
- There is also a small selection of books in the Junior Doctors office, Opal Centre, Tickhill Road Site

#### Annual leave procedure

- Annual leave forms must be completed for ALL annual leave and study leave requests (as well as the form from Sheffield for Higher/Core Trainees.)
- Where required you must arrange cross-cover and any required rota swaps yourself
- This must be authorised by their consultant and be submitted to medical staffing in a timely manner

- Leave is NOT authorised until you have received confirmation by e-mail from Medical Staffing

Day and time of weekly local teaching sessions:

Rotherham – every Wednesday morning apart from the 1st Wednesday of the month – start time 9.15am – Conference Room, Swallownest Court

Doncaster – every Wednesday morning apart from the 1st Wednesday of the month – start time 9.15am – Conservatory, Opal Centre, Tickhill Road Site

Scunthorpe – every Wednesday morning apart from the 1st Wednesday of the month – start time 9.30am – Great Oaks, Scunthorpe.

Postgraduate department staff:

1. [Maureen.Harwood@rdash.nhs.uk](mailto:Maureen.Harwood@rdash.nhs.uk)
2. [Jillian.Dwyer@rdash.nhs.uk](mailto:Jillian.Dwyer@rdash.nhs.uk)
3. [Zhira.Khalig@rdash.nhs.uk](mailto:Zhira.Khalig@rdash.nhs.uk)

### **Derbyshire Healthcare Foundation Trust**

Rota organiser: [reina.biltaji@derbyshcft.nhs.uk](mailto:reina.biltaji@derbyshcft.nhs.uk)

We have a large library based in Kingsway and books can be requested from there. We also have a small library in the Edu Centre.

Annual leave procedure is via medical secretary / consultant supervisor, and then comes into the Edu Centre for sign off by Rein Biltaji (after rotas and covering doctors rotas have been checked).

Local teaching takes place every Thursday afternoon from 1.30 p.m. – 4.00 p.m.

Postgraduate department: Sharon Starkey, Medical Education Manager

Derbyshire Healthcare NHS Foundation Trust

Hartington Unit

Chesterfield Royal Hospital, Calow, Chesterfield S44 5BL

Tel: 01246 512595

Fax: 01246 512612

Mobile: 07765220484

[sharon.starkey@derbyshcft.nhs.uk](mailto:sharon.starkey@derbyshcft.nhs.uk)

### **Sheffield health and Social care**

Jo Wilson

Medical Education and Staffing Manager:

Phone no: 0114 2718900

email: [Jo.Wilson@shsc.nhs.uk](mailto:Jo.Wilson@shsc.nhs.uk)

Gemma Rodgers

Medical Staffing Coordinator:

Phone no: 0114 2716285

email: [gemma.rodgers@shsc.nhs.uk](mailto:gemma.rodgers@shsc.nhs.uk)

Jenny O'Donohoe

Medical Education Coordinator (Postgraduate):

Phone no: 0114 2263196

email: [Jenny.O'Donohoe@shsc.nhs.uk](mailto:Jenny.O'Donohoe@shsc.nhs.uk)

Nicola Elvin

Medical Education Coordinator (Undergraduate):

Phone no: 0114 2262230 email: Nicola.Elvin@shsc.nhs.uk

Mel Robison- Clarke (interim)  
Core Psychiatry Training Course Coordinator:  
Phone no: 0114226 1520 email: Melva.Robinson@shsc.nhs.uk

William Wright  
Medical Education Administrative Assistant (Education):  
Phone no: 0114 226 3182 email: william.wright@shsc.nhs.uk

Gaynor Marshall  
Medical Education Administrative Assistant (Trainee Staffing):  
Phone no: 0114 271 1481 email: gaynor.marshall@shsc.nhs.uk

There is a library on the first floor of the Tudor building which any trainee can use.

### **South West Yorkshire NHS Foundation Trust (SWYT):**

Medical Education Administrator – Claire Gaskin [Claire.gaskin@swyt.nhs.uk](mailto:Claire.gaskin@swyt.nhs.uk)  
Medical Education Lead – Dr Anil Karan [anil.karan@swyt.nhs.uk](mailto:anil.karan@swyt.nhs.uk)

Dr Vijay Mugali [Vijay.mugali@swyt.nhs.uk](mailto:Vijay.mugali@swyt.nhs.uk) organises the rota.

#### Library facilities

At The Kendray Hospital there is a small library in the Commercial Building which is available Monday to Thursday 8:30am to 4:30pm. There are a selection of books, CDs and DVDs as well as 2 computers and desk space. There is also a larger facility in the Learning and Development Centre at Fieldhead Hospital, Wakefield, WF1 3SP which all doctors based at Kendray are able to access. It is open Monday to Friday 8:45 to 16:45. The academic meetings are Monday 12:30 to 13:30 and Thursday 12:30 to 13:30.

### **Sheffield Childrens' Hospital NHS Foundation Trust**

#### Library Services

- All trainees have access to the library services at SCH.
- There is a bench library in each placement

#### Annual / study leave procedure

- Annual leave and study leave forms must be completed for all annual leave requests and authorised by the consultant clinical supervisor
- Cross cover must be arranged and if necessary rota swaps prior to requesting leave

#### Doctors Management Meeting

- Monthly Tuesday 1:30 – 3:30 Becton

#### Teaching Sessions

- Tuesday afternoon south Yorks and Humber academic programme at Becton Centre: CPD, Case Presentation, Journal Club, Audit, Psychotherapy Supervision,
- Regional Academic Programme monthly academic teaching day held jointly with North East and West Yorkshire and Humber alternately in Sheffield and Leeds deanery

## Medical HR

- Sharon Fernandes-kore [Sharon.fernandes@sch.nhs.uk](mailto:Sharon.fernandes@sch.nhs.uk) HR officer for Medical Personnel

## 7. Work Place Based Assessment

Work place based assessments (WBPAs) are an evidence based tool to assess performance. They have a formative function as the basis for feedback and educational planning. The assessments contribute to the ARCP which has a summative function providing evidence of the attainment of competencies. There are currently seven work placed assessments which are relevant for higher trainees in psychiatry:

- Assessment of clinical expertise (**ACE**). The assessor observes the whole new patient encounter in order to comment on 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**). The trainee must select two sets of notes of patients that you have recently seen and the assessor will pick one to discuss. The discussion will allow demonstration of clinical decision making and the application of clinical knowledge.
- Case presentation (**CP**). This tool can be used when you give a clinical presentation and it involves assessments of domains such as presentation skills and interpretation of evidence.
- Journal Club Presentation (**JCP**). This can be used when you present a journal article and covers domains such as analysis critique and answering questions.
- Mini peer assessment tool (**Mini-PAT**). This allows co-workers to assess your attitudes and behaviours and your ability to work well with colleagues. A satisfactory Mini-PAT requires a minimum of six respondents from at least eight nominations, including your clinical supervisor and at least one other senior colleague.
- The direct observation of non-clinical skills (**DONCS**) is specifically for trainees at ST4 and above to assess competencies such as leadership skills, chairing, tribunals, management and participation in debate.

Trainees should have a variety of different WBPAs. These must be completed in line with the College recommendations. Currently the GA curriculum states suggested numbers of 18 in ST4 and 14 in ST5 and ST6, including Mini-PATs. This is a broad recommendation that should apply across all the higher sub specialty curricula if not otherwise explicitly stated. The WBPAs should include a mixture of clinical (CBD, ACE or Mini ACE) and non-clinical (DONCS) assessments to demonstrate the competencies as specified in the sub specialty curricula (<http://www.rcpsych.ac.uk/traininpsychiatry/corespecialtytraining/curricula.aspx>).

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 ARCPs in June, assessments from the previous July and August that were not used in the last year's ARCP can count.

Trainees should choose a range of assessors. It is recommended that assessments are mainly done by medical staff, especially consultants, who are more likely to have had training in WPBAs. Where a non-medical member of staff is used as the assessor please make sure that they are band 8 or above.

## **8. Annual review of competence Progression (ARCP)**

The ARCP panel aim to form a judgement based on all the evidence available in your portfolio. You are expected to complete an Annual structured report (ASR) from detailing the outcome of your WPBAs, evidence of audit, research, psychotherapy and teaching experience as well as Form R (Both can be downloaded here <http://www.yorksandhumberdeanery.nhs.uk/psychiatry/assessments/> ). This needs to be signed by your educational supervisor in good time before your ARCP (usually by the end of May) and uploaded to your eportfolio.

## **STANDARDS**

### **Workplace Based Assessments**

All WPBAs and outcomes must be summarised on the ASR form. For ARCPs in June, assessments from the previous July and August that were not used in the last year's ARCP can count. Assessments should be spread evenly through the training year. There should be at least two different assessors.

The number of WPBAs is pro-rata for less than full time trainees; therefore a trainee training at 60% for a year will require 60% of number of WPBAs for that grade as a minimum. Further information can be found on Health Education Yorkshire and Humber School of Psychiatry website:

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

### **Audit**

It is expected that higher trainees will actively participate in local clinical governance activity. Trainees should have involvement with at least one audit. This can include leading a project that mobilises other more junior trainees. For less than full time trainees, one audit per training year is required.

### **Special Interest Sessions**

The trainee should clearly demonstrate how they have spent the two sessions available for academic/ special interest. The ASR will include a report from the supervisors of the relevant sessions including details on objectives and targets.

### **Reflective Practice**

All trainees should have evidence that they utilise reflective practice in their everyday work - especially in relation to any serious incidents (SIs) or complaints. Any SIs and complaints should be summarised in the ASR and included in the ePortfolio.

### **Clinical Mid and End of placement Supervisor reports**

The portfolio should include copies of two clinical supervisors' reports per year. If in a 12 month post, you will need a mid and end of placement review. If in a 6 month post you will need an end of placement review only. Trainees 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. Minor concerns, which have been resolved, should be recorded with details. If supervisors are unsure how serious a problem is, they should discuss it with TPD. Trainees need to be aware that the discussion is taking place and informed of the result of it.

### **ARCP meeting**

All trainees are invited to attend a meeting with the ARCP panel. Prior to the meeting the ARCP panel will review the portfolio evidence. At the meeting the portfolio evidence will be reviewed. Trainees will either be given an outcome 1 or 5. If an outcome 5 is awarded, you will be invited to attend a further meeting. Documentation of reasons for required attendance will be forwarded to the Head of School. 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. Relevant trainees should be aware of this and an invitation to attend a panel should not come as a surprise.

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

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

## **9. Choosing placements**

All Higher Trainees must accept and move through training placements which have been designated as part of the training programme. All placements are validated by Health Education Yorkshire and Humber. In placing Higher Trainees, it should be taken into account their previous assessments of progress, educational needs and personal preferences, including domestic arrangements.

Trainees on this scheme are fortunate in having a degree of freedom in choosing their own placements in their second and third years. However, depending upon the time of year there may be limited scope within the choices available. The TPD has the final say in placements. 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.

A list of placements will be sent to the higher trainees from which the trainee must rank their job preferences. The TPD 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. The allocation list will be approved by the TPD prior to validation which takes place by Health Education Yorkshire and Humber who will then notify trainees of their next training posts.

Training Programme Directors:  
General Adult – Dr Grace Warren  
Old Age – Dr Claire Young  
LD – Dr David Milnes  
CAMHS - Dr Mary Evans  
Forensic - Dr Patrick Quinn  
Psychotherapy – Dr Gearoid Fitzgerald

## **10. Special Interest Sessions**

The working week is divided into two parts; eight sessions working under the supervision of the clinical supervisor and two sessions of special interest time. This time can be used for research or special interest. Higher trainees are encouraged to give careful thought to the full use of their special interest time to gain maximum benefit from their three years of higher training.

The list of special interest opportunities below is **not exhaustive**, and **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 make a plan of what you want to achieve and how you're going to reach that goal! Your educational supervisor may also be able to help you think about what special interest sessions are likely to enhance your training.

A special interest session form will need to be completed and uploaded onto e-portfolio to record how trainees are utilising time. The form is signed off by the special interest supervisor. It can be downloaded from:

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

The special interest session supervisor does not have to be a Higher Trainee trainer, or even a consultant psychiatrist. The supervisor needs to be a specialist in that area of interest and happy to provide you with learning opportunities and supervision.

The CAMHs curriculum does not include special interest sessions however in years 2 and 3 of higher training, 1 day a week can be spent gaining competencies outside of the placements. Possible options include learning disability, forensic, liaison and experience with children under age 5. This is to be discussed with the trainee's ES.

Quality Improvement, Organisational Development, Service User Engagement and Leadership	<p>Dr Helen Crimlisk,</p> <p>Dr Helen Crimlisk provides medical leadership to the Trust QI Team who use microsystems methodology across the trust to embed a culture of continuous improvement across all clinical areas including mental health, primary care, learning disability and other areas.</p> <p>In addition she provides support to organisational development initiatives including the Compassion Conference, Schwartz Rounds, Leadership Development and Quality Improvement For a.</p>	<p>Sheffield</p> <p>Helen.Crimlisk@shsc.nhs.uk</p>	<p>The Trust has an ambitious Service User Engagement Strategy with a number of events aimed at achieving this change both inside the trust and with our partners more widely including Public Health, Neighbourhoods, Sheffield Flourish and the Local authority. Higher trainees wanting to get experience in this rapidly developing area would be welcomed and arrangements for shadowing and or involvement with on-going projects can be negotiated.</p>
Quality Improvement, Organisational Development, Leadership	Dr Y Vishnu Gopal	<p>Dr Y Vishnu Gopal</p> <p>Director Medical Education, Consultant Psychiatrist, DHCFT</p> <p>01246512595 (Education)</p> <p>01246562080 (Clinical)</p>	<p>Dr Gopal will be happy to supervise a higher trainee in Management / quality improvement (QI). He is taking a lead on developing a QI strategy in the trust. This would offer a motivated and initiated trainee to shadow him in discussions with senior management, writing up procedures, liaising with research /audit staff, identifying appropriate QI tools, facilitating presentations and co-chairing action planning discussions.</p>

Shadowing of medical associate director	Dr Navjhot Ahluwalia Consultant Psychiatrist and medical director for Rotherham, Doncaster and South Humber NHS Foundation Trust	Tickhill Road Site Tickhill Road Balby Doncaster, DN4 8QN	To get leadership and management experience by shadowing them (days and length of experience to be discussed directly with Kathryn Singh – CEO)
Shadowing of non-medical Chief executive	Kathryn Singh Chief executive, Rotherham, Doncaster and South Humber NHS Foundation Trust	Tickhill Road Site Tickhill Road Balby Doncaster, DN4 8QN	To get leadership and management experience by shadowing them (days and length of experience to be discussed directly with Kathryn Singh)
Undergraduate Medical Education - Medical Students / Physician Associates	Dr Helen Crimlisk,	Sheffield Helen.Crimlisk@shsc.nhs.uk	There are many opportunities for developing or improving educational provision within SHSC and also within the Medical School which would provide excellent training opportunities. I have listed areas of on-going work, but would also welcome trainees own ideas if these can be incorporated within the strategic aims of the department and school. Trainees would be encouraged to join in with some of the on-going projects with a view to developing or initiating new improvements. There are more than 20 on-going projects. Please contact Dr Crimlisk if you want further information
Research	Professor Scott Weich	The University of Sheffield School of Health and Related Research.	Professor Weich is happy to involve trainees in on-going projects or offer advice to trainee led projects. <a href="https://www.sheffield.ac.uk/scharr/sections/hsr/mhru/staff/weich_s">https://www.sheffield.ac.uk/scharr/sections/hsr/mhru/staff/weich_s</a>
Research	Dr Adrian Phillipson Adrian.phillipson@rdash.nhs.uk (01302) 798485	Doncaster Grounded Research team Grounded Research, St Catherine's,	Flexible 1-2 sessions per week. Office space provided, flexibility on location There is capacity to supervise up to 4 higher trainees in research in RDaSH.  Opportunities exist for trainees to a) contribute to existing research projects in a formal capacity with goal to work up to being a Principal Investigator or b) be supported in working up a new or novel project.

			<p>Current RDaSH research projects include, amongst others: psychosis, eating disorders, offender mental health, adolescent mental health</p> <p>This post would provide a potential opportunity to work towards a publication</p>
Research	Dr Hamid Alhaj, Consultant in Psychiatric Intensive Care, SHSC NHS Foundation Trust Honorary Senior Clinical Lecturer, University of Sheffield	Longley Centre, Sheffield Hamid.Alhaj@shsc.nhs.uk	Special interest in Psychiatric Intensive Care based on Endcliffe Ward the Longley Centre. Research opportunities as part of a number of projects.
Diploma in geriatric medicine	Royal College of Physicians		<a href="https://www.rcplondon.ac.uk/diploma-geriatric-medicine">https://www.rcplondon.ac.uk/diploma-geriatric-medicine</a>
Post Graduate Diploma in Psychosexual Therapy	Michele Logue -Course Director	University Centre, High Melton Campus, Doncaster, Yorkshire , DN5 7SZ	<a href="https://www.don.ac.uk/course/postgraduate-diploma-psychosexual-therapy/">https://www.don.ac.uk/course/postgraduate-diploma-psychosexual-therapy/</a>  2 year program validated by the University of Hull
Art Psychotherapy course	Sheffield Health and Social Care NHS FT	<a href="mailto:Sue.Turton@shsc.nhs.uk">Sue.Turton@shsc.nhs.uk</a>	<a href="https://shsc.nhs.uk/service/art-therapy-northern-programme/">https://shsc.nhs.uk/service/art-therapy-northern-programme/</a>
Inpatient Geriatric medicine	Dr Boon Loo	Northern General hospital, Sheffield	Dr Loo works on Brearley 7, a ward specialising in acute medical problems in patients with delirium and dementia. There is an opportunity to get experience in falls clinic (Monday afternoon) or geriatric medicine experience.
Neuroradiology	Dr Rachel walker	Rotherham General Hospital	Neuroradiology reporting

gy			
Neurology	Dr Aijaz Khan,	The Royal Hallamshire	Cognitive neurology clinic, movement disorders clinic
Perinatal Psychiatry	Dr Nusrat Mir Consultant in Perinatal Psychiatry & Honorary Senior Lecturer	Perinatal Mental Health Service Michael Carlisle Centre Sheffield S11 9BF Tel: 0114 2716069	The trainee is encouraged to work independently under supervision, after induction, seeing new and follow up cases in the outpatient setting. There are also opportunities to do home visits, ward consultations, and to attend case conferences, safeguarding meetings, as well as the weekly MDT (depending on the day of the Session). A visit to a Mother & Baby Unit is encouraged.  Opportunities for teaching, audit and research projects available
Eating disorders	Dr Arthita Das	Consultant Psychiatrist Honorary Senior Lecturer (University of Sheffield Medical School) Foundation Training Programme Director (South, Health Education Yorkshire and Humber) Deputy Core Training Programme Director  Derbyshire Eating Disorders Service Unity Mill Derwent Street Belper Derbyshire DE56 1WN  Telephone: 01773 881467	Special interest opportunity in Eating Disorders in Derbyshire
Psychodyna	Dr Grace Warren,	Rotherham	Trainees interested in meeting their psychotherapy

mic Psychotherapy			competencies are able to develop their psychodynamic skills by taking on cases in this modality having supervision with Dr Warren or becoming a co-leader in the Balint group for Core trainees on a weekly basis (0.5-1 session)
CBT or Family therapy	Dr Saju Padakkara	Wakefield	placement in CBT or Family therapy ( 1 session/ week over 1 year). More details are in the attached document.
substance misuse, drugs and alcohol,	Dr Sirur Deepak	Chesterfield	Special interest sessions in substance misuse, drugs and alcohol. Would be based in chesterfield. Available in chesterfield at drug team base. I also hold safeguarding adult named doctor role, this could be an interest area for some but will need to check confidentiality aspects as to whether this is appropriate for special interest involvement.
Drug and Alcohol	Dr Abhi Salvaji	Doncaster, 29 Thorne Road,	2 sessions per week Working with patients with drug and alcohol problems. Would provide experience in the assessment and management of these patients. Opportunity to work in the community or in-patient services. abhijeetha.salvaji@rdash.nhs.uk
ADHD / ASD	Dr Adamou Marios	Wakefield	Adamou Marios Wakefield Experience in ADHD or ASD
Adult ADHD	Dr Adrian Phillipson	Adrian.phillipson@rdash.nhs.uk (01302) 798485 Doncaster, Bungalow 3 , St Catherines	Wed afternoon (1 session). Office space and secretarial support provided. This post can either be a clinical post, or a mixed clinical/management project post. Clinical input into the team. The team provides a diagnostic and treatment service for adult ADHD in Doncaster. The higher trainee would gain training in diagnosis, assessment, management, including biological, psychological and social therapies. Suited to those interested in adolescent mental health. Facilities exist for formal training in Adult ADHD. There are opportunities to work on a business case to expand the service or to look at the development of a neurodevelopmental service.



Forensic psychiatry.	Dr Gairin Isaura	Wake field, Newton Lodge, Medium Secure	<p>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.</p> <p>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.</p>
Forensic psychiatry.	Dr Shenoy Suraj	Wake field, Newton Lodge, Medium Secure	<p>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.</p> <p>Opportunities to attend at ward rounds/team meetings of the other pathways within Newton Lodge (Rehab, women and LD) are also available.</p> <p>The trainee will be expected to shadow me/my colleagues/our trainees initially but will then proceed to preparing reports under my supervision.</p> <p>Research interests would be encouraged.</p>
Forensic Services	Dr R Travers	Doncaster, Forensic Services, Tickhill Road Site (Amber Lodge/1 Jubilee Close	<p>Up to 2 sessions depending on the trainees requirements</p> <p>Undertake assessments under consultant supervision and understand how to write assessment reports. Prepare reports for and attend MHAM and First tier tribunal hearings</p>

			under supervision. Shadow consultant undertaking forensic networking activities and understand wider strategic issues and pathways.01302 796148
Psychiatric Intensive Care	Dr Hamid Alhaj, Consultant in Psychiatric Intensive Care, SHSC NHS Foundation Trust Sheffield	Endcliffe Ward the Longley Centre, Sheffield Hamid.Alhaj@shsc.nhs.uk	Special interest in Psychiatric Intensive Care along with research opportunities in a number of projects.
LD Low Secure	Dr Mahapatra Prabhat	Wakefield Newhaven	Wakefield Newhaven is a low secure forensic unit for people with learning disabilities. Sessions would involve attending MDT meetings. If the trainee wants to do more, can do risk assessments, reports for tribunals and give evidence at tribunals / hospital manager meetings.
IHBT & Liaison	Dr Niaz Omair	Barnsley	Trainee will be able to choose from a variety of experiences including urgent/routine home assessments, MHA assessments, assessments of inpatients for early discharge and assessments of A&E/ medical/surgical patients. Our patients present with a wide range of usually complex mental health problems including those with treatment-resistant schizophrenia, mania, somatisation disorder, personality disorder, body dysmorphic disorder etc. Dr Niaz will be available to support you at all times and I am more than willing to help with any remaining workplace based assessments that are required. Dr Niaz is one of the Trust's Clinical Leads for acute and community service reconfiguration as well as the medical representative at our monthly Clinical Governance and Risk Management meetings. He will be happy for you to accompany him to these meetings as they will help to bolster both your experience of management as well as your CV. For ST6s, He will be able to impart some of my experience in shortlisting applicants for Consultant posts as well as providing helpful tips on the interview process

ECT And  OA CMHT	Dr V Sivakumar Consultant in Old Age Psychiatry  South East CMHT 7, Edmund Road Sheffield, S2 4EA Tel. 0114 2263965	Setting: 1. South East CMHT for Older Adults - Community and out patients. 2. ECT at Longley Centre on Tuesday AM Sessions: 1 or 2 per week.	1. Sessions are available to gain experience in Older Adult CMHT. There will also be opportunities to participate in medical students teaching who typically spend one week in Old Age psychiatry and work placed base training for CT doctors if this experience is required. 2. Would involve the running of an ECT service including use of protocols, administration of treatment, legal aspects, teaching and training.
OA memory clinic	Dr Kevin Morgan Consultant Psychiatrist Rotherham Mental Health Services for Older People Howarth House Brinsworth Lane Rotherham S60 5BX  Tel 01709 447354	Setting: Community memory clinic in Rotherham 1-2 sessions per week (Mon/Thurs afternoons)	An opportunity to gain experience in the assessment of cognitive functioning and memory, primarily in older patients but also younger patients referred with a query of early onset dementia. Sessions are clinic based and utilise the results of full baseline assessments and imaging. Full supervision will be provided.
Early Intervention in Psychosis	Dr Adrian Phillipson Adrian.phillipson@rdash.nhs.uk (01302) 798485	Doncaster, Bungalow 3 , St Catherine's Hospital	Thursday or Friday 1-2 sessions. Office space and secretarial support provided. This post can either be a purely clinical post, or a mixed clinical/management or clinical/research post. The higher trainee would provide new assessment and follow-up of complex cases of first episode psychosis, or those in the at risk mental state. The Doncaster EI team consists of psychology, occupational therapy, CBT for psychosis therapists, CPNs and specialist psychosis support staff providing opportunity for multiple learning experiences. There are opportunities to work on either a) a supervised management project or b) a supervised EI research project.
EIP	Dr Sara Davies	Calderdale Special interest session in Early Intervention	Thursday all day, or part of the day. With access to team working, assessments, risk management, psychological and

		Psychosis	engagement work.
AOT	Dr Kiran Rele	Barnsley	Sessions for trainees interested in patients with severe and enduring mental health issues, Dual diagnosis, CTO, S37/41 community patients
PICU	Dr Abdul Nusair	Wakefield, Fieldhead Hospital	PICU experience, with learning objectives such as managing Challenging patients with high level of psychopathology as well as Mental health act work
CAMHS	Dr Rani Jhansi	Calderdale & Kirklees	Within CAMHS service we could offer experience with family therapy clinic and general clinics if required
Access/Home e Treatment	Dr J Cunnane	Doncaster, Opal Centre, Tickhill Road Site	1 - 2 sessions, Mostly unscheduled work which may include home treatment medical reviews; MHA assessments; DGH liaison; criminal justice liaison; GP requested diagnostic and management assessments; supervision of Access team staff.  01302 798409 or joseph.cunnane@rdash.nhs.uk
Gen Adult	Dr Anil Karan	Barnsley	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
inpatients in functional older people	Dr Arun Viswanath	Barnsley	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.
Old age psychiatry.	Dr Subha Thiyagesh	Calderdale & Kirklees	The higher trainees would have access to a diverse range of clinical and management experience in Old age psychiatry. Clinical experience includes ward and memory clinic mainly, with access to experience in care home liaison team, in conjunction with community team.

			management experience could be offered to trainees with an opportunity to observe the trio management system in SWYPT, working with general manager and practice governance coach. The type of experience can be tailored depending on the needs of the trainee and their level of training.
Learning Disability Service	Dr B Yusufi Rotherham	Babur.Yusufi@rdash.nhs.uk	Experience in community learning disability in Rotherham

## 11. Research

Trainees are encouraged to get involved with on-going research in the local area or design their own research projects. Each trust has a research lead:

- RDASH – Dr Alhuwalia (Navjot.Ahluwalia@rdash.nhs.uk)
- SHSC – Nicholas Bell (Nicholas.bell@shsc.nhs.uk)
- SWFT – Professor Curran (stephen.curran@swyt.nhs.uk)
- Derbyshire healthcare NHS FT – Rubina Reza (rubina.reza@derbyshcft.nhs.uk)

Professor Scott Weich works for The University of Sheffield School of Health and Related Research. He is happy to involve trainees in ongoing projects or offer advice to trainee led projects. [https://www.sheffield.ac.uk/scharr/sections/hsr/mhru/staff/weich\\_s](https://www.sheffield.ac.uk/scharr/sections/hsr/mhru/staff/weich_s)

## 12. Higher Training Committee

The Higher Training Committee (HTC) consists of higher trainees within the South Yorkshire and Humber region. The HTC meets the morning of the first Wednesday of each month in Sheffield and is chaired by higher trainees. The HTC provides a regular forum to discuss any clinical or training related topics such as on-call rotas and reports from various relevant Yorkshire-wide committees. 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 deanery as part of peer support. Social meetings are also organised.

The HTC elects representatives who attend other relevant committees and 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 vote 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).

## 13. Leadership and Management opportunities

- Psychiatric Training Committee (PTC)
- School Management Committee (SMC)
- Higher Trainees Committee (HTC)
- Regional reps for individual areas
- Research and Audit rep
- Mental Health Act rep
- Postgraduate education rep
- Medicines Management Committee rep
- BMA rep
- Social rep
- Management rep
- Psychotherapy rep

A person holding the position of PTC rep should not take any other major role (SMC or HTC chair) unless there is no one else to take that opportunity.

For roles like SMC, the reps should nominate another trainee to attend a meeting if they cannot. The minutes/outcome should be discussed with trainees either via email or by giving feedback in HTC.

## 14. 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 medical school or on the MRCPsych core trainees' 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 – this info is also useful for your CV.

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

- Teaching medical students 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 on the MRCPsych Course – clinical sciences module, statistics module and clinical pharmacology – speak with MRCPsych course organiser.
- Teaching medical undergraduates (as arranged via Sheffield University – this is currently being run by Dr Helen Crimlisk and Dr Reem Abed. Sarah Turvey is the medical school administrator: [s.r.turvey@sheffield.ac.uk](mailto:s.r.turvey@sheffield.ac.uk))
- Helping to supervise Core Trainees informally on wards / in clinic
- Talking to Carers' Groups (contact [Helen.Crimlisk@shsc.nhs.uk](mailto:Helen.Crimlisk@shsc.nhs.uk))
- PA student teaching (contact Helen Karagic [h.karagic@shu.ac.uk](mailto:h.karagic@shu.ac.uk))
- Delivering CASC exam practice
- Teaching at local Wednesday morning teaching sessions
- PEEPs program (email [peeps.sheff@gmail.com](mailto:peeps.sheff@gmail.com))
- Medical student book club (contact Nicola Coombs: [n.combs@doctors.org.uk](mailto:n.combs@doctors.org.uk))
- Higher trainees may chair or facilitate the Core Trainees with their case presentations at lunchtime teaching.

## 15. Section 12 (2) work

The majority of the Higher Trainee's section 12 (2) work will take place during on-call hours. 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 local Sec 136 suite, A&E department, at the person's home or rarely in police cells.

The professional requesting the assessment will inform the local Emergency Duty Service or Crisis Team 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 you, 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 areas 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.

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.

Each time you change work placement / Trust, the Sec 12 (2) Approvals Office must be informed: Jayne Wall, Yorkshire & Humber Coordinator 01325 552389 [tewv.neap@nhs.net](mailto:tewv.neap@nhs.net)

## 16. Personal safety

Psychiatrists and psychiatric trainees like all clinical and front line staff have a right to expect to be safe within the workplace. Safety for psychiatrists and psychiatric trainees has been set out in:

- RCPsych College report CR78 <http://www.rcpsych.ac.uk/pdf/cr78.pdf> Safety for trainees in psychiatry (1999);
- CR118, Psychiatric services to accident and emergency departments, (2004);
- CR134, Safety for psychiatrists  
<http://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr134.aspx> (2006)
- 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 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 Training Scheme would expect to hear from trainees about any individual problems in relation to their placements that fail to adhere to the above safety requirements.

## 17. 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. 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)

## 18. CCT

In order to gain a CCT in psychiatry, a doctor must complete a full three year programme of GMC approved training in psychiatry and pass all sections of the MRCPsych examination. The training should be comprised of:

- A minimum of 3 years core training in a deanery/GMC approved training programme
- Passes in MRCPsych Paper A and Paper B of the MRCPsych Examination (or Papers 1,2 and 3) and the CASC Examination
- A minimum of 3 years at advanced/higher training level in a GMC approved training programme ST4 – ST6

In order to gain a single CCT a trainee must satisfactorily complete three years of GMC approved advanced training in one psychiatric specialty and have satisfactorily completed the competencies for their particular psychiatric specialty.

**All single CCTs are of three years' duration. All placements, where possible, should be of 12 months duration.**

### (a) General adult psychiatry (total duration 3 years):

**Two years must be spent in pure general psychiatry 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.
- Twelve months in a sub-specialty of general psychiatry leading 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.

### (b) Old age psychiatry (total duration three years):

Two years must be spent in pure old age psychiatry 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.
- 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.

### **(c) Child and adolescent psychiatry (total duration three years):**

Trainees spend two years in community CAMHS placements: one year in SCH and one year in RDASH or Chesterfield. Trainees spend at least 6 months in an inpatient unit: Sapphire Lodge (14 – 18), Ruby Lodge (LD CAMHS unit) or Amber Lodge (day and intensive outreach unit for primary age). Trainees can elect to spend a year in the inpatient unit or can choose to spend 6 months in a specialist community placement (LD CAMHS, Forensic, Looked After Children)

### ***Endorsements***

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 with a qualified supervisor.

### **Applying for your Certificate of Completion of Training (CCT):**

For Specialty Trainees who entered specialist training on or after Aug 2007

Once you have obtained your final ARCP you can download and complete the interactive application form published on the Royal College of Psychiatrists website  
<http://www.rcpsych.ac.uk/traininpsychiatry/corespecialtytraining/cctcesrcpapplications.aspx>  
You must complete and submit this with the requested documentation.

In addition to completing an online application from the Royal College of Psychiatrists, you will need to apply to the GMC. Details of how to do this are published on the Royal College website.

If you have had any of the following approved by the College towards your CCT you must enclose copies of the relevant approval letters with your form:

- post-MRCPsych registrar training
- research
- flexible training
- locum SpR/SR training exceeding 3 months
- training overseas

If you have obtained a substantive consultant post, you should attach a covering letter stating this and including details of the employing trust, the specialty and the start date.

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

## 19. Less Than Full Time Training (LTFT)

This guidance is to complement the 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/)

Please discuss any particular issues with your TPD, head of school or ES. Currently it is possible to do 50%, 60% and 80%. There are several types of arrangement:

1. **Slot share**, where 2 trainees each work 50% 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% 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 psychiatry.
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.

For those trainees who want to consider training LTFT, please consult the Deanery for advice on applying to train LTFT and the School of Psychiatry policy on LTFT training ([http://www.yorksandhumberdeanery.nhs.uk/pgmde/policies/less\\_than\\_full\\_time/](http://www.yorksandhumberdeanery.nhs.uk/pgmde/policies/less_than_full_time/)). For trainees who receive confirmation to work LTFT, they will be supported in the same way as full time trainees with opportunities to discuss the most appropriate placements to suit their training needs.

Trainees who work LTFT should have the same training opportunities and expectations upon them pro rata. They should therefore have, per year of their training 80%, 60% or 50%, respectively, of a full timer's clinical experience, special interest/research time, experience of audit, management, teaching and other experiences. This may equate to changing amounts of time through the training year. This is to be discussed with their ES. For any clarification, please seek advice from the TPDs or Postgraduate department.

### 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).

### 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 on call**

LTFT trainees are expected to gain on call experience equivalent to full time trainees. This will usually mean that a LTFT trainee will do the same percentage of an on call rota as he or she is working during the day. So a 60% LTFT trainee will do 60% on call frequency compared to a full timer.

### **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' ES 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.

## **20. Study leave**

The relevant TPD is responsible for approving study leave. All trainees are allocated 30 days of study leave per year.

The procedure for applying for study leave is to:

- Complete the study leave form (form included on page 28)
- Obtain approval from your clinical supervisor (allowing 6 weeks' notice prior to the event)
- Return the completed form to medical staffing at SHSC
- This is then sent to the relevant TPD for approval
- Signed copies of the approval form will be emailed to you

Below is a general list of principles and guidance for all trainees:

- 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 the form they should take extra care in estimating expected expenses. **If, when claiming expenses, the claim differs significantly from the estimated expenses, additional, unexpected expenses may not be approved.**
- The study leave budget per year is not fixed and there is no cap but it follows the NHS employee guidance. **The total study leave fund is to be used at the discretion of the TPD.**
- 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 TPD.
- Retrospective applications for Study Leave will not be supported.
- Claim forms must be submitted as soon as possible after the study leave has been completed. **Claims submitted more than 3 months after the study leave occurred will not be eligible for payment.**
- Claims are not valid unless accompanied by the appropriate receipts.
- Partial funding of course fees will not be supported.
- Study leave expenses, including course fees, are reimbursed retrospectively. Advance payment of fees is not possible.
- 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.
- Overseas study leave will only be granted in exceptional circumstances. Applications for overseas study leave require the authorisation of the Deputy Postgraduate Dean.
- 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.

**Dr Bushra Azam**  
**ST7 in Dual (Old Age & General Adult Psychiatry)**  
[bazam@nhs.net](mailto:bazam@nhs.net)

**Dr Sarah Jones**  
**ST5 in Old Age Psychiatry**  
[sjones46@nhs.net](mailto:sjones46@nhs.net)

*We hope you have found this useful. Please email us with any comments, suggestions or corrections.*





# Sheffield Health and Social Care

NHS Foundation Trust



## Application Form for Study Leave: Professional Development/Exam Leave/Exam Preparation

### Part A – Study Leave Details

Surname		Forename		Grade/Level	
Leave requested for:					
Professional Development <input type="checkbox"/> Exam Leave <input type="checkbox"/> Exam Preparation <input type="checkbox"/>					
Other (specify) <input type="checkbox"/> .....					
Supporting documents as detailed in 'South Yorkshire Psychiatry Training Scheme Study Leave Guidance' should be submitted with the application.					
Dates From:		To:		No. of Days:	
Title of Course/Conference/Exam/Study Day:					
Location					
Exam Details		Date of Exam			
The following colleague(s) have agreed to cover my duties					
Name (print)		Signed			
Name (print)		Signed			
Expenses (estimated)	Course Fee	Accommodation Costs (and no. of nights)	Travel Road <input type="checkbox"/> Rail <input type="checkbox"/>	Subsistence	Other (specify)
	£	£	£	£	
Signed (Applicant)				Date	

### Part B - Approval of Clinical Supervisor

I certify that the applicant can be released from his/her service commitment for this period

Name (print)			
Signed		Date	

### Part C - Approval of TPD / Deputy TPD

I certify that this study/course activity is appropriate to the applicant's present training requirements

\*Approved / Not Approved \*delete as appropriate

Name (print)			
Signed		Date	

### Part D - Approval of Director of Postgraduate Medical Education

I certify that estimated costs are \*Approved / Not Approved \*delete as appropriate

Name (print)			
Signed		Date	

If the Study Leave is not approved or any conditions required, please state the reason(s) below  
(to be completed by TPD, Deputy TPD and/or Director of PGME)

--