**Application form for approval of a new clinical supervisor or trainer**

## Please read and provide/complete the following before submitting to the psychiatry head of school for review

**\*This form must be completed electronically\***

1. **Job Description: This should include all of the following details:**
* The name and type of the post
* Name of employer
* Name of existing clinical supervisor(s) or trainer(s)
* The roles and responsibilities of the trainee
* The core clinical duties (please include all work settings, types of assessments/therapies which the trainee will be responsible for and details of any on call duties)
* Academic activities including opportunities within directorate/trust/peer group meetings
* Timetabled supervision plan
* How will learning outcomes be achieved (linking curriculum and clinical experience)
1. **Curriculum Vitae of Trainer (no more than 2 sides of A4): This should include all of the following details:**
* Date of appointment to current consultant post
* Previous consultant posts if relevant
* Date and specialty of CCT (including any endorsements)
* Details of own higher training including any relevant qualifications
* Confirmation of registration with college and in good standing for CPD
* Details of any previous experience in training posts (as a trainer)
1. **Letter(s) of confirmation of Trust support, for example:**
* If a new training post is linked to a new consultant post, confirmation from the Medical Director that the new consultant’s job plan will include time for teaching and training.
* If the creation of a new post depends on funding from the Trust, confirmation from the chief executive that the Trust is committed to all the required funding on an ongoing basis.
1. **Weekly Timetable for the trainee and Clinical Supervisor/Trainer which should show:**
* An overlapping pattern of clinical work.
* (ST 4-6 only): Two sessions for research or special interest sessions (preferably on the same day).
* Opportunities for clinical supervision.
* Attendance at an appropriate academic programme (CT1-3).
* Regular scheduled educational supervision by the Consultant Trainer of one hour (please specify time).
* Details of on-call work (including nature of duties and arrangements for clinical supervision).

## Please complete the following sections

|  |  |
| --- | --- |
| **Level of training i.e. CT1-3, ST4-6** |   |
| **Specialty/Subspecialty** |   |
| **Location of placement** |   |
| **Academic (Y/N)** |   |
| **Name of postgraduate deanery** |   |
| **Name of Head of School** |   |
| **Training Programme Director(s)** |   |
| **Number of trainees (if known)** |   |
| **Previous Trainer** |   |
| **Proposed new Trainer** |   |
| **Has the proposed trainer provided supervision previously? (Y/N)** |   |

# Section A

# Complete if new placement only

## Please ensure a CV of no more than 2 sides of A4 is enclosed

|  |  |
| --- | --- |
| Name of clinical supervisor/trainer |  |
| Location of placement (employing organisation) |  |

# Timetables

**Trainee Timetable**

Please complete the proposed timetable for the trainee. This timetable must indicate the arrangements for clinical supervision

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **am** |   |   |   |   |   |
| **pm** |   |   |   |   |   |

**On-call**

|  |  |
| --- | --- |
| Please state frequency of on-call and nature of duties plus arrangements for clinical supervision |  |

**Trainer Timetable**

Please complete the timetable for the trainer. This should show:

a. Regular scheduled consultant supervision of one hour per week.

b. A substantial overlap with that of the Doctor in Training.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **am** |   |   |   |   |   |
| **pm** |   |   |   |   |   |

## Please enclose a new job description

# Section B

# Amendments to an existing post that affects the training opportunities

## Please specify the reason why the current post requires re-approval. This could include a change of employing organisation. Please write clearly and legibly. If a new employing organisation is not already listed in section 2 of the existing Form A, PMETB approval will be required. Please note a change of clinical supervisor/trainer alone does not require a post to be re-approved therefore does not require PMETB approval.

|  |  |
| --- | --- |
| Level of existing post eg. CT1 etc. |  |
| Psychiatric Specialty |  |
| Name of Clinical Supervisor/Trainer |  |
| Location of existing placement |  |

# Proposed new timetables

**Trainee Timetable**

Please complete the proposed timetable for the trainee. This timetable must indicate the arrangements for clinical supervision

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **am** |   |   |   |   |   |
| **pm** |   |   |   |   |   |

**On-call**

Please state frequency of on-call and nature of duties plus arrangements for clinical supervision

|  |
| --- |
|  |

**Trainer Timetable**

Please complete the timetable for the trainer. This should show:

a. Regular scheduled consultant supervision of one hour per week.

b. A substantial overlap with that of the Doctor in Training.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **am** |   |   |   |   |   |
| **pm** |   |   |   |   |   |

## Please enclose a new job description

**SECTION C**

# CHANGE TO CLINICAL SUPERVISOR/TRAINER

|  |  |
| --- | --- |
| Specialty of Placement |  |
| Location of Placement |  |
| Name of Clinical Supervisor/Trainer |  |
| Previous Trainer |  |
| Proposed New Trainer |  |
| Has the Proposed new Trainer provided supervision previously? (Y/N)If so, in which scheme. |  |

Please ensure a CV for the proposed new supervisor is enclosed with this application. **Please ensure PMETB’s four standards for trainers are met when approving a new supervisor for an existing placement.B**

**PLEASE NOTE: PMETB or Postgraduate Dean’s approval is not required for a change of Trainer. If the Head of School of Psychiatry is satisfied that the proposed new supervisor is appropriate for the role, the Head of School should write to the Professional Standards Department at the College informing them of the change.**

**SUMMARY OF PROGRAMME DIRECTOR’S/TUTOR’S VIEWS**

The Programme Director/Tutor should outline below how this post/placement contributes to the programming of training including the delivery of the curriculum. Any other comments of relevance to the application should also be made here.

|  |
| --- |
|  |

CHECKLIST

|  |  |
| --- | --- |
| Has the application form been completed in full? |  |
| Has the trainee timetable been completed according to the guidelines? |  |
| Has the proposed trainer’s timetable been completed according to the guidelines? |  |
| Is the job description enclosed including all details outlines in the notes? |  |
| Is the proposed trainer’s curriculum vitae enclosed including all details outlined in the notes? |  |
| If supporting letters from the trust are required, are they attached? |  |

|  |  |
| --- | --- |
| Signature of Programme Director/Tutor |  |
| Date |  |

**Please complete sand return this form to the Deanery Head of School**