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| **HEALTH EDUCATION ENGLAND YORKSHIRE AND HUMBER**  **Core and Specialty Psychiatry**  **Placement Job Description** | | | | | | | | | | | | |
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| **Please ensure this form is completed electronically and sent to the Training Programme Director and Director of Medical Education** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Clinical/Psychiatric Supervisor** | | | | | | | | | | | | |
| Name: | | Click here to enter text. | | | | | | | | | | |
| Substantive? | | Yes **☐** | | | No **☐** | | | | | | | |
| Accredited educational supervisors course within last five years? | | | | | | | | | Yes **☐** No **☐** | | | |
| Equality and diversity training within the last five years? | | | | | | | | | Yes **☐** No **☐** | | | |
| Training in work-place based assessments within the last five years? | | | | | | | | | Yes ☐ No ☐ | | | |
| **Placement** | | | | | | | | | | | | |
| Trust |  | | | | | | | | | | | |
|  | | |  | | | | | |  | |  |
|  | | |  | | | | | |  | |  |
| Base location | Full address: | | | | | | | | | | | |
| Office and IT facilities |  | | | | | | | | | | | |
| Specialty | General adult | | | | | | **☐** | | | Forensic | **☐** | |
| Old age | | | | | | **☐** | | | Other | **☐** | |
| Intellectual disability | | | | | | **☐** | | | Specify: specify: |  | |
| Child and adolescent | | | | | | **☐** | | | Click here to enter text. |  | |
| Placement experience | Inpatient | | | | | | | **☐** | | | | |
| Community | | | | | | | **☐** | | | | |
| Mixed inpatient/community | | | | | | | **☐** | | | | |
| Applicable CT/ST level(s) | CT1 | |  | | | | | | | | | |
| CT2 | |  | | | | | | | | | |
| CT3 | |  | | | | | | | | | |
| ST4  ST5  ST6  Endorsement? | |  | | | | | | | | | |
| Local induction arrangements | | | | | |  | | | | | | |
| Cover arrangements for clinical supervisor\* | | | | | |  | | | | | | |
| Cover arrangements for trainee\* | | | | | |  | | | | | | |
| Details of local academic programme | | | | | |  | | | | | | |
| **Out of Hours work** | | | | | | | | | | | | |
| Include details of on call or shift working patterns and duties  (Up to date banding and remuneration details should be confirmed with the employer) | | | | | |  | | | | | | |
| **Curriculum Coverage**  *(See https://www.rcpsych.ac.uk/training/curricula-and-guidance/curricula-implementation and Silver Guide on Royal College website*  *High level outcomes– HLOs)*  Please detail all relevant experience and assessment opportunities within placement, with reference to the HLO themes below | | | | | | | | | | | | |
| 1.1 Professional relationships  1.2 Professional standards | | | | | |  | | | | | | |
| 2.1 Communication  2.2 Clinical skills  2.3 Complexity and uncertainty | | | | | |  | | | | | | |
| 3.1 Knowledge of legal and organisational frameworks in your UK jurisdiction  3.2 Working within NHS and organisational structures | | | | | |  | | | | | | |
| 4.1 Health promotion and illness prevention in community settings | | | | | |  | | | | | | |
| 5.1 Teamworking  5.2 Leadership | | | | | |  | | | | | | |
| 6.1 Patient safety  6.2 Quality improvement | | | | | |  | | | | | | |
| 7.1 Safeguarding | | | | | |  | | | | | | |
| 8.1 Education & Training  8.2 Supervision | | | | | |  | | | | | | |
| 9.1 Undertaking research and critical appraisal | | | | | |  | | | | | | |

**Timetables**

It is expected that the one hour of psychiatric supervision is highlighted on both timetables and that there is some overlap between the trainee and clinical supervisor in order to facilitate direct supervision of the trainee.

Trainee’s Weekly Timetable

For **core trainees** this should take into account mandatory attendance at the core psychiatry training (MRCPsych) course

CT1: Paper A – all day alternate Fridays

CT2: Paper B – all day alternate Tuesdays

CT3: CASC – alternate Wednesday afternoons (Sheffield), full day Thursdays once a month (Leeds)

The clinical supervisor should also be aware of the need to allocate time for case-based discussion groups (CT1s) and short/long case psychotherapy (CT2/3s).

For **specialty trainees** this should take into account **two protected professional development sessions** per week.

For core and specialty trainees the timing of local education programmes should be included.

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

Trainer’s Weekly Timetable

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

\* During annual leave, study leave and sick leave

\*\* Details of HLOs are available at https://www.rcpsych.ac.uk/training/curricula-and-guidance/curricula-implementation

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|  |  |  |  |
| Clinical supervisor’s signature |  | Date |  |
| Director of Medical Education’s signature  (or equivalent) |  | Date |  |
| Training programme director signature |  | Date |  |

|  |  |
| --- | --- |
| **Review of Placement Description** | |
| Date of Review | Click here to enter text. |
| Date of Review | Click here to enter text. |
| Date of Review | Click here to enter text. |
| Date of Review | Click here to enter text. |
| Date of Review | Click here to enter text. |