

Higher Training Handbook for General and Old Age Psychiatry **South Rotation, Yorkshire and Humber, NHS England**

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1. Introduction

Welcome to the South Yorkshire Higher Training Scheme in General Adult and Old Age Psychiatry. 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 them 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 supervisors. 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.

This handbook is not designed to be a stand-alone document and I would encourage higher trainees to be aware of the following:

- The Yorkshire and Humber Psychiatry deanery website [Psychiatry Home | Health Education Yorkshire and Humber](#), this contains information regarding education and training, ARCP requirements including the ARCP (SOP) and support for postgraduate doctors.
- The Health Toolbox: [Sign in | Health Toolbox](#), please speak with Medical Education at SHSC to arrange login and access. The Health Toolbox includes an IMG (International Medical Graduate) Portal with lots of advice, it also includes policies, SOPs and Contacts.
- The Royal College of Psychiatry website [Royal College of Psychiatrists](#) and Youtube channel [Choose Psychiatry 2024](#)

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 (DME)

The DME is responsible for educational leadership, delivery and quality assurance of post graduate education in each of the Trusts included in the South Yorkshire rotation. They work with Training Programme Directors (TPDs) to achieve a co-ordinated approach to delivery of higher training. They organise Trust induction and 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. They work with TPDs to agree placement allocation and support psychiatric and education supervisors to perform their educational roles.

4. The Educational Supervisor (ES) Role

Each educational supervisor 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 special interest/research sessions with an appropriate supervisor and to help the trainee make the necessary connections where there are difficulties.
- 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 support the trainee with any issues to do with “settling in”.
- To check that the trainee has linked in with the Higher Trainee peer group and is attending the higher training educational programme.
- To be a point of contact when their trainee has concerns or when difficulties arise.
- There is an example initial Educational Supervisor agenda form available [The knowledge resource for healthcare communities | Health Toolbox](#) (Health Toolbox).

For established trainees:

- To arrange twice yearly reviews to pick up any individual difficulties.
- To complete the pre-ARCP summary checklist and educational supervisor forms prior to ARCPs.
- To check on the appropriate use of special interest and research time and to make sure that proper supervision arrangements are in place.
- To guide decisions around future placements to ensure the required capabilities are gained for the certificate of completion of training (CCT).

Picking up Difficulties

Although the Psychiatric Supervisor (PS) 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 PS. 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 ES will be in a good position to:-

- Pick up any difficulties that relates to the trainee themselves.
- Pick up any 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) and 7 in old age (OA) a proportion (numbers are flexible depending on demand and capacity) of these are advertised as dual GA/OA posts. The rotation also hosts 1 dual GA/Medical Psychotherapy post. Numbers are set by NHSE Yorkshire and the Humber and are funded jointly from the NHSE tariff and the three linked Trusts. A wide range of placements are available in community, inpatient, liaison, addiction, rehabilitation, assertive outreach, early intervention, crisis, intensive home treatment and memory services. These are spread across 3 NHS trusts based at these sites:

1. Sheffield Health and Social Care Foundation Trust (SHSC):
Clinical bases include the Longley Centre in the North and Michael Carlisle Centre in the South 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 Alex Pavlovic
2. Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH):
There are 11 GA posts and 2 OA posts in this Trust whose headquarters are based in Doncaster. Higher training posts are spread across Rotherham, Doncaster and Scunthorpe. Each has its own local teaching programme and on-call rota. The base for Rotherham is Swallownest Court, the Doncaster base is Tickhill Road Hospital and for Scunthorpe is Great Oaks Inpatient Unit. Director of Medical Education is Dr Nicola Thomas.
3. South West Yorkshire Partnership NHS Trust (SWYFT):
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 Subha Thiyagesh. Dr Arun Vishwanath is the clinical tutor for Barnsley and the Trust link for the rotation.

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 and the Specialty Education Committee. Each of the Trusts have their own medical education departments that share necessary information with SHSC.

Please see Appendix A for the full list of current placements and Psychiatric Supervisors (Page 24)

6. Postgraduate Departments

PTC (Psychiatry Training Course)

Please be aware there is specific Higher trainee teaching, known as PTC teaching, this is often arranged at Centre Court, Sheffield, S4 7QQ. These are often half day sessions covering leadership, pensions, MDU representatives discussing capacity and cautionary tales etc.

Trainees are expected to make study leave requests for these teaching sessions.

Rotherham, Doncaster and South Humber NHS FT (RDASH)

Library Services

- All trainees have access to the Library service:
<http://www.intranet.rdash.nhs.uk/support-services/research-and-development/completed-research-projects/>
- There is 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 (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 PS 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
- Please ensure all annual leave forms are forwarded or discussed with SHSC medical education department.

Day and time of weekly local teaching sessions, all education sessions are now hybrid sessions, everyone is encouraged to attend face to face. Here are further details:

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 – No regular room booking so please be aware of the location on invitation.

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

Department staff:

j.dwyer@nhs.net – Medical HR Manager
claire.lee11@nhs.net – Medical HR Advisor
lois.fisher1@nhs.net – Medical Workforce Administrator
emma.harvey59@nhs.net – Medical Workforce Administrator

Sheffield Health and Social Care NHS FT (SHSC)

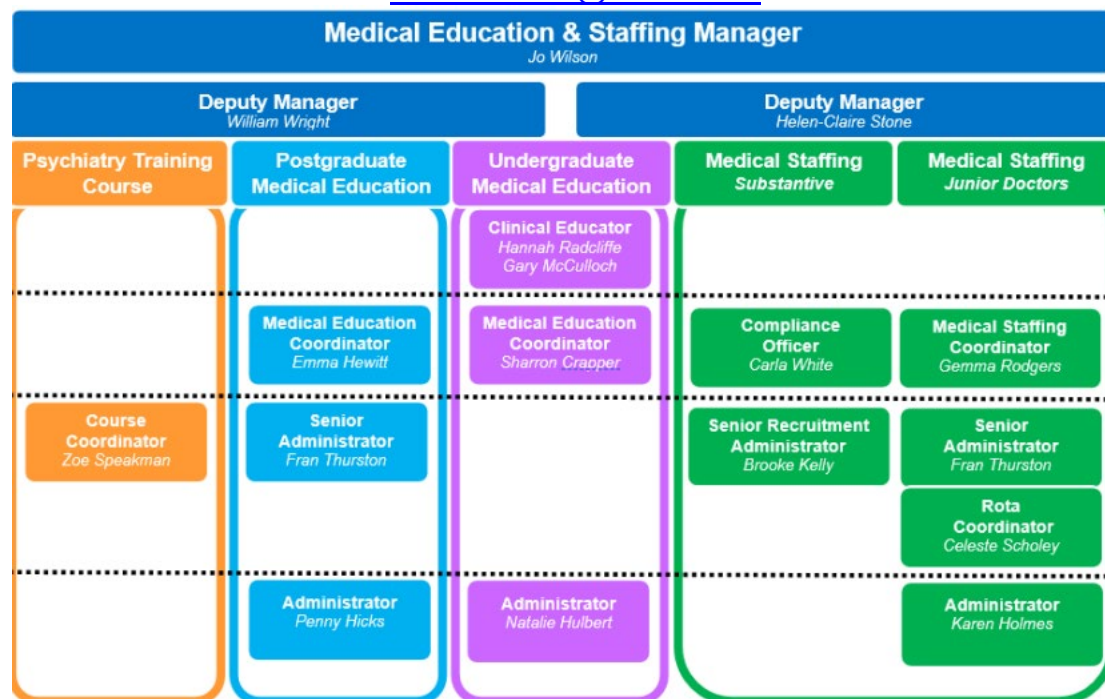
William Wright
Deputy Medical Education and Staffing Manager
Phone no: 0114 2263182 email: William.wright@shsc.nhs.uk

Gemma Rodgers
Medical Staffing Coordinator:
Phone no: 0114 2716285 email: gemma.rodgers@shsc.nhs.uk

Emma Hewitt
Medical Education Coordinator (Postgraduate):
Phone no: 0114 2250691 email: emma.hewitt@shsc.nhs.uk

Zoe Speakman
Psychiatry Training Course Coordinator:
Phone no: 0114 2216954 e-mail: Zoe.Speakman@shsc.nhs.uk

Karen Holmes
Medical Staffing Administrator
Phone no: Ext 11371 e-mail: Karen.Holmes@shsc.nhs.uk



There is a small library at Centre Court, in the medical education department which any trainee can use.

Please contact Helen Barlow, Helen.Barlow@shsc.nhs.uk, Knowledge and Library service Manager for further information.

CPD Schedule

Location: Training events currently take place at the Niagra Conference Centre, Sheffield, S6 1LU. The Quality Improvement Forum will remain on MS Teams unless notified otherwise. Meetings start at 09:15.

Regional Grand Rounds and training events will be held on the first Wednesday of every month. All trainees on the rotation in all trusts attend as part of their training programme and consultants involved in training are invited to attend. Also on the first Wednesday of each month there will be a higher trainee committee meeting from 09:00 – 10:00 to discuss higher trainee teaching around the region.

Foundation Doctor Teaching is a self-led teaching session which the foundation doctors should attend instead of the usual training events. This is scheduled to happen on the 3rd Wednesday of the month and replaces QIF for FT's. Teaching will take place at Centre Court.

South West Yorkshire Partnership NHS Foundation Trust (SWYT)

Medical Education Administrator – Deborah Carnevale deborah.carnevale@swyt.nhs.uk
Medical Education Lead – Dr Arun Viswanath arun.viswanath@swyt.nhs.uk

Dr Sridhar Sivareddy sridhar.sivareddy@swyt.nhs.uk and Vanessa Clay vanessa.clay@swyt.nhs.uk organise the rota.

Library Facilities

At The Kendray Hospital there is a small library in Cherry Tree House which is available Monday to Friday 08:30 to 16:30. There is a selection of books as well as 3 desk top computers and desk space.

A larger facility is available in the Learning and Development Centre at Fieldhead Hospital, Wakefield, WF1 3SP library@swyt.nhs.uk which all doctors based at Kendray can access. It is open Monday to Friday 08:45 to 16:45.

The Barnsley Academic Meetings are Mondays and Thursdays 12:30 to 13:30

7. Work Place Based Assessments

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 capabilities listed in the curriculum. 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 to comment on your ability to take a full history and mental state examination and arrive at a diagnosis/formulation 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 is an assessment made by a cohort of co-workers across the domains of Good Medical Practice. Trainees should nominate 10-12 suitable assessors who they currently work with, for the Mini-PAT assessment. Ideally this should include no more than two assessors in any one position (i.e. two consultants, two nurses, two peers, two juniors, two admin, two healthcare professionals etc). Trainees should nominate their named Psychiatric Supervisor, that is, the consultant who is responsible for the majority of clinical supervision in their current placement, unless stated otherwise by their deanery. The trainee should discuss/agree in psychiatric supervision those who are to be nominated. A valid Mini-PAT requires at least six responses.
- The direct observation of non-clinical skills (**DONCS**) is specifically for trainees at ST4 and above to assess capabilities in leadership, teaching, research and QI skills such as chairing meetings, providing evidence at tribunals, supervision of junior doctors, organising academic meetings, presenting at a conference etc.
- Case Based Discussion Group Assessment (**CBDGA**) will provide structured feedback on a trainee's attendance and contribution to case discussion groups (also known as Balint-type groups)
- Structured Assessment of Psychotherapy Expertise (**SAPE**) will provide evidence of satisfactory completion of a short psychotherapy case.
- For further information on achieving Psychotherapy competencies please see the best practice guide: [med-psy-psychotherapy-training-26-1-2018.pdf](https://www.rcpsych.ac.uk/med-psy-psychotherapy-training-26-1-2018.pdf). There is a higher trainee formulation group within the region run by Dr Anita Coan and Dr Pavlovic which meets the CBDGA competency.

Trainees should have a variety of different WPBAs. 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 WPBAs 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. For a full breakdown please see the "RCPSYCH Silver Guide" [silver-guide-version-final 15-june-22.pdf \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/silver-guide-version-final-15-june-22.pdf).

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 several 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 WBPAs. “For ST4-ST6 trainees; nurses, psychologists/AHPs and social workers at band 8 or equivalent (e.g., grade 10 for social workers) can be assessors.” – taken from the silver guide.

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 a Pre-ARCP summary checklist form detailing the outcome of your WBPAs, evidence of reflections, PPDS, QI, research, psychotherapy and teaching experience with comments from your ES about your progress and developmental needs across the 9 HLOs. The School ARCP Standard Operating Procedure (SoP) and the Pre-ARCP checklist can be downloaded [here](http://www.yorksandhumberdeanery.nhs.uk/psychiatry/assessments/) <http://www.yorksandhumberdeanery.nhs.uk/psychiatry/assessments/>. Form R Part B self-declaration form for revalidation must be completed before each ARCP on the TIS self service portal ([TIS Self-Service](#)) and a PDF copy should be uploaded to the e-portfolio.

All trainees must be familiar with the ARCP SoP [school of psychiatry arcp standard operating procedure new curriculum 2022.pdf](http://www.yorksandhumberdeanery.nhs.uk/psychiatry/assessments/) and the College ARCP decision aid https://www.rcpsych.ac.uk/docs/default-source/training/curricula-and-guidance/higher-psychiatry-arcp-decision-aid_jan2024.pdf?sfvrsn=cfaa2b5a_7 so that all required evidence for your training year is uploaded to your e-portfolio 2 weeks ahead of your ARCP.

9. Choosing placements

All Higher Trainees must accept and move through training placements which have been designated as part of the training programme. In placing Higher Trainees, their previous assessments of progress, educational needs and personal preferences, including domestic arrangements will be considered. Educational need may take precedence over personal preference.

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 **can** gain experience in the type of posts they require given their interests and future job aspirations. Trainees are encouraged to gain the widest possible training experience covering community, inpatient, and specialist services, and for old age: organic and functional elements. It is also important that they consider gaining experience in both rural as well as urban settings, spread across the various districts within the rotation.

A list of available placements will be sent to the higher trainees in November/December each year from which the trainee must rank their job preferences for the subsequent Aug and Feb rotations. The TPD will allocate placements in discussion with all the DMEs. If there are major discrepancies, the TPD will contact the trainee to establish the reason for change. The allocation list will be approved by the TPD prior to validation which takes place by the Deanery who will then notify trainees of their next training posts in 6 month blocks 12 weeks ahead of their next placement.

Training Programme Directors:
General Adult – Dr Abhi Shetty

Old Age – Dr Kalyan Seelam

[Higher Psychiatry Training | Health Education Yorkshire and Humber](#) – Please visit this website for full details and see Appendix A (page 24) of this document for a list of placements and supervisors.

10. Protected Professional Development Sessions (PPDS) (formerly Special Interest Sessions)

The working week is divided into two parts; eight sessions working under the supervision of the psychiatric supervisor and two sessions of special interest time. This will be prorata for LTFT doctors. 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/four years of higher training. Further guidance and forms are available in the School website - https://www.yorksandhumberdeanery.nhs.uk/psychiatry/appraisal_and_assessments

Please note that your PPDS supervisor will need to complete a report for ARCP please follow advice and complete the form as advised in the ARCP SOP (See section 8 of this handbook).

The list of special interest opportunities below is **not exhaustive and might be out of date**, and **you should plan your special interest time to meet your own training needs or reflect your own interests**. It will hopefully provide inspiration and show what has been done and accepted as PPDS in the past. It is 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.

What	Where	When	Supervisor:
Quality Improvement	Chesterfield	Unclear	Dr Vishnu Gopal
Diploma in Geriatric medicine	Unclear	Unclear	RCP course no longer available.
PGDip in Psychosexual therapy	Hull	Unclear	Course no longer available, alternatives are.
Art Psychotherapy	Sheffield	Unclear	Sue Turton Sue.Turton@shsc.nhs.uk Art Therapy Northern Programme Sheffield Health and Social Care
Inpatient Healthcare of the Older Person	Northern General Hospital, Sheffield	Unclear	Dr Boon Loo
Neuroradiology reporting	Rotherham	Unclear	Dr Rachel Walker
Eating Disorders	Derbyshire	Unclear	Dr Arthita Das
Psychodynamic Psychotherapy	Rotherham	Unclear	Dr Grace Warren
CBT / Family Therapy	Wakefield	Unclear	D Saju Padakkara
Substance misuse services – Community	Chesterfield	Unclear	Dr Sirur Deepak
Forensic Services – Medium Secure inpatient	Wakefield	Unclear	Dr Suraj / Dr Isaura
Forensic Services	Doncaster	Unclear	Previous Supervisor no longer working in role.

<i>PICU</i>	<i>Longley Centre, Sheffield</i>	<i>Unclear</i>	<i>Previous Supervisor no longer working in role.</i>
<i>Learning Disability Low Secure</i>	<i>Wakefield</i>	<i>Unclear</i>	<i>Dr Mahapatra Prabhat</i>
<i>Liaison</i>	<i>Barnsley</i>	<i>Unclear</i>	<i>Dr Niaz Omair</i>
<i>Older Adult Community and ECT</i>	<i>Sheffield</i>	<i>Unclear</i>	<i>Dr Sivakumar</i>
<i>Older Adult Memory Clinic</i>	<i>Rotherham</i>	<i>Unclear</i>	<i>Dr Kevin Morgan</i>
<i>EIP</i>	<i>Calderdale</i>	<i>Unclear</i>	<i>Dr Sara Davies</i>
<i>Assertive Outreach Team</i>	<i>Barnsley</i>	<i>Unclear</i>	<i>Dr Kiran Rele</i>
<i>PICU</i>	<i>Wakefield</i>	<i>Unclear</i>	<i>Dr Nusair</i>
<i>CAMHS general clinic and Family Therapy</i>	<i>Calderdale and Kirkless</i>	<i>Unclear</i>	<i>Dr Jhansi</i>
<i>Crisis / Home Treatment Team</i>	<i>Doncaster</i>	<i>Unclear</i>	<i>Dr Cunnane (joseph.cunnane@rdash.nhs.uk)</i>
<i>Inpatients in Functional Older Adult Psychiatry</i>	<i>Barnsley</i>	<i>Unclear</i>	<i>Dr Arun Viswanath (arun.viswanath@swyt.nhs.uk)</i>
<i>General Adult Community Psychiatry</i>	<i>Barnsley</i>	<i>Unclear</i>	<i>Dr Anil Karan</i>
<i>Old Age Psychiatry</i>	<i>Calderdale and Kirkless</i>	<i>Unclear</i>	<i>Dr Subha Thiyagesh</i>
<i>Community Learning Disability</i>	<i>Rotherham</i>	<i>Unclear</i>	<i>Dr Yusufi (Babur.Yusufi@rdash.nhs.uk)</i>

Digital and Innovation (SHSC)	Sheffield	Opportunity from 2024	Dr Talukdar (Raihan.talukdar@shsc.nhs.uk)
Leadership and management (SHSC)	Sheffield	Opportunity from 2024	Dr Pavlovic and Dr Crimlisk (alex.pavlovic@shsc.nhs.uk) (helen.crimlisk@shsc.nhs.uk)
Experience, Education, Equity and Teaching (SHSC)	Sheffield	Opportunity from 2024	Dr Pavlovic (Postgraduate DME) Dr Abed and Dr Pindiprolu are undergraduate leads. (reem.abed@shsc.nhs.uk)
Quality Improvement, Quality, Safeguarding, Medicines Management, Mental Health Legislation and Human Rights SHSC	Sheffield	Opportunity from 2024	Dr Roy and Dr Ludlam Ashritha.Roy@shsc.nhs.uk Michael.Ludlam@shsc.nhs.uk Future Leaders Health Education Yorkshire and Humber
Metabolic health and nutrition, Health inequalities in Early Intervention, food addiction, Educational leadership and Early intervention in psychosis.	Sheffield	Opportunity from 2024	Dr Abed (reem.abed@shsc.nhs.uk)
Masters in Healthcare Ethics and Law (LLM) from University of Manchester	University of Manchester	2020	
Electroconvulsive Therapy (ECT)	Longley Centre (Sheffield)	2020	Dr Sivakumar & Dr Dimelow Velusamy.Sivakumar@shsc.nhs.uk Edward.dimelow@shsc.nhs.uk
Chronic Fatigue Syndrome/ME service	Northern General Hospital	2020	Dr Shetty Abhijeeth.Shetty@shsc.nhs.uk
Medical Management (shadowing medical director)	Chesterfield	2020	Dr John Sykes (now retired)
CPTC course organiser	SHSC	2020	Dr Alex Pavlovic alex.pavlovic@shsc.nhs.uk
Perinatal Psychiatry	Argyll House (Sheffield)	2021	
Eating Disorders	Derbyshire	2021	
Teaching the teacher (teaching foundation doctors to teach students including simulation based teaching)	SHSC	2021	
Research Project	RDASH (Grounded Research Team)	2021	Dr Kate Banyard k.banyard@nhs.net

PIPP2 Trial Recruitment – <i>Please note trial completed and as such there are no current further opportunities</i>	SHSC	2021	Alex Carey / Jenny Bingham
Foundation / medical student balint group development	SHSC	2021	Dr Alex Pavlovic alex.pavlovic@shsc.nhs.uk
<i>Research Project – subsequently has been completed. Dr Mitchell does provide opportunities within the community forensics team.</i>	SHSC	2021	Dr Jonathan Mitchell Jonathan.mitchell@shsc.nhs.uk
Forest Close Inpatient Rehabilitation	Forest Close (Sheffield)	2021	Dr Katy Kendall Katy.kendall@shsc.nhs.uk
Royal College of Psychiatrists Leadership and Management fellowship	Royal College of Psychiatry	2022	
PI for a research project	South West Yorkshire Trust (Barnsley)	2022	<i>See page 16 for Research opportunity contact details.</i>
Drug Trials Research (specific project - running a clinical drug trial called PAX-BD)	SHSC Research Development Unit (RDU)	2022	<i>See page 16 for Research opportunity contact details.</i>
RCPsych Equality & Diversity champion		2022	
RCPsych Sustainability Scholar	RCPsych / SHSC	2022	Dr Mike Hunter Mike.hunter@shsc.nhs.uk
<i>Perinatal Psychiatry – Supervisor no longer offers Perinatal opportunity but does offer Home Treatment Team experience.</i>	Sheffield (SHSC)	2022	Dr Dan Tully Dan.Tully@shsc.nhs.uk
Substance Misuse	Fitzwilliam (Sheffield)	2022	
Digital Projects	Sheffield	2022	Dr Raihan Talukdar Raihan.talukdar@shsc.nhs.uk
PG Cert - Medical Education	University of Sheffield	2022	Dr Kiran Pindiprolu Kiran.Pindiprolu@shsc.nhs.uk
Medical Education in practice (question writing, student teaching, lead for medical students)	Sheffield	2022	Dr Kiran Pindiprolu Kiran.Pindiprolu@shsc.nhs.uk
Research team at Sheffield Memory Service	SHSC	2022	Dr Aparna Mordekar Aparna.mordekar@shsc.nhs.uk
Deaf Mental Health (need to be fluent in BSL)	Across South Yorkshire (led by RDASH)	2023	Rebecca Walls
Under 5s Paediatric Tic Clinic	CAMHS	2023	Various

NAT Neurodevelopmental	Beighton (CAMHS)	2023	Katie Driver Katie.driver@nhs.net
Sheffield Adult Autism & Neurodevelopmental Service (SAANS)	SHSC (Michael Carlisle)	2023	Dr Deepak Swamy Deepak.swamy@shsc.nhs.uk
Learning from incidents and complaints	SHSC	2023	Dr Jonathan Mitchell Jonathan.mitchell@shsc.nhs.uk
Psychiatric Training Course Associate Course Organiser	SHSC (anywhere)	2023	Dr Alex Pavlovic alex.pavlovic@shsc.nhs.uk
Grand Round Organiser	SHSC	2023	Dr Alex Pavlovic alex.pavlovic@shsc.nhs.uk
Old Age Liaison	Chesterfield Royal Infirmary	2023	Dr Bushra Alam
PLAN accreditation in liaison	SHSC	2024	Dr Raihan Talukdar Raihan.talukdar@shsc.nhs.uk
Early Intervention Service – Liaison Service <i>No longer opportunity in EI, Opportunities remain in Liaison.</i>	RDASH (Doncaster)	2024	Dr Ovidiu Tatu o.tatu@nhs.net
Perinatal Psychiatry	RDASH (Doncaster)	2024	Dr Premkumar Lekshmi.premkumar@nhs.net
CAT Practitioner Course	RDASH / SHSC	2024	Steve Kellett / Anita Coan Anita.coan@shsc.nhs.uk
STAR / Liaison Team	Sheffield Children's Hospital	2024	Dr Russ Birkett Russell.birkett@nhs.net
Psychotherapy	RDASH	2024	Michael Milmore Michael.milmore@nhs.net
Chronic Pain Clinic	Royal Hallamshire Hospital	2022/3	Dr Abhi Shetty Abhijeeth.Shetty@shsc.nhs.uk
Eating Disorders	Chesterfield	2022/3	Dr Anne Pang, Dr Stuart Laverack
Functional Neurological Disorders Team (psychotherapy and medical neurology clinics)	Sheffield Teaching Hospitals	2022/3	Rebecca Murray-Leslie (Neurology Psychotherapy manager) / Jayne Acraman (psychotherapist)
Memory clinic: Old age memory clinic at the Longley centre	SHSC	2022/3	Dr Aparna Mordekar Aparna.mordekar@shsc.nhs.uk

Placement Lead to medical students / Undergraduate Medical Education	SHSC	2022/3	Dr Reem Abed (reem.abed@shsc.nhs.uk)
Cognitive Analytic Practitioner Course	Specialist Psychotherapy Service (Sheffield)	2016-2019	
MA in psychotherapy (specifically chosen Psychoanalysis)		2017-2020	
PGCert Med Ed (postgraduate certificate in medical education)	University of Sheffield	2022/23	
PGCert Medical Education		2022/23	Dr Abed (reem.abed@shsc.nhs.uk)
Continence Clinic shadowing	Sheffield Children's Hospital	2022/23	Dr Sona Matthai
Paediatric Clinic	Sheffield Children's Hospital	2022/23	Dr Karen Griffin
PG Cert in Systemic Practice	University of Leeds	2023/24	
Addiction Clinic	Doncaster Drug and Alcohol Service	2023/24	Dr Salvaji (abhijeetha.salvaji@rdash.nhs.uk)
Neurology outpatient clinic (Movement Disorders and Memory Clinic) at Royal Hallamshire	Royal Hallamshire Hospital	2023/24	Dr Aijaz Khan (neurologist)
Research Associate PI	SHSC	2023/24	Dr Raihan Talukdar (Raihan.talukdar@shsc.nhs.uk)
Co-Chair of Trustwide Senior Doctors Meeting <i>Supervisor no longer offers session as of December 2024.</i>	RDASH	2023/24	Dr Amanda Hendry (Amanda.hendry3@nhs.net)
Gender Identity Service	SHSC	2023/24	Dr Alex Pavlovic (alex.pavlovic@shsc.nhs.uk)
Research - GPS Tracking in Dementia	SWYT (Barnsley)	2023/24	Dr Kalyan Seelam (Kalyan.Seelam@swyt.nhs.uk)
PGCert Medical Education (Has previously been bursary funded)	Universtiy of Sheffield	2023/24	
<i>Post Partum Depression Research Current research opportunities in Clinical drug trials in mood disorders</i>	SHSC	2023/24	Dr Will Gann (William.Gann@shsc.nhs.uk)
Alcohol Care Team	Sheffield Teaching Hospitals	2023/24	Jane Crawford
Inpatient Rehab Psychiatry	SHSC (Forest Close)	2023/24	Dr Ashritha Roy / Dr Kiran Pindiprolu (Kiran.Pindiprolu@shsc.nhs.uk) (Ashritha.Roy@shsc.nhs.uk)
Physical Health in Mental Health Services	Sheffield	2024	(Michael.Ludlam@shsc.nhs.uk) Dr Ludlam

11. Research

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

- RDASH – Dr Michael Seneviratne michael.seneviratne@nhs.net email: rdash.groundedresearch@nhs.net
- Dr Michelle Horspool (michelle.horspool@shsc.nhs.uk) runs the SHSC Research Unit, Dr Gann and Dr Mordekar are PIs in a number of research projects - see [Research | Sheffield Health and Social Care](#)
- SWFT – Dr Mohinder Kapoor [Research and development | South West Yorkshire NHS Foundation Trust](#)

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

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
- 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.

Please see the PPDS table for further information on Leadership and Management Opportunities. (Pages 10-15).

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 PTC organiser.
Zoe.Speakman@shsc.nhs.uk
- Teaching medical undergraduates (as arranged via Sheffield University – this is currently being run by Dr Kiran Pindiprolu Kiran.Pindiprolu@shsc.nhs.uk and Dr Reem Abed. Contact Natalie Hulbert e-mail: Natalie.Hulbert@shsc.nhs.uk or students@shsc.nhs.uk Undergraduate Education Administrator, Clinical Educators are Hannah Radcliffe and Gary McCulloch.
- Helping to supervise Core Trainees informally on wards / in clinic
- PA student teaching contact Dr Pranav Mahajan email: Pranav.Mahajan@shsc.nhs.uk
- Delivering CASC exam practice
- Teaching at local Wednesday morning teaching sessions
- PEEPs program (Psychiatry early exposure program) for Undergraduates as above contact Natalie Hulbert, Dr Pindiprolu or Dr Abed.
- Higher trainees may chair or facilitate the Core Trainees with their case presentations at teaching.

15. Section 12 (2) work

Most 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 Section 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 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.

Out of hours you should receive payment for Mental Health Act Assessments from the local authority. In order to register and complete claims it is advisable to download the S12 Solutions app which will allow you to make claims for any completed Mental Health Act assessments out of normal working hours.

Each time you change work placement / Trust, the Sec 12 (2) Approvals Office must be informed: Paula Hodgman Yorkshire & Humber Coordinator Telephone: 01325552387 e-mail: 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:

- CR134, Safety for psychiatrists
<http://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr134.aspx>
(2006)

The safety aspects of individual placements are addressed by the Specialty Education 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 through Workplace Wellbeing service.

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 can 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 (Certificate of completion of training) are eligible to 'Act Up' as consultants, to a maximum period of three months. Acting up must finish at least a month before CCT. All information, forms and guidance can be found at, it was worthwhile discussing with : [Acting Up | Health Education Yorkshire and Humber](#)

It is not mandatory to act up for completion of Higher training, it is worthwhile contacting your TPD and educational supervisor to discuss the merits of acting up.

18. CCT (Certificate of completion of training)

In order to gain a CCT 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, Paper B and the CASC Examination
- A minimum of 3 years at advanced/higher training level in a GMC approved training programme ST4 – ST6.

All single CCTs are of three years' duration.

(a) General psychiatry

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 with or without an endorsement (rehabilitation, addiction, liaison).
- Twelve months in another general psychiatry placement.

(b) Old age psychiatry

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 including memory services with or without an endorsement in Liaison
- Twelve months in another old age psychiatry placement

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 in an accredited post.

(c) Dual CCT in General and Old Age psychiatry is four years duration

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 with or without an endorsement (rehabilitation, addiction, liaison).

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 including memory services with or without an endorsement in Liaison

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

The application process is:

- Complete the application form ([Applying for certification \(CCT\) \(repsych.ac.uk\)](https://repsych.ac.uk)) within six months of the CCT completion date (and no later than four weeks prior to completion date).
- This will alert the RCPsych to the completion of training date, and they will submit a notification to the GMC outlining the completion date and CCT specialties.
- Once notified, the GMC will send an email requesting that their application process is completed. Information about this can be found on the GMC's webpages.
- In the meantime, the College will undertake quality checks to ensure that all relevant training information is present, including confirmation of membership with the College (MRCPsych), evidence of core training and higher training, including the final ARCP (outcome 6).
- Once satisfied with the evidence provided on the eportfolio, the College will submit a recommendation to the GMC.

It is recommended that trainees ensure they keep all evidence of their training, in particular their ARCP outcome forms, and upload onto Portfolio Online where required.

If you have any queries, please contact Specialty Training Administrator, Department of Professional Standards, Royal College of Psychiatrists. specialtytraining@rcpsych.ac.uk or visit <https://www.rcpsych.ac.uk/training/your-training> or see the Silver Guide section 4.1.2 [silver-guide-version-final 15-june-22.pdf](#)

19. Less Than Full Time Training (LTFT)

Please be aware there is a Comprehensive LTFT Handbook completed and updated for Autumn 2024 which will provide more comprehensive information. This handbook is available from Dr Pavlovic and Dr Jenny Jack.

This guidance is to complement the NHSE Yorkshire and Humber policy:

http://www.yorksandhumberdeanery.nhs.uk/pgmde/policies/less_than_full_time/

Please discuss any 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.

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/). 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.

Please see further information at: [Training less than full time \(LTFT\) | Royal College of Psychiatrists](#)

20. Study leave

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

The procedure for applying for study leave is:

- All study leave applications from doctors in training must be submitted using ALM. (Accent leave Manager) [Accent - Sign-In](#)
- Requests for study leave must be made at least 8 weeks before the event.
- All applications must be approved by your TPD. The Med Ed Team do not have the authority to do this.
- Expense claims must be submitted on E-Expenses after the leave for re-imbursement.

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 needs of the service.
- Attendance at statutory and mandatory training (including any local departmental training) is not counted as study leave, and job interview days should be taken as professional leave.
- 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. Claims above £750 and up to £1000/training year should be applied as a bursary which is considered and approved by the Head of School.**
- The maximum recommended allowance for trainees is 30 days per year (15 per 6-month post). Authorisation of study leave is at the discretion of the TPD.
- Time off in Lieu or payment is appropriate when Study Leave has been taken on non-working days.
- Retrospective applications for Study Leave will not be supported.
- **Claims must be submitted within 6 weeks after the study leave occurred using e-expenses or will not be eligible for payment. The payment will be reimbursed with your salary.**
- Claims are not valid unless accompanied by the appropriate receipts.
- Partial funding of course fees can be supported.
- Study leave expenses, including course fees, are reimbursed retrospectively. Advance payment of fees is not possible.
- Examination fees are not payable.
- Overseas study leave will only be granted in exceptional circumstances. Applications for overseas study leave require the authorisation of Head of School.
- Trusts may have additional requirements/guidance in relation to approval for study leave, which must be followed in conjunction with this guidance.
- Further information is available: [ALM deanery study leave guide](#)

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

Updated as of 10/04/2025 by:

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APPENDIX A: List of Placements and Supervisors in the Region

				Post Clinical Supervisor
Local Education Provider	Specialty	Site	Department	
RDASH	GA	Swallownest Court (RXECD)	Osprey Ward, Mixed GA (Inpatient)	Nikki Thomas
	GA	Rotherham General Hospital (RFRPA)	CRHTT	Helen Williamson
	GA	Doncaster - Tickhill Road Site (RXEAA)	Onyx Centre, Crisis Home Treatment Team (Community)	Joe Cunnane
	GA	Ferham Clinic (RFRFC)	North CMHT (Community)	Rebecca Humphries
	GA	Bentley, Doncaster	The Jade Centre, North CMHT (Community)	Lekshmi Premkumar
	GA	Swallownest Court (RXECD)	Sandpiper Ward, Mixed GA (Inpatient)	Mike Ackroyd
	GA	Great Oaks (RXE92)	CRHT with Liaison (community)	Andrew Heighton
	GA	Doncaster - Tickhill Road Site (RXEAA)	Skelbrooke Ward - PICU, Mixed GA (Inpatient)	Suveera Prasad
	GA	Rotherham General Hospital (RFRPA)	Woodlands Unit, Liaison Psychiatry Service (Liaison endorsement)	Amanda Hendry
	GA	Hatfield, Doncaster	The Heathfield Centre, East CMHT (Community)	Eric Avevor
	GA	Doncaster - Rosslyn House (RXE04)	Substance Misuse Service (Addiction Endorsement)	Abhijeetha Salvaji
	OA	Ferham Clinic, Rotherham (RFRFC)	Older Adults North CMHT (Mixed Inpatient & Community)	Leela Seelam
	OA	Great Oaks Inpatient Unit (RXE92)	Mixed: Laurel Ward, Mixed OA (Inpatient) & CRHTT, CHLT & OA Liaison	Barathy Kandhasamy
Sheffield Health and Social Care NHS Foundation Trust	GA	Northlands Community Health Centre (TAHXR)	North CMHT (Community)	Scott Weich
	GA	Sidney Street (TBC)	Assertive Outreach Team (Community)	Mike Atter
	GA	East Glade Centre (TAHFY)	South CMHT (Community)	Inderpreet Jassal
	GA	The Limbrick Centre (TAHXQ)	Early Intervention Service (Community)	Reem Abed
	GA	Forest Close (TAHXM)	CERT & Forest Close (Rehabilitation endorsement)	Kiran Pindipolu
	GA	The Longley Centre (TAHCC)	Liaison Psychiatry Service	Abhi Shetty
	GA	East Glade Centre (TAHFY)	South CMHT (Community)	Michael Ludlam
	GA	The Longley Centre (TAHCC)	Endcliffe Ward - PICU, Mixed GA (Inpatient)	Bhavana Karna
	GA	Michael Carlisle Centre (TAHFC)	Stanage Ward, Male GA (Inpatient)	Nicoletta Lekka
	GA	Forest Close (TAHXM)	Forest Close & CERT (Rehabilitation endorsement)	Alex Bradwell
	OA	Sheffield Teaching Hospitals NHS Foundation Trust (RHQ) Northern General/Hallamshire Hospitals	Older Adults Liaison Psychiatry Service	Aparna Mordekar
	OA	Edmund Road (TAHYE)	Older Adults Home Treatment Team (Community)	Edward Dimelow
	OA	Michael Carlisle Centre (TAHFC)	Dovedale 1 Ward, Mixed OA (Inpatient)	Zoe Kwan
	OA	Edmund Road (TAHYE)	Older Adults North CMHT (Community)	Helen Linnington
South West Yorkshire Partnership NHS Foundation Trust	GA	Kendray Hospital (RXG82)	West Enhanced Mental Health Team (Community)	Kiran Rele
	GA	Kendray Hospital, Barnsley (RXG82)	The Oakwell Centre, Clark Ward, Female GA (Inpatient)	Piyush Prashar
	OA	Summer Lane Centre, Wombwell, Barnsley	Memory Assessment & Support Services (Community)	Kalyan Seelam