

THE ROYAL COLLEGE OF PSYCHIATRISTS

APPLICATION FORM FOR APPROVAL OF:

- **A NEW TRAINING POST IN A DEANERY/PMETB APPROVED TRAINING PROGRAMME**
- **A CHANGE TO A TRAINING POST IN A DEANERY/PMETB APPROVED TRAINING PROGRAMME**
- **A CHANGE OF CLINICAL SUPERVISOR/TRAINER IN A TRAINING POST IN AN EXISTING DEANERY/PMETB APPROVED TRAINING PROGRAMME**

The Royal College of Psychiatrists has produced this form to assist Programme Directors or Programme Tutors who wish to submit details of any of the above to the Deanery Head of School for support. The Deanery Head of School will review the placement using the guidance provided and will submit a letter of support to the Postgraduate Dean. Where necessary the Postgraduate Dean will complete Form A and send this to PMETB for final approval. **PLEASE NOTE: PMETB WILL ONLY ACCEPT APPLICATIONS ON FORM A FROM POSTGRADUATE DEANS.**

Brief Notes for guidance on completion of the application form:

- A. If the post is a new post that will result in an increase in the maximum training capacity (MTC) of the programme, or if the new post is in an employing organisation which is not already listed on the existing Form A, this form must be sent to the Postgraduate Dean who will then send an amended Form A to PMETB for approval. **Please complete Section A.**
- B. If the post is a new post within the programme's MTC and in an employing organisation which is already listed on Form A then PMETB approval is not required, but a letter of support from the Head of School must still be sent to the postgraduate dean. **Please complete Section A.**
- C. If an existing approved post is being moved to a new employing organisation which is not already listed on the existing Form A, then PMETB approval will need to be sought. The postgraduate dean is responsible for completing section 2 of Form A and sending this to PMETB for approval. **Please complete Section B.**
- D. If there is a change of supervisor to an existing placement **please complete Section C. A change of supervisor alone does not require PMETB approval.**
- E. Please ensure the Professional Standards Department at the Royal College of Psychiatrists is kept informed of all new/existing posts on Deanery/PMETB approved training programmes.

1. Job Description

This should include all of the following details:

- a. The name of the post.
- b. Type of post and name of employing Trust.
- c. Name Clinical Supervisor(s)/Trainer(s)
- d. Roles and responsibilities of the trainee.

- e. Core clinical work to include:
Settings where work will be carried out
Types of assessments and therapies for which the doctor in training will be responsible (all experience must be appropriate to the level of training provided).
Details of any on-call duty rota including nature of duties as well as frequency of on-call.
- f. Academic activities which should include:
Opportunities within Directorate/Trust (eg, case conferences, journal clubs, lectures).
Attendance at peer group meetings (all trainees must have the opportunity to attend)
- g. Supervision. This should be an explicit statement about minimum one hour per week timetabled personal supervision from the consultant in addition to clinical supervision.
- h. Details of how the intended learning outcomes will be achieved. (Clinical Experience, Intended Learning Outcomes and Curriculum should be explicitly linked)

2. Curriculum Vitae of Trainer (no more than 2 sides of A4)

This should include all of the following details:

- a. Date of appointment to current consultant post. Date and specialty of CCT or specialty on the Specialist Register including any endorsements.
- b. Previous consultant posts (if relevant).
- c. Details of the trainer's own higher training, including qualifications.
- d. Confirmation that the trainer is registered with the College and in good standing for CPD.
- e. Details of any training posts previously held by the trainer.

3. Letter(s) of confirmation of Trust support. For example:

- a. 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.
- b. 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.

4. Weekly Timetable for the trainee and Clinical Supervisor/Trainer which should show

- a. An overlapping pattern of clinical work.
- b. (ST 4-6 only): Two sessions for research or special interest sessions (preferably on the same day).
- c. Opportunities for clinical supervision.
- d. Attendance at an appropriate academic programme (CT1-3)
- e. Regular scheduled educational supervision by the Consultant Trainer of one hour (please specify time).
- f. Details of on-call work (including nature of duties and arrangements for clinical supervision).

PLEASE ENSURE ALL RELEVANT SECTIONS OF THIS APPLICATION FORM HAVE BEEN COMPLETED AND THE RELEVANT DOCUMENTATION SUPPLIED.

i. Level of Training.

Please mark appropriate box(es).

- CT1
- CT2
- CT3
- ST4
- ST5
- ST6

ii. Specialty.

Please mark appropriate box.

- | | | | |
|---------------------------------------|--------------------------|-----------------------------------|--------------------------|
| General adult psychiatry ¹ | <input type="checkbox"/> | Old Age psychiatry ¹ | <input type="checkbox"/> |
| Addiction psychiatry | <input type="checkbox"/> | Child & Adolescent psychiatry | <input type="checkbox"/> |
| Rehabilitation psychiatry | <input type="checkbox"/> | Forensic psychiatry | <input type="checkbox"/> |
| Liaison psychiatry | <input type="checkbox"/> | Psychiatry of Learning Disability | <input type="checkbox"/> |
| Eating Disorders psychiatry | <input type="checkbox"/> | Psychotherapy | <input type="checkbox"/> |
| Peri-natal psychiatry | <input type="checkbox"/> | | |
| Neuropsychiatry | <input type="checkbox"/> | | |

For Academic Posts and Placements please mark the box below in addition to the appropriate clinical specialty (above)

Academic

iii. General Information

Name of Postgraduate Deanery _____

Name of Deanery Head of School of Psychiatry _____

Training Programme Director/Tutor _____

Number of NTN's on the programme (the number of trainees training in the programme at the present time)

Maximum Training Capacity of the Programme (theoretical maximum number of trainees which could be trained on the programme at any one time as already approved by PMETB on current form A)*

***PLEASE NOTE: If the post will result in the number of NTN's on the programme exceeding the PMETB approved maximum training capacity, the postgraduate dean must complete Form A and send this to PMETB for approval.**

¹ Includes all relevant service modalities and sub-specialties

iv Reason for application:

Please TICK appropriate box.

a. New Post to an existing Deanery/PMETB approved training programme
Go to Section A.

b. An amendment to a post or a change of location to a post which currently holds educational approval by the Deanery/PMETB
Go to Section B

c. A change of Clinical Supervisor/Trainer to a post which currently holds educational approval by the Deanery/PMETB
Go to Section C

SECTION A

PLEASE COMPLETE IF NEW PLACEMENT ONLY

Name of Clinical
Supervisor/Trainer _____

Please ensure a CV of no more than 2 sides of A4 is enclosed (see point 2 in Notes for Guidance)

Location of Placement (employing
organisation) _____

Timetables (See point 4 in Notes for Guidance)

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					

iii. Job Description

Please enclose a new job description (See point 1 of the Notes for Guidance)

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

i. Changes to existing timetable (See point 4 on Notes for Guidance):

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					

ii. Changes to job description: Please enclose a new/amended job description (see point 1 in the Notes for Guidance section 1)

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? *YES/*NO

If yes, in which scheme: _____

Please ensure a CV for the proposed new supervisor is enclosed with this application (**see point 2 on the Notes for Guidance**). **Please ensure PMETB's four standards for trainers are met when approving a new supervisor for an existing placement.**

**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.**

***Delete as appropriate**

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

The Programme Director/Tutor should outline below how this post/placement contributes to the programme 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 outlined 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 and return this form to the Deanery Head of School