

Induction Pack Child and Adolescent Psychiatry training Scheme North West Deanery (Mersey)



**North West
Boroughs Healthcare**
NHS Foundation Trust

Alder Hey Children's 
NHS Foundation Trust



**Cheshire and
Wirral Partnership**
NHS Foundation Trust

Dear Trainee

Welcome to the Child and Adolescent Psychiatry training Scheme in North West deanery.

The deanery is made up of 2 sites:

1. West - Mersey side area
2. East - Manchester and its environs.

The Scheme is coordinated by 2 Training Programme Directors (TPD):

1. Dr. Lakshmi Ramasubramanian for the West (Mersey) side.
2. Dr Neelo Aslam for the East (Manchester) side.

This induction pack is a brief outline of your experience as a trainee in this scheme and should be used as a guide for various questions you might have. The best place to find any further answers would be via your consultant supervisor, through discussion with other trainees but most especially from Dr. Ram directly.

The pack is laid out in various sections for your reference with important information in red font highlighted for your attention. All the information should be supplemented with your local trust policies and official contract. We have also not added any local induction information which you should check with the trust you are based with.

The induction pack is updated annually, but information constantly changes. Please email suggestions/comments/corrections to Lakshmi.Ramasubramanian@alderhey.nhs.uk.

**CHILD AND ADOLESCENT PSYCHIATRY
INDUCTION PACK
MERSEY DEANERY**

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Section 1: Training Placements

The Alder Hey Children's Hospital Foundation NHS Trust	1. Dewi Jones Unit – Tier 4
	2. Sefton Specialist CAMHS
	3. Sefton Specialist CAMHS
	4. Fresh CAMHS Liverpool
North West Boroughs Health Care NHS Foundation Trust	5. St. Helens CAMHS
	6. Thorn Road Clinic, Runcorn
Cheshire & Wirral Partnership NHS Trust	7. East Cheshire 16-19 Service, Elm House
	8. Ancora House Tier 4 Adolescent Inpatient Unit, Chester
	9. Central & West Team, Wirral
	10. Marsden House Chester

The training scheme offers a wide variety of clinical experiences in in-patient, community and academic settings. The scheme prides itself on an appropriate balance between clinical experience and training needs with extensive opportunities for training in research, teaching and therapeutics. Higher Trainees rotate annually and Core Trainees 6 monthly. Placements are agreed with the programme director.

Approved Trainers

Dr Lakshmi Ramasubramanian (Training Programme Director)

Dr Anandhi Inbasagaran

Dr Andrew Kevern

Dr Mariam Hanna

Dr Eric Davies

Dr Alison Leech

Dr Steve Earnshaw

Dr Lorraine Pauley

Dr Theresa McArdle

Dr Patrick Clare

Your job plan will be agreed with your local supervising Consultant trainer. For a full-time trainee, this would usually include:

1 session (half a day) for research / week

1 session (full day) per month for academic teaching (1st Monday of the month)

Special Interest sessions are allocated based on training needs and interests. This is usually 1 session (half a day) per week.

The following Special Interest Sessions are available on the training programme on the west side:

- Learning Disability CAMHS
- Paediatric Neuropsychiatry
- Paediatric Neurology and Liaison
- Autism Spectrum Disorders
- Looked After and Accommodated Children's Mental Health Services
- Eating Disorders
- Court Diversion
- Perinatal Psychiatry
- Early Intervention in Psychosis

By specialist arrangement, some specialist interest sessions can be arranged within the East side, such as forensic experience. Interested trainees should discuss this with your trainers in the first instance and with the Programme Director.

Section 2: Out of hours

2.1 On call duties

- The on-call rota covers 'out of hours service' between 17:00 and 09:00 and all weekends and bank holidays 24 hours.
- All on calls are non-residential (please make sure you are always accessible via telephone). The maximum expected response rate in person is 2 hours.
- Higher placements are across 3 trusts, but on-call commitments are different. **If in doubt always check with other senior trainees/Consultant on call whether appropriate to accept referral.**
- **There is a separate consultant on call rota for both Liverpool and Cheshire.** You can contact the relevant consultant via Alder Hey or Countess of Chester Switchboard.
- In your first year as Higher Trainee **it is advisable to inform the Consultant of the nature of calls received and your response.** Most senior trainees are happy to provide advice if needed. **You must inform Consultants prior to and after any Emergency assessments.**
- We usually do not conduct community assessments out of hours. If this is required, it will take place with Consultant involvement.
- For all assessments you must inform the appropriate CAMHS team and the young person's GP, **the next working day.** Please also ensure any paper-work follows the young person to the ward if they are admitted. You should have admin support to do this but if urgent, this may require faxing or emailing an assessment letter yourself to avoid delay. If there is a problem, please discuss with your consultant
- You will be required to access 2 different computerized medical records off site when you are doing on calls (Care Notes for CWP and MediTech for Alder Hey). You will need to make sure that you receive training on both these systems, independent of your local base. This training will hopefully be set up as part of the induction process

but you may need to contact IT services independently to arrange individual passwords for off-site access (CWP IT services: 0300 303 8182, Alder Hey IT services:

‘Rest time’:

- Your on-call commitments are non-residential and paid as such. You are expected to provide a normal full working day after each on call shift, there is no ‘rest time’ allocated.
- On rare occasions a trainee may be physically required to attend multiple sites throughout the night and consequently feel they are unfit to work the following morning without some rest. This is at the discretion of the individual trainee and it is then their responsibility to call and cancel morning commitments up until such time they feel they can attend work that day.
- This compensatory rest time must only be taken immediately after the on-call shift to allow for 5 continuous hours rest. Rest-time cannot be accumulated from more than one shift or ‘delayed’ to be taken at a later stage.
- Trainees can discuss further with their supervising consultant if there are issues around compensatory rest.

Alder Hey Children’s Hospital NHS Foundation trust

- We cover Liverpool, North and South Sefton areas (see attached guidelines for North Sefton residents) and the Dewi Jones Unit (Tier 4 inpatient unit ages 5-13)
- First on call: **CT3 or ST4-6** (CT3 cover Alder Hey only)
- Second on call: Consultant Child and Adolescent Psychiatrist.
- Rota is held at Alder Hey hospital switchboard **0151 228 4811**.
- **We do NOT cover Royal Liverpool Hospital**
- **Young people >16 years, if known to CAMHS and Not yet transferred to adult services see ONLY if presenting at Alder Hey A&E**
- **You may get called about police cell assessments or MHA assessments in the community. This is currently not part of our remit out of hours and would be best to seek the advice of the on call consultant**

Cheshire and Wirral Partnership

- **CAMHS CT3 do not participate in this rota.**
- ***There is a separate Cheshire and Wirral Consultant Child and Adolescent Psychiatrist rota.***
- First on call: CT1-3/GPVTs (SHOs) based at Chester, Crewe and Macclesfield.
- Second on call: **ST4-6** for the inpatient units in Chester (via Countess of Chester Switchboard), Arrowe Park Hospital and Countess of Chester Hospital. We DO also cover other areas in CWP trust (second on call) ie. Crewe and Macclesfield with Consultant backup – **this includes police cell assessments and MHA assessments in the community.**
- Third on call: Consultant Child and Adolescent Psychiatrist.
- The Rota is held by switchboard at Arrowe Park **0151 6785111** and Countess of Chester Hospital **01244 365000**, Leighton **01270255141** and Macclesfield **01625421000**.

North West Boroughs (previously 5 Boroughs Partnership)

- Halton, Knowsley, St Helens, Warrington and Wigan & Leigh.
- There are no out of hour's arrangements either ST/consultants. 5BP Trust have their own on call rota.
- ***We do not cover these areas out of hours.***

2.2. Rotas

- The Rota is prospective; the maximum frequency is 1:9.
- Rotas and contact details are distributed by e-mail
- There are no pagers/work mobiles, therefore your personal contact numbers will have to be made available to the relevant parties and switchboards at the start of your placement.
- Rota organisers:
 - Trainee – **Dr Mateusz Korsezc** (matt.ko48@gmail.com / mateusz.korzec@nhs.net)
 - Alder Hey administrator - Suzanne Keatley (Suzanne.Keatley@alderhey.nhs.uk)
 - CWP administrator – Deborah Hatton (Deborah.Hatton1@nhs.net)
 - Judith Lakeland (Judith.Lakeland@nhs.net)

**** In the event of having to swap your on call duties:**

- **Negotiate a swap between trainees**
- **Those trainees have a responsibility to communicate any changes to Suzanne Keatley, Deborah Hatton, Judith Lakeland and the rota co-ordinator (Mat) OR if last minute to the Switchboards at Alderhey, Arrowe Park and COCH.**
- **You may not swap into a 'vacant slot' on the rota.**

Locums

- There might be chances to cover vacant on call slots as a locum.
- **When doing a locum shift the trainee only covers Alder Hey (in the same manner as CT3s and does not cover CWP)**
- Please note it is difficult to SWAP locum on calls especially in view of receiving the ADH payment.

- To claim locum payment SpRs should fill in the form (see Appendix) and then submit to Amanda Bailey (Amanda.bailey@alderhey.nhs.uk) at Alder Hey, do not worry about getting any further signature authorization before submitting the form - in-tray can be located at Alder Hey CAMHS Single Point of Access/Liverpool Fresh CAMHS base on the old Alder Hey site.

2.3 Reporting Sick when on-call:

1. Please inform your employer (Medical staffing) and your local team as soon as possible
2. Please inform Dr Mat Korzec if you are on call (If he is on leave, please inform Dr. Inbasagaran (Consultant Psychiatrist at Alderhey and rota co-ordinator)) who will try to arrange an alternative and update switchboards and consultants on call as appropriate.

2.4 On call policies

The local out of hours guidelines (as of August 2016) have been included for both CWP and Alder Hey in full. Please take time to read them as there are different protocols for each, particularly related to 16 -18 year olds. Please clarify any questions or concerns with your supervising consultant.



Guidelines for the assessment and management of psychiatric emergency in young people under 18 years presenting to or admitted to Arrowe Park Hospital, Macclesfield DGH, Countess of Chester, Leighton Hospital

Lead executive	Medical Director	
Authors details	Dr Fiona Noble and Dr Paul McQuail	
Type of document	Guidance	
Target audience	All clinical staff - CAMHS	
Document purpose	This is a clinical guideline covering the management of mental health emergencies in young people under 16 years in CWP catchment. It covers self harm pathways, and emergency responses to young people who present at A&E departments, including assessments under the mental health Act.	
Approving meeting	Patient Safety and Effectiveness Sub Committee	Date 1-Jan-16
Implementation date	Dec 14 followed by an annual compliance review	

1. Introduction

This is a clinical guideline covering the management of mental health emergencies in young people under 18 years in CWP catchment. It covers self-harm pathways, and emergency responses to young people who present at A&E departments, including assessments under the mental health Act. CWP trust provides a comprehensive 24 hour provision for emergency assessment of acute mental health disorders in young people.

2. Definitions

Self Injury

These local protocols include best practice guidelines in accordance with NICE Guidelines and current Cheshire and Wirral Partnership NHS Foundation Trust (CWP) policies.

Accident and Emergency (A&E)

All young people up to the age of sixteen [sixteenth birthday] who present to A&E following an episode of self-injury should be admitted to a paediatric ward or appropriate in-patient bed, regardless of toxicological state. At the acute phase of presentation, emergency assessment of physical condition and any necessary treatment should be undertaken in A&E with appropriately trained children's nurses and doctors and in a designated area for young people

where possible. The young person should then be admitted to the paediatric ward and referred to the local CAMHS team for assessment (see local policy).

3. Assessment and management guidelines for under 16 years of age

3.1 Arrowe Park Hospital (APH)

After triage assessment in A&E Department, the young person should be referred to the A&E doctor, paediatric doctor or Approved Paediatric Nurse Practitioner (APNP).

They will make the decision to admit/discharge if necessary in consultation with the duty paediatric senior trainee. Following admission a referral is made to the CAMHS Risk Assessment Team.

Risk assessment team

Assessments will take place Monday to Friday on the ward between 10am and 1pm

Non-admission should be followed-up through urgent referral system to CAMHS at Adcote House, Tel: 0151 488-8111.

Out of hours support is available via CWP protocol for the on call system for Child & Adolescent Psychiatry (see appendix 1)

3.2 Macclesfield District General Hospital (MDGH) and Leighton Hospital (LH)

Local protocol for the risk assessment and management of self injury.

With the Introduction of National Guidelines with regards the assessment and management of self injury [NICE guidance 2004] the existing protocol has been reviewed and adapted to ensure its compliance with such guidance.

Paediatric ward

Admitting staff should obtain agreement for a mental health assessment from an adult with parental responsibility and seek their full involvement and co-operation. The nurse in charge should activate a check with regard to any previous or existing registration on the Child Protection Register and may need to contact the appropriate professionals e.g. Liaison Health Visitor or Lead Nurse for Child Protection if there are concerns of this nature, following full discussion with medical staff in charge and with the parent. Depending on the nature and severity of the self injurious attempt and the nature of the potential risk involved, an appropriate bed space will be allocated, either in an adolescent bay or in a side room.

The specialist CAMHS service should be informed of every admission at the earliest opportunity so that arrangements can be made for a full risk assessment to take place as follows: Macclesfield (MDGH) on Mondays (Tuesday if the preceding Monday is a bank holiday) , Wednesdays and Fridays, Leighton (LH) from Monday to Friday (excluding bank holidays). **Child & Adolescent Mental Health Service (CAMHS) Specialist CAMHS**

Staff undertaking the process of assessment and treatment planning should have had training specifically orientated to work with young people and their families in a mental health setting and be skilled in risk assessment. They should have consultation available to them. The young person must be medically stable before an assessment.

The assessment process will involve the young person and their parents / carers. It will be necessary for the ward staff to arrange for the appropriate parents/carers to be available at an agreed time. The young person will be offered to be interviewed alone initially, unless there are special circumstances negating this. If the risk assessor feels that it is clinically appropriate that another member of staff joins the assessment then it is the responsibility of

the risk assessor to request this. Ideally the interview will take place in a room which is private, comfortable, appropriately heated and ventilated and large enough to accommodate several people.

The parents / carers may be interviewed separately. Following the assessment, a clinical view will be offered to senior ward staff or doctor and a written summary made in the medical notes as to the next appropriate steps and suitability for discharge. A CAMHS follow up appointment will be given at this point. This will be within the next seven days. Should the young person be deemed unfit/unsafe for discharge, the Paediatric ward will keep the said young person on the ward until a second opinion has been given by the Child and Adolescent Psychiatrist.

Child and Adolescent Mental Health Outpatient Follow-up

After discharge, one follow-up meeting will be arranged with the young person and family, this follow up appointment will be offered whatever the outcome of the Risk Assessment. The appointment date will be given to them in the hospital. Appointments for any case likely to require a more intensive follow-up or further assessment/treatment will take place as appropriate in CAMHS. Where a young person's self injurious behaviour is an indication of and/or contingent upon a failure of care and protection, child protection procedures will need to be implemented. Social Services will then be contacted to ensure the young person's safety. Alternative care arrangements may need to be made by the Local Authority.

Refusal to comply with agreed protocol/practice

Should the young person or the parent/carer decline admission or refuse to accept the agreed protocol for risk assessment, they should be asked to sign their own discharge. This should be documented in the relevant medical notes. CAMHS, however, should still be notified of the self injurious episode. If there are significant risk issues a referral to social services and contact with the CAMHS team should be considered re whether safe to allow discharge against medical advice.

3.3 Countess of Chester Hospital (COCH)

CAMHS currently assess 5 days a week; Monday to Thursday assessments take place at 11.00am Fridays at 10.00am. If a second assessment it will be booked in at 1 pm except Friday (12noon).

Ward Staff

- The young person will be admitted as the self injury protocol to a paediatric bed;
- If deemed medically fit for discharge the ward will fax over a self injury referral form to 01244 320268 by 10.00 am (9.00 am on Fridays) and phone 01244 393200 to confirm. This can be done by the ward staff at any time as the fax machine is on 24 hours a day and the answer machine is one if nobody able to take a call;
- If the young person is not medically fit then it would be helpful to know of their admission but they will not be seen until medically fit and then the ward will need to let the team know as above;
- The ward staff will ask the parents to be on the ward to meet with CAMHS at 11.00am;
- The ward staff will have booked a room(s) for the assessment to take place;
- If a parent refuses to be present then social services should be asked to be present as an assessment cannot be undertaken without a person holding parental responsibility.

3.4 Management of patients that present with a suspected severe psychiatric disorder, (generally psychosis or severe mood disorder)

- The initial assessment should be carried out in an appropriate safe place preferably within the A&E department;
- Support should be sought from Accident and Emergency staff experienced in mental health (when available);
- After initial assessment in the A & E Department, the young person should be referred to on-call paediatric junior doctor;
- The paediatrician on-call will advise when / if to involve the locality CAMHS team or out of hours on-call. See contact names and numbers – addendum (see on call protocol for out of hours);
- Appropriate psychiatric assessment and management will be provided.

4. Emergency and management guidelines for young people 16 and 17 years of age

16 and 17 year olds who present to A&E at any of the above hospitals who are not taken to hospital under the auspices of S136 and do not require a MHA assessment, will continue to be seen by Liaison Psychiatry/Crisis Resolution Home Treatment Team or AMH Core Trainees who will have access to the CAMHS on call Higher Trainee or Consultants for telephone advice.

5. CWP section 136 Policy

5.1 Under 16 year olds presenting on a section 136

These young people will be managed via the CAMHS emergency pathway, when a CAMHS section 12(2) approved clinician will attend in person, or give appropriate advice to a senior CAMHS colleague (ST 4-6 in Child Psychiatry); as they might be travelling a long distance, local arrangements may need to be in place to manage the situation until they arrive.

5.2 16 and 17 year olds presenting on a section 136

16 and 17y olds who are taken to A&E within the Trust footprint (Arrowe Park Hospital, Countess of Chester Hospital and Macclesfield District and General Hospital) under the auspices of S136, will be seen by CAMHS Higher Trainees as the first port of call.

On occasions when a CAMHS higher trainee is not available on the on call rota then AMH Higher Trainees will be the next port of call for 16 & 17 year olds presenting on S136 in localities that they are available in. The CAMHS consultant on call will be available to advise the AMH trainee on these occasions. AMP's can be contacted via the Adult Mental Health team who will have the contact details locally.

Contact for S136 CAMHS advice is available via the local community CAMHS teams in daytime hours – request psychiatrist (Crewe, Macclesfield, Chester, Wirral). Out of standard hours via any of the DGH switchboards (Arrowe Park Hospital, Macclesfield, Leighton, Countess of Chester) – request on call CAMHS/child psychiatrist.

6. Acutely disturbed behaviour

Management of disturbed behaviour not due to a severe psychiatric disorder (behaviour

associated with conduct disorder, ADHD, Autistic Spectrum Disorder, emotional and behaviour disorder, behaviour disorder associated with a learning difficulty).

It should be noted that it is very rare for a pre-adolescent child to present as a psychiatric emergency. In the majority of cases an acute presentation of disturbed or aggressive behaviour is not due to a severe psychiatric disorder and a calm behavioural approach, which involves the social network involved in caring for the child, may result in alleviating the immediate presenting issues.

The assessing accident and emergency practitioner can make the decision to discharge or, can consult with the duty paediatrician. The following can be offered:

- To offer advice / reassurance to carers / child as appropriate;
- To advise parents to contact or to contact directly other currently involved relevant agencies such as CAMHS community child health, Children and Young People's Department (CYPD);
- To advise parents about community support systems via primary care services and education supports;
- To consider role of a brief period of medication, only if the situation fails to resolve by other means;
- To refer to CAMHS or to contact the Child and Family Service for advice;
- To involve CAMHS if severe psychiatric disorder is suspected;
- It is seldom appropriate to admit these cases; if admission to a paediatric ward is being considered, careful consideration of the benefits and risks (to the child and others), including appropriate consultation with ward staff, security staff, CAMHS, community child health, social services or duty managers may be required.

7. Emergency sedation (Refer to Rapid Tranquilisation policies)

- Rapid Tranquilisation for CAMHS for children aged 5 to 12
- Rapid Tranquilisation for 12-18 year olds when Lorazepam IM available
- Rapid Tranquilisation for 12-18 year olds when Lorazepam IM Unavailable

8. Placement options for young children / adolescents with severe psychiatric disorder

Following initial assessment +/- emergency treatment, a suitable safe place for ongoing psychiatric assessment, monitoring and further treatment may be necessary. The nature and severity of the presentation and plan of care will determine appropriate placement.

- Discharge to home environment following initial assessment with appropriate supportive networks or referring on as necessary i.e. to Child and Family Service. However any young person presenting with a severe psychiatric disorder the case should be **discussed with CAMHS**
- **Paediatric Ward** – authorised / admitted by on-call paediatrician / nursing staff / with skill mix as appropriate. Discuss issues on management / placement with duty Psychiatrist;
- Pine Lodge Young Person's Centre (YPC) or **Maple Ward** (COCH site) Regional Adolescent Unit (13 years – 18th birthday). In the event of no immediate availability of bed, senior tier 4 staff will assist in identification of appropriate resource.
- **The Dewi Jones Unit** (under 13 years) in Alder Hey Hospital. Generally is unable to offer

immediate transfer. Referrals via CAMHS;

- Private sector specialist mental health lead. Needs authorisation by duty Commissioning Manager after involvement of on-call CAMHS consultant and senior tier 4 (CWP) staff.

9. Consent to treatment

Gillick (Fraser) competence is a legal framework, which endorses the rights of the “mature minor” or “Gillick competent” child (under the age of 16 years) to consent to treatment, but not to refuse treatment. It requires the assessment of a child’s capacity and maturity for a particular type of decision. The **Mental Capacity Act** is not applicable to under 16 year olds, though the assessment of capacity in under 16 year olds is based on the same principles i.e. the child/young person should not be suffering from a temporary or permanent impairment or disturbance effecting the functioning of mind or brain and should be able to a) understand and b) retain information, c) use and weigh that information as part of a decision making process and d) communicate their decisions.

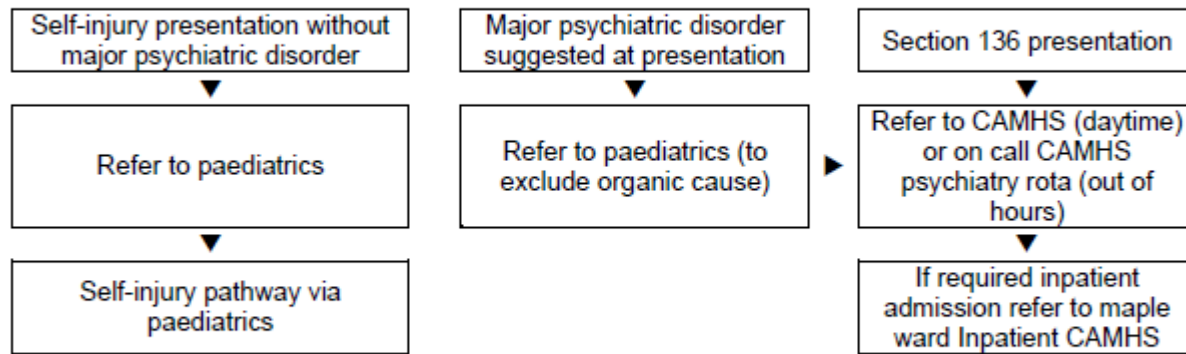
Guidance from the General Medical Council (2007) on consent to treatment in children and young people up to the age of 18 years states that, overriding a competent child’s or young person’s refusal of treatment is complex and legal advice is recommended. **The Children Act 1989** emphasises the concept of parental responsibility, but acknowledges that it is reducing with increasing age of the child. The Act allows children’s refusal of treatment to be overruled through parental permission and does not offer any specific safeguards for young people in this case.

If a young person is suffering from a mental disorder and is refusing treatment, emergency treatment and placement can be carried out against their wishes with the joint consent of the parent / carer and the medical practitioner. If there is no person having parental responsibility willing to consent to a necessary action or treatment programme for a child who is not competent, consideration must be given to obtaining a specific issue order or asking the local authority to seek a care order.

The Mental Health Act **can be applied regardless of age to any young person who is suffering from a mental disorder and is deemed at risk to self or others. The Mental Health Act better protects the rights of the young person against their wishes, then the Children Act, but detention under the MHA is often more stigmatising**

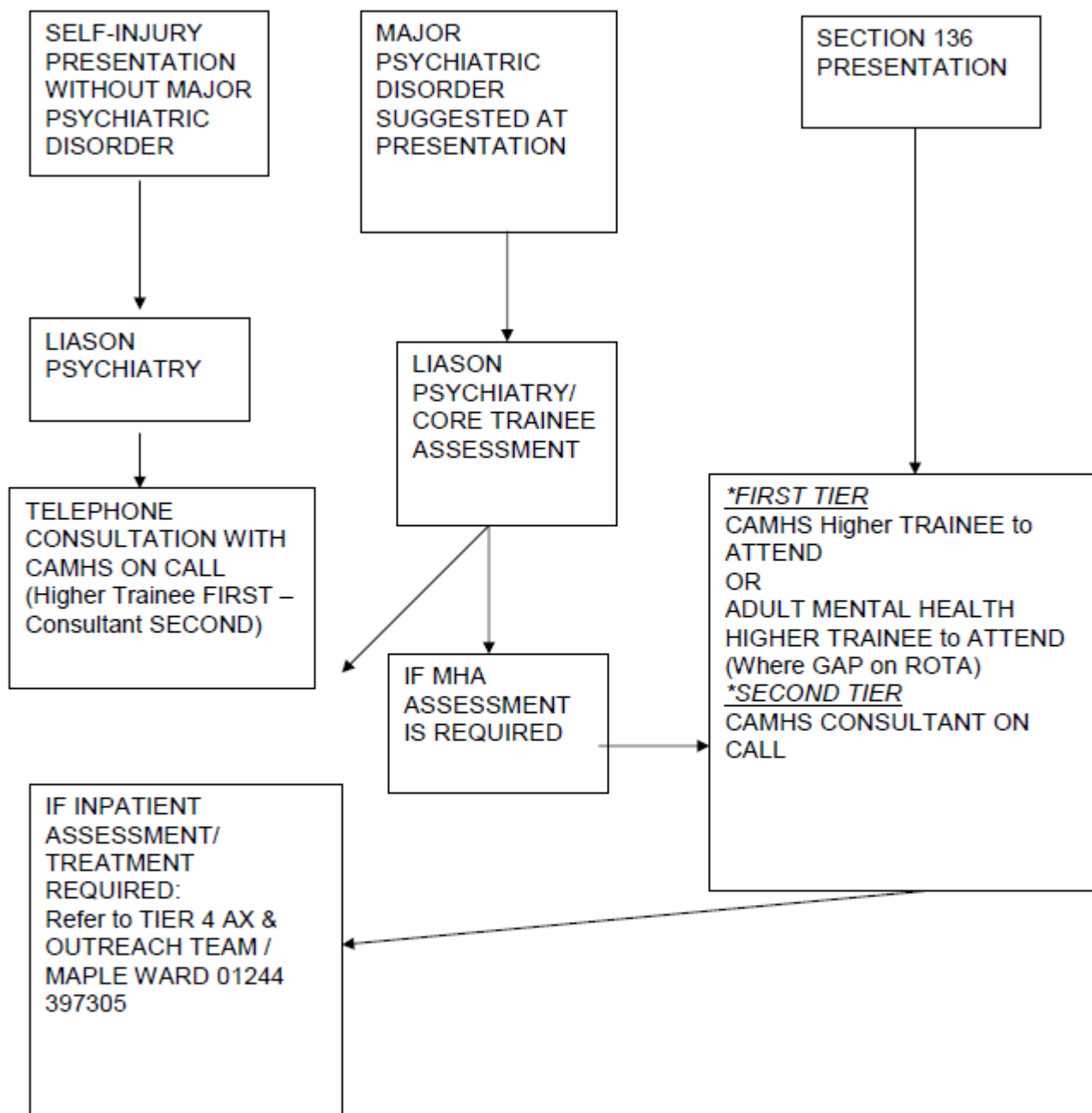
10. Flow charts for psychiatric emergencies

10.1 Flowchart for psychiatric emergency presenting to A&E department under 16



10.

10.2 Flow chart for psychiatric emergencies presenting at A and E for 16 and 17 year olds



* Any safeguarding issues should be managed via safeguarding procedures

Appendix 1 - Protocol for the on call system for child and adolescent psychiatry (under 16s) East Cheshire, West Cheshire, Wirral CAMHS Service line

Introduction

This is an out of hours three tier on-call service, specifically for those children and adolescents requiring an emergency out of hours assessment by specialised mental health services. It covers the four district general hospitals situated in Wirral, West, Central and East Cheshire areas of the CWP.

The first tier of the service is provided by the on-call psychiatry core trainee (CT1-3) who cover the Accident and Emergency departments at APH, COCH, LH, MDGH.

The second tier of the service is provided by the on-call specialist trainee 4-6 in child and adolescent psychiatry who will offer telephone advice to the psychiatry core-trainee at the four hospital sites and where appropriate attend the hospital to provide a child and adolescent psychiatry opinion. The psychiatry core-trainee should contact the on-call specialist trainee in the first instance. The specialist trainee will have access to the on-call consultant child and adolescent psychiatrist as required. If no specialist trainee in child and adolescent psychiatry is named on the rota the second tier becomes the on-call consultant child and adolescent psychiatrist.

The third tier of the service is provided by one on-call consultant child and adolescent psychiatrist who will offer telephone advice to the on-call specialist trainee in child and adolescent psychiatry and the psychiatry core-trainee at the four hospital sites and where appropriate attend the hospital to provide a consultant opinion.

Times

The on-call system will provide a service between 5pm-9am Monday-Friday, throughout the weekend and on Public Holidays.

Sites Covered

- Arrowe Park Hospital (APH)
- Countess of Chester Hospital (COCH)
- Leighton Hospital, Crewe (LH)
- Macclesfield District General Hospital (MDGH)
- Young People's Clinic
- Maple Ward (Bowmere Hospital) covers admitted patients up to 18th birthday

Age Range

Children and adolescents up to their 16th birthday

Scope of Service

- Emergency psychiatric assessment of children and adolescents presenting to the hospital Accident and Emergency department with acute onset of suspected serious mental illness e.g. schizophrenia;
- Direct referrals are not taken from outside agencies and the system cannot offer an outreach or domiciliary service;

- Children and adolescents requiring emergency mental health assessments should normally be referred to the out of hours primary care service. The A&E department is an emergency back up to this and may be the first point of contact for walk in cases but is not a replacement for the primary care service;
- Urgent cases seen by the primary care out of hours service are best referred to the usual CAMHS team during the next working day;
- The child psychiatry on-call service does not provide mental health assessment of children and adolescents who have deliberately self injured. As per established protocols, these individuals should be admitted under the care of the paediatricians and assessed by the local daytime CAMHS team the next working day. In exceptional circumstances a young person's parent or carer may decline to follow the self injury protocol, and in this situation the Accident and Emergency department clinician / paediatrician will consult with the psychiatry on call service.

Assessment Procedure

- As per standard procedure, the Accident and Emergency doctor or paediatrician should first screen the child or adolescent to exclude any significant acute physical health problem and assess the baseline mental health status;
- If the child or adolescent is felt to require an emergency psychiatric assessment because of suspected serious mental illness, the Accident and Emergency doctor or paediatrician should contact the on-call psychiatry SHO core trainee (CT1-3);
- Following psychiatric assessment the core-trainee will contact the on-call specialist trainee in child and adolescent psychiatry who will provide telephone advice or if required, attend the hospital to provide an opinion;
- Unless otherwise authorised by the on-call consultant child and adolescent psychiatrist, the psychiatry CT1-3 and the on-call ST4-6 in child and adolescent psychiatry will be the only person(s) who can contact the consultant on-call for child and adolescent psychiatry directly;
- If, following core-trainee (CT1-3), specialist trainee or consultant psychiatric assessment, admission to a ward is indicated, the child/adolescent will remain the responsibility of the Accident and Emergency department until the child/adolescent is formally admitted to the appropriate inpatient unit. The Accident and Emergency department will be responsible for providing supporting medical, nursing and security services as required until appropriate assessment and subsequent transfer arrangements can be made;
- For all young people who receive an out-of-hours assessment, the local CAMHS team should be contacted at the beginning of the next working day with a summary of the assessment and outcomes;
- For Section 136 MHA assessments see section 5

Admission – Principles and Procedures

- Children and adolescents should only be admitted to hospital if their psychiatric condition is such that they cannot be managed safely at home or in any appropriate alternative nonhospital setting;
- It is not the responsibility of the on-call consultant child and adolescent psychiatrist (or paediatrician) to locate an inpatient psychiatric bed. However the consultant will facilitate the process by providing the relevant duty manager for mental health services with details of appropriate facilities;
- It is extremely rare for children (i.e. under age 13) to require emergency psychiatric admission. However in this instance the on-call psychiatrist will discuss with duty Mental

Health Manager. In the case of adolescents, if emergency hospital admission is required they should be referred in the first instance to the nearest specialised adolescent mental health inpatient unit i.e. Chester Young People's Centre (YPC);

- If no specialised emergency bed is immediately available at the Maple Ward, an appropriate placement option should be discussed with the on-call clinician for Maple;
- A CWP policy for the admission of young people to adult mental health wards (MH28) sets out guidance for young people under 18. Any admission made under this protocol will be recorded on the Trust's Untoward Incident Reporting Form. The Directorate Manager or 2nd on-call manager will inform an Executive Director or the 3rd Tier on-call manager respectively;
- If no appropriate mental health inpatient facility is available within the resources of the CWP an equivalent will need to be found in a neighbouring NHS Trust or the private sector with the assistance of the duty manager for mental health services.

Rota systems

Core Trainee (CT1-3) Rota

This rota will be organised by the locality CMU for Adults and Older Persons.

Specialist Trainee (ST4-6) Rota

This rota will be organised centrally at Alder Hey hospital, Liverpool and sent to Adcote House (Wirral CAMHS) to be linked to the Consultant Child and Adolescent Psychiatry rota for CWP and distributed to the four hospitals.

Consultant Rota

This will be organised by a nominated consultant and sent to Adcote House (Wirral CAMHS) for distribution. The CWP hospital switchboards and the Young Person's Centre will be provided with a copy of the CWP Child Psychiatry duty rota (Specialist Trainee ST4-6 and Consultant tiers) and the relevant contact phone numbers. In the event of a doctor on call being unwell or unavailable due to other unforeseen duties any problems will be relayed to consultant on call and/or duty manager.

CT1-3 training

All psychiatric core-trainees will receive training in child and adolescent emergency psychiatric assessment and related topics. This will be provided by appropriate members of the consultant group and will form part of the core trainee's induction programme at the relevant hospital.

Appendix 2 - Summary of referral pathways for under 18 year olds

Mental health emergencies presenting at APH (Wirral), COCH Chester, Leighton and Crewe hospitals, A&E departments

MON-FRI 9 am – 5 pm (excluding Bank Holidays)

Under 16 years

- **Self injury** – admitted via paediatric junior doctor – seen next working day on paediatric ward by CAMHS risk assessment;(Monday, Wednesday, Friday in Macclesfield)
- **Acutely disturbed behaviour** – with no suspected severe psychiatric disorder – discharge or discuss with duty paediatric doctor. Appropriate advice/liaison with relevant professionals, consider referral to CAMHS;
- **Suspected severe psychiatric disorder** – refer to duty paediatric junior doctor initially – decides whether to refer to duty CAMHS professional/psychiatrist;
- **Urgent Mental Health Act (MHA) medical assessment** (sections 136 or 2) – contact CAMHS duty psychiatrist.

16, 17 year olds

- **Self Injury** – initial medical assessment/treatment – mental health risk assessed via Adult Mental Health (AMH) pathway;
- **Suspected severe psychiatric disorder** – assessed by AMH pathway – may liaise with community 16-19 team for advice/ support;
- **Urgent MHA assessments** section 136 or 2 – via CAMHS pathway.

Outside standard hours

Under 16 years

- **Self injury** – seen by paediatric junior doctor and admitted. Assessed by CAMHS next working day.(Monday, Wednesday, Friday in Macclesfield)
- **Serious mental illness** – seen by duty adult junior psychiatric doctor who will liaise with on call CAMHS ST 4-6 or CAMHS consultant.
- **Urgent MHA assessment** section 136 –CAMHS on call ST4-6 or consultant.

16 & 17 year olds

- Via AMH pathway.

Appendix 3 - On call procedures for psychiatry trainees regarding patients under 16 years

As well as your on call duties to the adult psychiatry services, you are expected to assess children and adolescents when required out of hours as part of the trust on call system for child and adolescent psychiatry. *(There is a detailed protocol available in Accident and Emergency Departments). The service is only within the district general hospitals in the trust, not the community.

The **request** to you will come from a doctor in the A&E Department, Paediatrics Department or a Senior Psychiatric Colleague.

The **indications** for emergency on call involvement include:

- Suspected serious mental illness e.g. schizophrenia;
- Extreme behavioural disturbance where severe mental illness needs excluding;
- It does not cover deliberate self-harm as there are other protocols in place, however it may include occasional admitted patients who have self harm issues and present with suspected serious mental illness;

The **options** for you include:

- Discussion of issues **if in any doubt**, with the on call senior child and adolescent psychiatry colleague (either CAMHS Specialist Trainee, or on call Consultant). Contacts are available via DGH switchboard;
- Advice if appropriate;
- Assessment and further management. When assessing a child under 16 you need to include parent / legal guardian in process. If prescribing, follow consent procedures (see p15 Consent to Treatment) and inform parents as appropriate;
- Make follow up contact with local CAMHS team as required (for all young people who receive an out-of-hours assessment, the local CAMHS team should be contacted at the beginning of the next working day with a summary of the assessment and outcomes);
- Contact Children and Young Persons Department (Emergency Duty Team EDT out of standard hours) if child safeguarding (child protection) issues as per trust procedure.

Appendix 4 - CAMHS contact details

Wirral CAMHS (covers APH)

Adcote House, Kent Street, Oxton, Wirral
CH43 6TX

Tel: 0151-488-8111/ Fax: 0151 652 9859

West Cheshire CAMHS (covers COCH)

Marsden House, Brookdale Place, Chester
CH1 3DY

Tel: 01244 393200 / Fax: 01244 320268

Winsford CAMHS (Covers LH)

Hawthorn Centre, Commerce House, Dene
Drive, Winsford CW7 1AS

Tel: 01606 863 152 / Fax: 01606 592885

West 16-19 Team (Covers COCH)

C/o Bowmere Hospital, Countess of Chester
Health Park, Liverpool Road, Chester

Tel: 01244 397555 / Fax 01244 397556

East Cheshire CAMHS (covers LH)

Mill Street, Crewe, CW2 7AR

Tel: 01270 253841 / Fax: 01270 252398

Macclesfield CAMHS (covers MDGH)

Elm House, Leabank Close, Off Chester Road,
Macclesfield SK11 AQA

Tel: 01625 661241 / Fax: 01625 663770

East 16-19 Service

Elm House, Leabank Close, Off Chester Road
Macclesfield, Cheshire

Tel: 01625 663502 / Fax: 01625 663502

If needed AMP's can be contacted via the Adult Mental Health teams who will have the local contact details.

ON-CALL PROTOCOL for Alder Hey

The child mental health wing of the directorate provides on on-call service (5.00pm to 9.00am and weekends and bank holidays) to see **psychiatric emergencies only**.

The service covers:

- All children admitted to Alder Hey Hospital or in the Accident and Emergency Department regardless of age.
- All children under the age of 16 years who reside (or whose G.P practice resides) in Liverpool or South Sefton areas and who are currently in the community.
- All children under the age of 16 years who reside in Liverpool and South Sefton areas who are currently admitted to another hospital within Liverpool.
- Children from North Sefton who are transferred following telephone discussion with second on call
- See attached protocol.

The service does not cover:

Any children in non-Liverpool hospitals (e.g. Whiston) regardless of where they live.

(Any children living out of the catchments area (except if requested by Alder Hey)

(Any requests for a home visit or assessment onto A & E should be discussed with the consultant on call).

Problems where a referral is appropriate:

Where a G.P or paediatrician has examined a child directly and has reasonable grounds to suspect a psychiatric disorder which by virtue of major threat to the health or life of the affected child or another person constitutes a psychiatric emergency.

Diagnoses likely to be considered include:

Acute onset of psychotic illness

Severe depressive disorder

Mania

Some confusional states

The following conditions are not generally considered to constitute psychiatric emergencies:

Defiant or uncooperative behaviour whether or not in the context of drugs or alcohol

Deliberate self harm is usually picked up by DSH Rota which operates on daily basis during weekdays by the Single Point Access team. However if a young person is admitted and threatening to take own discharge or in particular situations such as over Bank

Holiday weekends the on-call service may be required to assess a child who has self-harmed.

Referral procedures:

New cases referred from Alder Hey or other Liverpool hospitals

Doctors (e.g. medical or A&E registrars) who wish to make a referral contact Alder Hey switchboard who will bleep or call the first on call (SHO or Specialist Registrar) child psychiatrist. Referral should be made on the advice of a senior doctor who will be expected to have examined the child. However, it may be made by the key nurse or one who knows the child.

The child and/or family should have always given consent to the referral and be present.

New cases referred from the community

Emergency referrals will only be taken from medical staff, usually the child's own GP who has directly examined the child. The child and/or family should have always given consent to the referral.

Referrers should contact Alder Hey switchboard who will bleep the first on call.

Current or old closed cases referred from mental health teams

Wherever possible these should be dealt with by the team or by the Single Point Access team during the working day. When a crisis occurs late in the day, it is likely to be in the best interests of the child if staff can deal with it and take time in lieu. If it is essential to involve the emergency service, the team member should contact the **second on-call Consultant** who will discuss the case and may ask the first on-call to become involved.

Dealing with referrals:

More senior child psychiatry trainees may deal with a referral directly. The on-call service will offer initial consultation about a case. If more appropriate they may arrange for the case to be seen the next day as an outpatient (there is a low intent slot at the Single Point Access team where these children can be booked into) or may arrange a time to see the child in the hospital that night. In this instance, the referrer will be requested to arrange for the family or relevant others to be present and to ensure that there is a suitable place for the assessment to take place. If the child is in the community, they may arrange for the child to be assessed in the Accident and Emergency Department.

Domiciliary consultations are not normally undertaken. Where one is needed as an emergency, the second on Consultant should be involved.

ST3's and newer trainees may refer the call to the second on-call Consultant and will in any case consult before commencing the assessment initially. Any cases where Mental Health Act is needed need discussion with the Consultant on call.

Response Times:

All staff are on-call from home and have mobile as well as home numbers. Response times vary but should be within a maximum of 2 hours.

Admission following psychiatric assessment:

This is rare.

Emergency admission beds in child mental health are scarce (2 for adolescents and 2 for pre-adolescents for the region) and are often neither appropriate nor available. They are reserved for severe mental illness. The second on call consultant will always need to be involved.

Usually admission is initially to a paediatric bed, assessment by the in-patient unit takes place within 24-48 hours and admission is arranged thereafter.

If children are unable to go home because of refusal, being beyond parental control, abuse etc. Social Services involvement is needed. Ring 233 3000.

Record keeping and communication:

After every patient contact, full notes must be made, and kept in the child's psychiatric file, a letter to the GP must be done and the details faxed to the Single Point Access Team. These should be signed the name and designation of the person making the notes, recorded and dated.

A note should be made in the medical notes containing a brief formulation bearing in mind the sensitive nature of some material and clear management plan.

Please ensure that you always **phone** the Single Point Access Team the following morning you are handing over to as well as sending a letter/report.

A brief letter or a copy of any letter referring the case on e.g. to the Single Point Access Team should be sent within 48 hours to the referrer and the child's GP and phone call to ensure continuity and communication.

On-call person holds responsibility until transfer completed.

If child is NOT known to CAMHS and belongs to Liverpool, follow the referral to SPA (Single Point of Access) team, Liverpool(See address list) both by phone and fax. Also copy this information to Child's own GP. Do not keep hold of any paper notes/records, post all originals to referring team/ medical records.

Out of Hours Arrangements for North Sefton Residents under 16years.

Accident and Emergency facilities for Children and Adolescents under the age of 16yrs from North Sefton (Southport, Formby and immediate surrounding areas) are provided by Southport and Ormskirk Hospitals NHS Trust at Ormskirk and District General Hospital.

Emergency cases requiring a medical (and possibly a psychiatric assessment) beyond that which can be given by their General Practitioner should be taken as usual to the Children's Accident and Emergency Department at Ormskirk and District General Hospital.

Two levels of child psychiatry input are then available if necessary:

1. Telephone advice to the Paediatric Team from the first and then (if necessary) second on-call psychiatrists for the Alder Hey Children's NHS Trust.
2. If considered necessary (and following telephone discussion) the patient may be transferred to the Accident and Emergency Department at Alder Hey Hospital for a direct assessment by the on-call psychiatrist(s).

It is not part of the agreed level of service for Psychiatrists to be available to assess patients at Ormskirk District General Hospital or at other venues in North Sefton. Any decision to do so will be entirely at the on-call Consultant Psychiatrist's discretion.

2. On-call arrangements at the Alder Hey Children's NHS Trust:

Outside office hours and on Bank Holidays there are a first and a second on-call psychiatrist.

The first on-call is a Specialist Trainee or equivalent (ST3-6).

The second on call is a Consultant in Child and Adolescent Psychiatry.

The first point of contact is the first on-call who is contactable via the switchboard at Alder Hey Hospital. If necessary the first on-call can contact the consultant on-call.

3. Transfer to A&E Department at Alder Hey from Ormskirk and District General Hospital.

If transfer to Alder Hey A&E for assessment by an on-call Child and Adolescent Psychiatrist is agreed a transfer form for the attention of staff in A&E at Alder Hey Hospital should be completed by clinicians in Ormskirk before the transfer and sent with the patient along with any relevant clinical notes (copies if necessary).

4. Limitations of this agreement:

Deliberate self harm: Routine presentations of children and adolescents who have deliberately self harmed (including overdoses) should be managed according to the usual protocol. The out-of-hours service does not include the routine assessment at weekends or out of hours of patients admitted following deliberate self harm.

Police power to remove to a place of safety (section 136 of Mental Health Act 1983): At the time of writing Alder Hey Accident and Emergency Department is not a the locally agreed place of safety as defined in the Act but this is being reviewed with regard to children under 16 years. Up to date guidance regarding local 'places of safety' should be consulted when necessary.

Exceptional circumstances: Because of the great variability in the nature of child mental health problems and the social and medical circumstances of a child there may be circumstances that do not fit these general guidelines.

Children presenting or admitted to Ormskirk and District General Hospital who are not residents of Sefton.

This agreement covers residents of North Sefton only.

5. Advice from hospital managers:

If there are problems regarding this guidance the following can be contacted:

*Alder Hey Children's Hospital 01512284811
Ormskirk and District General Hospital*

6. Continuing work during working hours:

If on-call psychiatrists are contacted or involved in seeing a patient out-of-hours one of them should contact the Child and Family Therapy Service in Southport the following working day to hand over the case. Unless no further CAMHS (Child and Adolescent Mental Health Services) work is indicated or there is a valid reason to make alternative arrangements the CAMHS clinical responsibility would then return to the Child and Family Therapy Service in Southport.

7. Review and audit:

There will be a brief review to check for any problems with implementation of this guidance at 6 months and a more formal review and audit of cases from North Sefton requiring emergency specialist mental health assessment at 12 months.

First on-call Psychiatrists for the Royal Liverpool Children's NHS trust will keep a record of requests for telephone advice or direct clinical work for audit purposes.

A. Contact information:

Alder Hey Children's Hospital NHS Foundation Trust
Alder Hey
Eaton Road, Liverpool
L12 2AP
Switchboard: 0151 228 4811

Section 3: Academic programme

The academic programme is for all Child and Adolescent Psychiatry higher trainees within the HENW team (both Mersey and Manchester Schemes).

There will be a monthly full day teaching session on the first Monday of each month held at Hollins Park hospital, Warrington. Higher trainees will be expected to participate on a rolling rota and attendance will be recorded. Modules of development, disorders, therapies, services, forensic etc are covered over the three year “rolling” programme.

There is a module booklet for each training year. The module for the year 2018/2019 is Neuropsychiatry.

[Module Handbook 2018-19 ver 1.8.docx](#)

The academic dates for this training year is as detailed in the following attachment:

[ACADEMIC DAYS 2018-19 - ver1.8.doc](#)

Modules on family therapy, Infant Observation, Psychodynamic Therapy, Cognitive Behaviour Therapy and Family Therapy modules will also take place in addition to these Monday sessions. Different specialties will be offered each year to allow trainees to attend training in 3 modalities across their 3 years of training.

Consultant Academic Coordinators:

North West Boroughs: Dr Eric Davies

Cheshire and Wirral Partnership: Dr Lorraine Paulley

Alder Hey: Dr Lakshmi Ramasubramanian

Trainee coordinators – Dr Abimbola Oyedokun and Dr Eddi Watson.

Section 4: Research

Research is strongly represented within the scheme. All full-time higher trainees spend half a day a week on a research project. Research meetings for trainees are organized as at when due. Research opportunities will be available within both Liverpool and Manchester Universities but final details yet to be determined. The project can be chosen by the trainee themselves or opportunities exist to join larger research projects underway within the department. Dr Deepa Gupta will be organizing the research meetings over the next academic year.

By the end of ST6, the higher trainee must present a write up of his/her research project, hence aim to get involved in a feasible project that can be completed or almost completed by the end of ST6 or training for the dual trainees.

Section 5: Audit

- You will be expected to complete 1-2 audits each year.
- Contact your local trust to register and get support for audit.
- You are encouraged to register the audit at Alder Hey/Cheshire & Wirral Partnership Audit Departments.
- It is possible to discuss/present audit projects during research session or during peer support sessions for trainees .
- All trainees will be required to present one audit at the end of the academic year.

Section 6: Teaching

Medical students are placed with multiple CAMHS teams across the region for a 1 day placement (undergraduate lead for CAMHS is Dr Warren Levine).

In most of the placements, we are expected to participate in the training of Core Trainees rotating from general psychiatry and in the teaching of fourth and fifth year medical students during their paediatric and psychiatry placements and on special study modules.

There are in addition also opportunities to contribute to multi-disciplinary teaching. You can contact Denise Hargreaves for other teaching opportunities, i.e. 3rd and 4th Year Medical Students: Mental State Tutorials etc.

There is a HENW funded medical education course which is run by the Edge Hill University. All higher trainees are encouraged to register and attend.

Other teaching opportunities

- As part of above you can possibly attend OSCE examiner training organized by the University of Liverpool.
- Periodically you will receive information on other Deanery Courses and it would be worth your while to attend the train the trainers course.

Section 7: Management

- You should be able to attend local CAMHS business and team meetings with your local trust.
- For further experience you can discuss with your supervising consultant regarding attending higher clinical management meetings, medical advisory/staffing committees, CAMHS board and strategy group meetings etc., or shadowing clinical leads within your organization.
- You can also evidence leaderships and management skills by taking roles of Rota organization or academic coordinator.
- In the second and third years you can arrange with your supervisor to attend local negotiating committee,

Courses

- Please refer to the Health Education North West website for further leadership and management opportunities.
- It is an ARCP requirement to have completed a module in Leadership and Management, which involves a written assessment. This can be arranged externally,

however most trainees in their ST5 or ST6 year complete the Postgraduate Module in Medical Leadership at Edge Hill University <https://www.nwpgmd.nhs.uk/Postgraduate-Module-in-Medical-Leadership>. This is free training for HENW trainees, but you will still have to apply for the study leave to attend the 3 face-to-face teaching days at Edge Hill University. The course runs several dates throughout the year but gets booked up very quickly and you are advised to book on early in order to complete by the end of ST6.

Section 8: ARCP and WPBA

There is no longer any paper portfolio or hard copy of supervisors reports etc and all portfolio content is stored online. All details of WPBA and Portfolio requirements can be found via the RCPsych website. It is expected that trainees undertake at least 1 WPBA/month and you will need to indicate an appropriate range and type of WPBA. You will all need to add Dr Lakshmi Ramasubramanian as the Training Programme Director to have access to your portfolio, along with your supervising consultant as the Educational Supervisor.

WPBA can be carried out by any consultant in your team, higher trainees ST5 can assess ST4, ST6 can assess ST4 and ST5. Other members of the MDT can also assess preferably from band 7 and above.

All trainees should aim to do at least 12 WPBAs per training year. You are expected to map your WPBAs and other evidences to the appropriate ILOs. You can map one evidence to 4 or 5 ILOs.

Trainees should be aware of the new addition to ILO 1 This is being aware of the effects and benefits of social media on the mental wellbeing of a child or young person.

Below is a guide to the distribution of the WPBAs:

ACE	3-4
Mini-ACE	3-4
CBD	2-4
SAPE (short case) & PACE (long case)	1-2
DONCS	As many as possible
Mini-PAT (make sure there is a good mix of professionals according to the gold guide)	2 (suggested time is October ending and March ending so as to be ready for ARCP in June)
CP	1
JP	1

Other evidences include:

- 1 or 2 reflective notes (please agree with your supervising consultant what details you record).
- Case logs.
- Certificates or any evidence of courses, trainings and academic meetings attended.

The ARCP process is centrally held by Health Education North West.

The contact for any queries about this process is:

Specialty School Manager: Natalie Dawson

School Administrators: Claire McNally and Jean McGain

The email address for all your queries will be psychiatry@nw.hee.nhs.uk and information is available on the HENW website https://www.nwpgmd.nhs.uk/Specialty_Schools/Psychiatry

Section 9: Leave

Study Leave

- From April 2016, all study leave is applied for centrally via the HENW website: <https://www.nwpgmd.nhs.uk/study-leave>. All forms and guidelines can be found on the website (please note the link for Psychiatry trainees)
- Full time trainees are eligible for 30 days study leave/ year. As of August 2018, the budget has been uncapped and will be managed by the TPD.
- Due to one day per month allocated for regional academic training days there is a reduced amount of study leave days for attendance at courses/conferences.
- Attendance at certain management courses and study days is mandatory; a record of attendance will be kept.
- Attendance at external courses will count towards the allocated study leave except for general management courses.
- Attendance at courses in relation to teaching e.g. OSCE would depend on your placement and agreement with your supervisor. You might be able to do this in your allocated research session (1/week).
- Attendance at specialist trainee forum does not count as study leave. Again, it is up to you to agree this with your trainer.
- Activities that benefit the department should not be counted as study leave

The permission of your consultant trainer and the Training Programme Director is required for attendance at all conferences and courses.

Annual Leave

Annual leave and travel expenses are dealt with via the Lead Employer service at St Helens and Knowsley Teaching Hospitals NHS Trust. The leave year runs from August – August and the amount of days available depends on your pay scale. All information is on the website and you will be contacted directly by them regarding contract etc.

Website: <http://leademployer.sthk.nhs.uk/>

Email: lead.employer@sthk.nhs.uk.

Section 10: Useful Courses Available

Although most trainees have their own PDP to attend courses the following are in addition for Child & Adolescent Trainees:

- ADOS training
- Psychopharmacology-BAP (<http://www.bap.org.uk/>)
- CALDP network meetings

Christine Marshall

Admin co-coordinator,
The Winnicott Centre,
195-197 Hathersage Road,
Manchester M13 0JE
Tel 0161 248 9494
Fax 0161 225 9338)
Email: christine.marshall@cmmc.nhs.uk
Email: latha.hackett@cmmc.nhs.uk

- Northwest Regional RCPsych conference

Leanne Grice
Division Administrator
Northern & Yorkshire and North West
The Royal College of Psychiatrists
1 City Square, Leeds, LS1 2ES
Tel: 0113 366 3247
Fax: 0113 366 3032
Email: lgrice@northwestdiv.rcpsych.ac.uk

Section 11: Forums

- Higher Trainees Forum - Held every 2 months at Liverpool Marina. HENW e-mail all Sprs with upcoming dates and business meeting minutes
- Whole day programme including guest lectures/speakers and business meeting (usually 11-12.30 noon). Very useful to meet trainees across all specialties and also feedback from various school board meetings etc.

Section 12: Flexible/dual training

Flexible training

Check with Training Programme Director re application forms. It is worthwhile checking with HR/PMETB and having a discussion with other flexible trainees in rotation.

Dual certification

Training to meet the requirement of dual certification in associated specialties, i.e. Forensic Psychiatry, Learning Disabilities and Psychotherapy is currently possible. Please discuss with TPD for further information.

Section 13: Key Contacts

Further details about the scheme can be found on the school of Psychiatry website under the CAMHS section.

<https://schoolofpsychiatry.net/psychiatry-in-the-north-west/training-programmes/child-adolescent-psychiatry/>

Hospitals and Consultants

Alder Hey

- Alder Hey Children's Hospital Foundation NHS Trust 0151 2284811
Eaton Road, Liverpool, L12 2AP
- Ormskirk Hospital Wigan Rd, Ormskirk, L39 2AZ 01695 577111

Dr Andrew Kevern Dewi Jones Unit Alder Park Park Road Waterloo L22 3XE Tel: 0151 928 3888	
Dr. Inbasagaran, Dr. Oppenheim, Dr Al-Bachari, Dr Draper (Liverpool Specialist CAMHS) FRESH CAMHS Mulberry House Eaton Road L12 2AP Tel: 0151 2284811	
Dr Ramasubramanian, Dr Hanna Sefton Specialist CAMHS Burlington House-2 nd Floor Crosby Road North, Waterloo L22 0PJ 0151 2824527 Southport Centre for Health & Wellbeing 44-46 Hoghton Street Southport PR9 0PQ 01704 385 112	

Cheshire and Wirral Partnership Trust

- Arrowe Park 0151 678 5111
- Clatterbridge Hospital 0151 334 4000
- Countess of Chester Hospital 01244365000

East and West Cheshire

Team	Consultant(s)	Team Details
0-16 West Cheshire	Dr Alec Pembleton Dr Jill Barnes Dr Lorraine Pauley	Marsden House Brookdale Place Chester Cheshire CH1 3DY Tel: 01244 393200 Fax: 01244 320268
16-19 West Cheshire	Dr Paul McQuail	c/o 1829 Building Bowmere Hospital Liverpool Road CHESTER CH2 1BQ Tel: 01244 397555 Fax: 01244 397556
0-16 Crewe	Dr Matthew Howard	Mill Street Centre Mill Street Crewe CW2 7AQ Tel: 01270 253841 Fax: 01270 252398
0-16 – East Cheshire (Macclesfield)	Dr Andrew Weaver Dr Ruth McGowan	Elm House The Priory Unit Lea Bank Close Macclesfield SK11 8QA Tel: 01625 663 772 Fax: 01625 663 770
16-19 East Cheshire (Macclesfield)	Dr Patrick Clare	Elm House The Priory Unit Lea Bank Close Macclesfield Tel: 01625 663 502
<u>Ancora House:</u> Coral & Indigo Wards	Dr Anjan Mandara Dr Theresa McArdle	Ancora House Countess of Chester Health Park

		Chester, CH2 1BQ Tel: 01244 397595 Fax: 01244 397596
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Wirral Consultants

Wirral CAMHS
Adcote House
Kent Street
Prenton
CH43 6TX
Tel: 0151 488 8111
Fax: 0151 652 9859

14 – 18 Team: Dr Rachel McLoughlin & Dr Katrin Russell, Dr Steve Earnshaw
0-13 Team: Dr Warren Levine

North West Boroughs Partnership NHS Trust

Hollins Park House
Hollins Lane
Winwick, Warrington
WA2 8WA
01925 664000

(0800 0834323. It is available 24 hours a day, 365 days a year. It provides information about mental health services within Halton, Knowsley, St. Helens, Warrington, and Wigan & Leigh. It also provides advice on how to access mental health services provided by the Trust.)

Dr A Leech
Halton Child and Adolescent Mental Health Team
Thorn Road Clinic
Thorn Road
Runcorn WA7 5HQ
Tel: 01928 568162

Dr Eric Davies
The Elms
50 Cowley Hill Lane
St Helens
WA10 2AW
01744 454368

Postgraduate or Education Centres

<p>Alder Hey Children's NHS Foundation Trust Alder Hey Eaton Road Liverpool L12 2AP Tel 0151 252 5218 Fax 0151 252 5106</p>	<p>Cheshire and Wirral Medical Education, 1st Floor Bowmere Hospital Liverpool Road Chester CH2 1BQ 01244 397361 (Wendy Hinckley)</p>
<p>Post Graduate Centre-Clatterbridge Clatterbridge Centre for Oncology Clatterbridge Hospital Bebington Wirral CH63 4JY Web Address: http://www.wpmc.co.uk/ Telephone Number: 0151 482 7848 Fax Number: 0151 334 6379</p>	<p>North West Boroughs The Education Centre Hollins Park House Hollins Lane Winwick Warrington Cheshire WA2 8WA Telephone: 01925 664073 Mincom: 01925 664094 Email: education.centre@5bp.nhs.uk</p>

Medical Staffing

St Helens and Knowsley Teaching Hospitals NHS Trust
Lead Employer Team
1st Floor Rowan House
Whiston House
Warrington Road
Prescot
Merseyside
L35 5DR
0151 426 1600

Deanery Contact

https://www.nwpgmd.nhs.uk/Specialty_Schools/Psychiatry

Natalie Dawson
Pathology & Psychiatry Postgraduate Schools Administrator
Mersey Deanery
Regatta Place
Summers Road
Brunswick Business Park
Liverpool L3 4BL
Tel: 0151 285 4760
Fax: 0151 285 4703
Natalie.Dawson@nw.hee.nhs.uk

Training Programme Director
Dr. Ramasubramanian
Consultant Child & Adolescent Psychiatrist
Sefton Specialist CAMHS
Burlington House-2nd Floor
Crosby Road North, Waterloo
L22 0PJ

APPENDIX

Web links

Deanery <https://www.nwpgmd.nhs.uk/>

University of Liverpool <http://www.liv.ac.uk/medicine/>

Royal College of Psychiatrists www.rcpsych.ac.uk

Core and Specialty curriculum <http://www.rcpsych.ac.uk/training/curriculum.aspx>

Gold guide www.mmc.nhs.uk

School of Psychiatry web site <https://schoolofpsychiatry.net/psychiatry-in-the-north-west/training-programmes/child-adolescent-psychiatry/>

ALDER HEY – ROYAL LIVERPOOL CHILDREN’S NHS TRUST

**RETROSPECTIVE CLAIM FOR PAYMENTS AS ON A LOCUM BASIS
INCLUDING HONORARY CONTRACT HOLDERS**

This form is intended for payments for duties carried out in addition to the terms of your Contract of Employment.

SURNAME _____

FORENAME _____

ADDRESS FOR CORRESPONDENCE _____

SPECIALITY _____

PLEASE INDICATE YOUR LEAD EMPLOYER _____

NAME OF CURRENT BASE _____ GRADE _____

DATE	HOURS		HOURS WORKED	REASON FOR COVER (This column MUST be completed)
	FROM	TO		
Financial Code:				
Financial Code:				
Financial Code:				
Financial Code:				

By undertaking the above locums I confirm I have not exceeded hours or rest limits in accordance with the New Deal for Junior Doctors and EWTD. I have carried out these duties outside my regular contractual commitments.

SIGNATURE OF CLAIMANT _____ DATE / /

SIGNATURE OF AUTHORISED CONSULTANT _____

FOR OFFICE USE ONLY

APPROVED FOR PAYMENT OF _____ AT £ _____ PER HOUR

SIGNED _____ DATE / /