

## Consultant Psychiatrist Job Description and Person Specification

Post and specialty:	<p><b>Consultant Psychiatrist in Old Age Psychiatry</b></p> <p>This is an established full-time post resulting from retirement of previous post holder.</p> <p><i>(Post synopsis or summary and a statement as to whether this is a new post (with the rationale for its development) or an established post.)</i></p>		
Royal College of Psychiatrists approval details:	<p><b>RCPsych Ref No: SED KSS-CO-STH-2024-01855 (Approved)</b></p> 		
Base:	Eureka Place Trinity Road Ashford Kent TN24 5BY		
Contract:	Full-time, permanent post, 10.5 PAs (7.5 DCC, 2.5 SPA, 0.5 On Call)		
	Total PAs: 10 (plus 0.5 for on call)	SPA: 2.5	DCC: 7.5
Accountable professionally to:	Dr Afifa Qazi, Executive Medical Director		
Accountable operationally to:	Dr Efiong Ephraim Clinical Director Dr Aaliya Majeed Head of Psychiatry East Directorate		
Key working relationships and lines of responsibility:	<p><b>Service</b></p> <p>Line Manager: Lead Psychiatrist TBA</p> <p>Team Leaders: Deborah Manns, Caroline Allchurch-Barwood</p> <p>Service Manager: Mick Smart</p>		
	<p><b>Trust</b></p> <p>Head of Psychiatry: Dr Aaliya Majeed</p> <p>Clinical Director: Dr Efiong Ephraim</p> <p>Deputy Medical Director: Dr Mohan Bhat</p> <p>Director of Operations: Jacquie Mowbray-Gould</p> <p>Medical Director &amp; Responsible Officer: Dr Afifa Qazi</p> <p>Chief Executive: Sheila Stenson</p>		

## **1. Introduction**

Kent and Medway NHS and Social Care Partnership Trust (KMPT) provides a range of mental health, learning disability, and substance misuse services for approximately 1.8 million people living in Kent and Medway.



## **2. Trust details**

At KMPT, we pride ourselves on providing high quality clinical services, innovation, and partnership working.

We are one of the larger NHS Trusts, covering an area of 1,450 square miles, employing over 3,600 staff, and operating from over 170 buildings across Kent and Medway. The Trust's income is £210 million/yr.

The range of services offered by KMPT offers unique opportunities for professional development. We are committed to delivering integrated, community-based health and social care services; and our strategy is underpinned by a 'recovery and wellbeing model' delivered in partnership with service users, their families, and a wide range of organisational stakeholders.

### **Trust Vision**

To provide brilliant care through brilliant people.

### **Trust Values**

We take pride in our services – which are underpinned by our values:

Respect  
Openness  
Accountability  
Working together  
Innovation  
Excellence

## **Kent – The Garden of England**

Kent is steeped in history and heritage and is also rightly renowned throughout the world as The Garden of England. Its extensive coastline boasts an enviable array of blue flag, award-winning beaches and thrilling water sports activities.

Kent is a family friendly place, with excellent state and independent schools and more affordable housing than most other areas in the south east.

Kent has excellent links to London, just thirty-five minutes from central London on Southeastern's high-speed rail link, and access to the continent via the Eurostar. The Channel Tunnel and the ferry ports link us to France and beyond. Even the weather is nice, as Kent is likely to be warmer and sunnier than elsewhere in the UK.

For more information about Kent, go to [www.visitkent.co.uk](http://www.visitkent.co.uk)

## **Types of Services Provided**

There is one CCG across Kent and Medway which commissions the majority of the services that the Trust provides.

### ***Mental Health Services for Younger Adults***

These services are available for those aged under 65. Assessment and treatment are provided as close as possible to the client's home, through local, multi-disciplinary community teams; these are supported by Crisis Resolution Home Treatment teams and inpatient facilities and day services where required.

### ***Mental Health Services for Older People***

These services are available for those aged over 65. Assessment and treatment are provided as close as possible to the client's home, through multi-disciplinary community teams as well as day services and inpatient facilities where required.

### ***Early Intervention in Psychosis Service***

This service treats patients in the age range 14 – 65, who are experiencing early onset or the first episode of psychosis, using a bio-psycho-social approach.

### ***Forensic Psychiatry Service***

The Trust provides the Kent Forensic Psychiatric Service, offering specialised mental health services for the courts, maximum secure specialist hospitals, the Probation Service, and the police. The work of the service involves all aspects of assessment and treatment of adult, mentally disordered offenders, including those who require treatment under conditions of medium and low security. The forensic service also manages two units for people with mental health and learning disabilities.

### ***Perinatal Mental Health Services***

A small, specialised service across Kent is delivered by consultant psychiatrists and specialised community mental health nurses. The service has extensive links with a wide range of community agencies, support groups, and self-help forums and counselling services; and works closely with all statutory agencies. An eight-bedded Mother and Baby Unit based on the Littlebrook Hospital site provides a regional inpatient service.

### ***Specialist Personality Disorders Service***

The Trust offers a multi-disciplinary service that provides an intensive Day Therapeutic Community Treatment programme based in Maidstone and East Kent. These services are suitable for people with a severe personality disorder who are unlikely to benefit from weekly psychotherapy, perhaps because a greater level of containment is needed.

### ***Rehabilitation and Continuing Care Services***

This is a Trust-wide service which is delivered through consultant-led, multi-disciplinary teams, specialising in the care of those clients with Enhanced Care Programme Approach (CPA) needs and who clearly also have rehabilitation needs. The service provides three inpatient Rehabilitation Units and developing outreach rehabilitation services.

Continuing Care and Residential Care requirements are managed in partnership with rehabilitation services; and provision includes some accommodation for people with complex mental health needs, provided from staffed houses across the Kent and Medway area.

The range of services offered by KMPT offers unique opportunities for professional development. We are committed to delivering integrated, community-based health and social care services and our strategy is underpinned by a ‘recovery and wellbeing model’ delivered in partnership with service users, their families and a wide range of organisational stakeholders.

For information about our services, visit our website: [www.kmpt.nhs.uk](http://www.kmpt.nhs.uk)

## **3. Service details**

### Local Demographics

The Borough of Ashford is a local government district with borough status in Kent, England. It borders five other Kent districts, as well as East Sussex to the south-west. Ashford Borough Council’s main offices are in the town of Ashford. The borough was formed on 1 April 1974, by the merger of the then Borough of Tenterden with Ashford urban district as well as the Rural Districts of East Ashford, West Ashford and Tenterden. Covering 58,000 hectares, it is the largest district by area in Kent.

The Borough is divided into 39 civil parishes, centred on the villages as well as the historic town of Tenterden.

From the 1960s onwards, Ashford has experienced phases of rapid urban growth, creating new suburbs such as Stanhope and, more recently, Singleton. Today's urban growth is partially shaped by the de facto corridors created by the M20 motorway, the High Speed 1 line and several other rail lines which converge on the town's railway station; this has contributed to particular development pressure on, and the development of, greenfield sites in and adjacent to the town, especially, but not exclusively, to the south and west—for example at Sevington.

Between the last two censuses (held in 2011 and 2021), the population of Ashford increased by 12.5%, from just under 118,000 in 2011 to around 132,700 in 2021. The population here increased by a greater percentage than the overall population of the South East (7.5%), and by a greater percentage than the overall population of England (up 6.6% since the 2011 Census).

Between the last two censuses, the average (median) age of Ashford increased by one year, from 40 to 41 years of age. The number of people aged 50 to 64 years rose by around 4,800 (an increase of 21.9%), while the number of residents between 35 and 49 years fell by just over 1,200 (4.8% decrease). The share of residents aged between 50 and 64 years increased by 1.5 percentage points between 2011 and 2021.

In 2021, 5.8% of Ashford residents identified their ethnic group within the "Asian, Asian British or Asian Welsh" category, up from 3.4% in 2011. The 2.4 percentage-point change was the largest increase among high-level ethnic groups in this area. In 2021, 88.1% of people in Ashford identified their ethnic group within the "White" category (compared with 93.7% in 2011), while 2.6% identified their ethnic group within the "Black, Black British, Black Welsh, Caribbean or African" category (compared with 1.2% the previous decade). The percentage of people who identified their ethnic group within the "Mixed or Multiple" category increased from 1.4% in 2011 to 2.2% in 2021.

In 2021, 40.7% of Ashford residents reported having "No religion", up from 26.3% in 2011. The rise of 14.4 percentage points was the largest increase of all broad religious groups in Ashford. In 2021, 47.6% of people in Ashford described themselves as Christian (down from 62.9%), while 5.7% did not state their religion (down from 7.6% the decade before).

In 2021, 6.9% of Ashford residents were identified as being disabled and limited a lot. This figure decreased from 7.7% in 2011. In 2021, 47.8% of Ashford residents described their health as "very good", increasing from 45.6% in 2011. Those describing their health as "good" fell from 35.9% to 35.0%. The proportion of Ashford residents describing their health as "very bad" was 1.0% (similar to 2011), while those describing their health as "bad" was 3.6% (similar to 2011).

Community Mental Health Team Older Persons (CMHSOP) Ashford is located at Eureka Place Ashford.

Ashford CMHSOP provides a comprehensive psychiatric assessment and treatment service for the over 65-year old population in the Ashford and Tenterden areas and surrounding villages. It offers assessment, diagnosis and treatment for the full range of psychiatric conditions including psychological assessments and therapy. The team is made up of Consultant Psychiatrist, Specialty Doctors, Non-Medical Prescriber, Nurses, Occupational Therapists, Psychologists, Support Workers, Peer Support Worker and Administrative support.

Ashford CMHSOP runs a busy Memory Assessment Service for clients of all ages. Ashford Memory Service was the first memory service in KMPT accredited for MSNAP in 2013 and has been re-accredited since with the last MSNAP accreditation in 2023. The Dementia Service User work is presented locally as the Phoenix group and the Memory Service works closely with the Dementia Coordinators (Dementia & Me). The Trust has established an Enhanced Memory Assessment and Intervention Service (EMAIS) that holds

diagnostic medical appointment straight after the initial assessment. This is to shorten clients' waiting time for a diagnosis.

Ashford CMHSOP offers a busy monthly Dementia Drop in clinic attended by members of the team, Consultant, Social Services, social prescriber, pro bono solicitor, Admiral Nurse. The venue alternates between one of 3 rural GP surgeries. Clients with dementia who are discharged can be reopened by the Consultant via these drop ins.

The team has 21 initial assessment slots per week offering appointments in clinics in both Ashford and Tenterden along with home visits and care home liaison assessments for referrals from care homes. Memory clinic diagnostic appointments are held in Ashford and Tenterden weekly. Following diagnosis, people are offered post diagnostic information sessions and given the option to attend the Living Well with Dementia Group programme and the Cognitive Stimulation Therapy groups. Most clients would be discharged following post-diagnostic support and information and attendance at these groups. Dementia Coordinators provide pre- and post-diagnosis support. The local Admiral Nurse offers specific support for family members of clients with dementia. People are able to refer themselves to the memory service, but the usual route is via the GP.

The team works with the Crisis Resolution and Home Treatment Team, operates a duty system and receives urgent referrals via the Urgent Mental Health Crisis Line. The team receives approximately 80 referrals per month averaging 20 referrals per week. Urgent referrals are opened and screened by Urgent Mental Health Line, routine referrals go directly to the team via the Duty Clinician. All referrals are discussed daily in the morning triage meeting with Consultant, SAS doctors and Team Leaders. Clients are then seen by Medical Staff and by Psychology where appropriate. The Consultant would hold 3 clinics per week including home visits. A full time Consultant would typically have 12 new patient contacts/week including emergency contacts, the majority would be patients seen in the memory service. Review patients would either be seen in clinic or on home visits. Clinicians have maximum caseloads of 30 (pro-rata). Most straight forward memory pathway patients are on the Team Leader's caseload, all others are on clinicians' or medics' caseloads as clinically indicated. The Consultant holds a weekly slot for urgent assessments.

Further close cooperation exists between psychiatrists, psychologists and the neuroradiology department at the William Harvey Hospital in the form of a weekly multidisciplinary case conference. The team works closely with the local community mental health team (co-located at Eureka Place), crisis team, home treatment team, Social Services, voluntary sector agencies, GPs, Community Physicians and addiction services. Multidisciplinary GP Hub meetings and Virtual Ward rounds are attended by team members. KMPT has a well-established Consultant network with once monthly business meetings, 3 yearly all day meetings and monthly Governance meetings. The Trust has a Mentor system in place for newly appointed Consultants.

The Research and Development team has become increasingly prominent within the Trust. The inclusion of R & D in the ongoing research involving older people and people with dementia is a strong point locally and Trust wide.

Old Age Inpatient services are located in Margate, Canterbury, Maidstone, Dartford and Gillingham. CPA Care plan review meetings are attended by the community care coordinator and where appropriate, early discharge is facilitated by the crisis team.

Staffing for Ashford CMHSOP as of 19 January 2024:

Medical

- 1 wte Consultant Psychiatrist (post to be recruited to),
- 0.7 wte Specialty Doctors

Nursing and OT:

- 1.8 wte Team Leaders Nurse and OT (Band 7)
- 0.8 wte NMP (Band 7)
- 5.3 wte Nurses including Admiral Nurse (Band 6)
- 2.0 wte OT (Band 6)
- 4.7 wte Support workers including dementia support worker and peer support worker (Band 3)
- 1.0 wte Mental Health Wellbeing {Practitioner}
- 1.0 wte Nurse having been recruited, not yet in post
- 1.0 wte ACP, current out for recruitment

Psychology:

- 0.8 wte Clinical Psychologist (Band 8a)
- 0.4 wte Systemic Psychotherapist (Band 8a)
- 1.0 wte Assistant Psychologist (Band 4)
- 0.6 wte Trainee Clinical Psychologist (Band 6)

Admin:

- 0.8 wte Admin Coordinator (Band 4)
- 1.6 wte Band 3 Admin
- 3.2 wte Band 2 Admin

**4. Local working arrangements**

The Trust is seeking to recruit a full time Consultant Psychiatrist in Old Age Psychiatry to join the Ashford Community Mental Health Team Older Persons. The vacancy has arisen from the retirement of the current full-time Consultant. The Consultant will not have any inpatient responsibilities, the post is community based. The Consultant will join a dedicated, professional and supportive team and CMHT Consultant colleague. It is expected that the post-holder will in addition to client facing clinical work attend daily multidisciplinary RED Board and referral triage meetings, provide senior medical input and advice to complex and risky patients, lead on case discussions, support the team's performance, Trust's key performance indicators and service objectives. Close cooperation with Team Leaders and senior management is required to influence future service development and support the strategic plans of KMPT.

The Consultant will have office space and appropriate clinic space for outpatient clinics and meetings. The Consultant will have nominated administrative support. Meetings are currently mostly held via video conferencing. Patient contacts are face to face, via video or telephone consultations. Integration of remote working has been a consequence of changed working practices during COVID and is likely to remain part of the way we work.

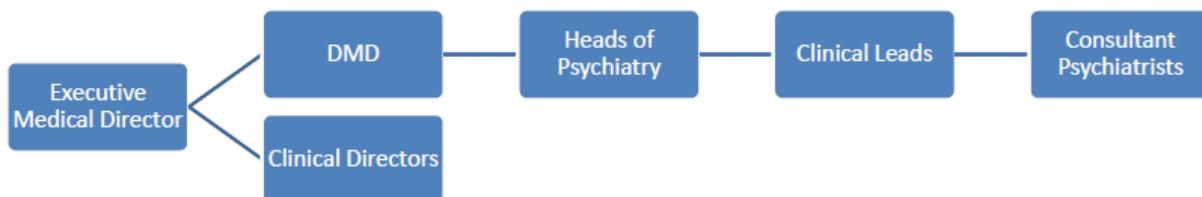
For further details of team composition see Section 3 Service details.

## **5. Continuing professional development (CPD)**

- The post-holder will be expected to remain in good standing for CPD with the Royal College of Psychiatrists.
- There is a system of peer review groups in operation within the Trust. Within these the post-holder will be expected to devise a PDP in liaison with colleagues
- There is a regular programme of weekly CPD activities organized at 3 sites across Kent and Medway. The post-holder can access any or all of these.
- The post-holder will be entitled to up to 10 days per year of study leave with a study leave budget of £800 per year.

## **6. Clinical leadership and medical management**

- In 2021 we have implemented a new Clinical Leadership and Medical Management structure as outlined below.



- The post-holder will be expected to attend their own managerial supervision at least every six weeks with their line manager (normally the clinical lead).
- To provide professional leadership including clinical supervision to the medical team and to provide clinical leadership to the wider MDT
- Attendance at local governance meetings will form an opportunity to contribute towards business planning for the locality and, as appropriate, contributing to the broader strategic and planning work of the trust.
- The post-holder will be expected to lead on the improvement of the quality of care within the team and contribute to improving quality across the system.

## **7. Appraisal and job planning**

- KMPT is fully committed to the implementation of annual consultant appraisals and the post-holder will be appraised by an assigned appraiser (independent to their line manager) on an annual basis.
- The appraisal will be part of the Revalidation and Relicensing process as guided by the GMC. The trust is currently using the online SARD platform for appraisals, job planning and annual leave
- Annual job planning will be undertaken by the Lead Psychiatrist. There will be a review of job plans during every service restructuring, if there is a change in the needs of the post or at the post-holder's request
- Dr Afifa Qazi is the Responsible Officer and there is an Appraisal and Revalidation team for support
- KMPT has a robust internal induction programme for all new starters and a mentoring

programme is available for all new Consultants and Consultants new to the Trust

## **8. Teaching and training**

- The post-holder will be expected to take part in the regular teaching of junior doctors. Medical students also are placed in the area and there are opportunities to be involved in their teaching. This is support by the medical education team comprising of a Clinical tutor, Foundation Trainee Lead and a Director of Medical Education who are regularly engaged with Consultants
- The teaching is coordinated and managed by the Medical Education Manager and their team.
- There are opportunities for teaching FY trainees, GP trainees and Core Trainees on the Kent, Surrey and Sussex rotation who work within the trust. There is a well organised whole day fortnightly teaching program for GP trainees and Core trainees as well as SAS doctors.
- The new Canterbury based Kent and Medway Medical School (KMMS) has taken the first students in 2020. Students are now regularly placed with KMPT. This is a unique opportunity to get involved with the organisation and development of local medical education.

## **9. Research**

- The Trust encourages research, particularly where this is relevant to the morbidity of the local population
- The post holder will be encouraged to collaborate with academic departments in areas of research related to the post holder's duties. Research projects, which entail financial implications for the Trust, should be discussed initially with the Chief Executive and Medical Director.
- The Trust has academic links with universities in Canterbury – Kent University and Canterbury Christchurch University, as well as University of Brighton.
- The Research & Development team regularly coordinate the Trust participation in local, national and international research projects

## **10. Mental Health Act and Responsible Clinician approval**

- The post holder would be expected to be approved as a Responsible Clinician or be willing to undertake training to obtain Section 12(2) MHA and will be expected to renew this approval according to agreed procedures.

## **11. Secretarial support and office facilities**

- The Consultant will have named administrative support and also access to a secretarial pool for preparation of letters and reports etc.
- The Consultant will have a computer with access to the internet/Rio patient data base and a dedicated **office** space within the team with the availability of bookable private rooms for the purpose of supervision and confidential work. The Trust uses digital dictation BigHand to enable timely completion of typing activities.

## **12. Clinical duties of post holder**

- To provide psychiatric care to patients referred to Ashford CMHSOP, and provide senior medical leadership as part of the multidisciplinary team. The work will consist of holding

outpatient clinics (face to face, via video or telephone consultation), home visits and conducting reviews in residential and nursing homes.

- To conduct MCA and MHA assessments, attend complex case discussions, CPA and 117 review meetings and provide availability for urgent clinical matters.
- To attend daily RED Board and referral triage meetings, weekly clinical meetings, monthly complex case discussions and governance meetings. To contribute to team meetings including team performance/business meetings and to give medical guidance to team members in the form of supervision of complex cases and discussion of their caseload. The Consultant would lead on the treatment plan with evidence based prescribing and advice on effective therapeutic interventions. Admissions to psychiatric wards would be discussed with Consultant with the aim to consider all less restrictive alternatives first while considering the most appropriate clinical and risk reducing interventions.
- Supervision of junior doctors, SAS doctors, NMP or trainee ACP, if placed with the team.
- To liaise closely with referrers, allied professionals, Social Services, carers, voluntary organisations, client groups and contribute to multi-agency working.
- To support the team in maintaining the MSNAP accreditation for their Memory Assessment Service.

### **13. Clinical governance and quality assurance**

- The post holder would be expected to actively participate in service/team evaluation and the planning of future service developments
- The post holder, with all staff members, will be expected to comply with the Trust's Clinical Governance policy. The Trust Clinical Audit Committee is operational and the post holder will be expected to participate in the Trust's audit activities.

### **14. Quality improvement**

- The post-holder will lead and manage the team in a way that supports the development of a culture of continuous improvement and learning.
- Utilising a quality improvement approach to think systemically about complex problems, develop potential change ideas and test these in practice using a systematic QI methodology.
- Empowers the team to resolve local issues on a daily basis using the tools and method of quality improvement without staff having to seek permission.
- Promotes awareness and understanding of quality improvement, and shares learning and successes from quality improvement work.
- Work with the Quality Improvement team to support all of these activities

### **15. General duties**

- To manage, appraise and give professional supervision to junior medical staff as agreed between consultant colleagues and the medical director and in accordance with the Trust's personnel policies and procedures. This may include assessing competences under the Modernising Medical Careers framework.
- To ensure that junior medical staff working with the post holder operate within the parameters of the New Deal and are Working Time Directive compliant

- To undertake the administrative duties associated with the care of patients.
- To record clinical activity accurately and comprehensively, and submit this promptly to the Information Department.
- To participate in service and business planning activity for the locality and, as appropriate, for the whole mental health service.
- To participate in annual appraisal for consultants.
- To attend and participate in the academic programme of the Trust, including lectures and seminars as part of the internal CPD programme.
- To maintain professional registration with the General Medical Council, Mental Health Act Section 12(2) approval, and to abide by professional codes of conduct.
- To participate annually in a job plan review with the clinical manager, which will include consultation with a relevant manager in order to ensure that the post is developed to take into account changes in service configuration and delivery associated with modernisation.
- To work with local managers and professional colleagues in ensuring the efficient running of services, and share with consultant colleagues in the medical contribution to management.
- To comply with the Trust's agreed policies, procedures, standing orders and financial instructions, and to take an active role in the financial management of the service and support the medical director and other managers in preparing plans for services.

## **16. External duties, roles and responsibilities**

The Trust actively supports the involvement of the consultant body in regional and national groups subject to discussion and approval with the medical director and, as necessary, the chief executive officer.

## **17. Other duties**

From time to time it may be necessary for the post holder to carry out such other duties as may be assigned, with agreement, by the Trust. It is expected that the post holder will not unreasonably withhold agreement to any reasonable proposed changes that the Trust might make.

## **18. Work programme**

It is envisaged that the post holder will work 10 programmed activities over 5 days. Following appointment there will be a meeting at no later than 6 weeks with the clinical manager to review and revise the job plan and objectives of the post holder.

The overall split of the programmed activities is 7.5 to be devoted to direct clinical care and 2.5 to supporting professional activities (as per the Royal College of Psychiatrists recommendation). The timetable is indicative only. A formal job plan will be agreed between the post holder and associate medical director or clinical manager six weeks after commencing the post and at least annually thereafter.

## **19. On-call and cover arrangements**

- The post-holder will join the Consultant on-call rota. This is currently 1:30 (non residential) and is remunerated with category A supplement and 0.5 PA in addition to 10 PA sessions.
- The on call responsibilities include supporting junior doctors and providing RC responsibilities.

- Section 136 and mental health act assessments in the community or local police stations/A&E departments are completed by the middle grade doctor rota available during the on-call duties. On call responsibility will cover both adult and older adult psychiatry wards.
- All leave must be agreed with the Clinical Lead and cross cover arrangements will need to be agreed between the local Consultants.

## **20. Wellbeing**

Within KMPT we are committed to the wellbeing of our staff and offer a range of support services:

- **Effective occupational health support.**

The post-holder will have access to Optima Health occupational health services. The post-holder's manager can make a referral using the online portal. They will complete a short referral form and submit to Optima. All referrals received will be triaged by a clinician and the appropriate consultation booked, this will either be a face to face or telephone consultation with an Occupational Health Advisor or for complex cases an Occupational Health Physician. After the consultation is completed if the post-holder has consented then a report will be sent to the line manager and HR (if requested on the referral) and a copy sent to the post-holder for review.

- **Optimise Health.**

The post –holder will have access to Optimise Health. This is a tool that helps people take control of their health, designed to highlight any risk factors and encourage small but sustainable changes to help maintain fitness, health and personal resilience. Increasing sedentary workforces, obesity, psychological ill-health and less sleep are all having a negative impact on our health. Optimise is a set of comprehensive wellbeing assessments, with personalised wellbeing content tailored to your responses and an extensive library of wellbeing information for the post-holder to access, at any time

- **Staff Care Services (SCS).**

The post-holder will have access to SCS which is an independent professional counselling service provided for staff as part of the Trust's commitment to staff care. The support line provides free, confidential information, support and counselling away from the workplace.

- **Proactive local organisational systems to support doctors' wellbeing following serious incidents.**

Supporting the wellbeing of the post holder after serious incidents that involve patients in their care (eg. homicide or suicide) is paramount, and a dedicated senior clinician will provide support and advice as needed after the incident. Details of the senior clinician able to offer this support will be provided via the line manager.

- **Timely job planning reviews when there are changes in regard to the pre-agreed workload.**

If there are changes to the pre-agreed workload (eg. unexpected cover of a different unit/service outside the casual cross-cover arrangement) a timely meeting with the line manager before cover starts will enable discussion of the feasibility of the change within the constraints of needing to manage a safe workload. Additional support will be sourced if required. A timely job plan adjustment will be arranged of a new working arrangement is to proceed.

- **Availability of local initiatives/resources that promote workforce wellbeing.**

KMPT offer a range of ongoing initiatives to support wellbeing that the post holder is encouraged to participate in. These currently include:

- Flexible working including remote working
- Flexible retirement
- Trust-wide awards event recognising staff and volunteers
- Annual flu vaccine
- Varied learning and development courses (e-learning and face-to-face)
- Staff MOTs supporting your physical and mental health with health advice and monitoring
- Easy access to information with 'MyKMPT,' our on-the-go phone app for staff
- Regular listening events with open access to senior management
- Car lease scheme
- National and local NHS discounts for staff and families
- Relocation packages (dependent on post)
- The post holder will form part of a peer group who meet regularly.

- **KMPT has in house Mental Health First Aiders on hand to support and sign post for anyone struggling with their mental wellbeing.**

KMPT runs many more wellbeing initiatives through the year, supported by a team of Health and Wellbeing Advocates, including support for giving up smoking, opportunities to take part in physical or mental wellbeing challenges and access to free tools and resources, all information can be found on our intranet 'iconnect' under health and wellbeing.

## **21. Contract agreement**

The post will be covered by the terms and conditions of service for Hospital Medical and Dental staff (England and Wales) as amended from time to time. Contracts have been agreed with the BMA local negotiators, but individuals may wish to discuss this further before acceptance

## **22. Leave and Study Leave**

The post-holder is entitled to a minimum of 32 days annual leave per year dependent on length of service as detailed in the consultant contract. The post-holder will also be entitled to up to 10 days per year of study leave

## **23. Suggested draft timetable:**

Day	Time	Location	Work	Category	No. of PAs
Monday	9-10	Eureka Place	Red Board & referral triaging	DCC	1
	10-13	Eureka Place	EMAIS clinic		
	13-17	Eureka Place	EMAIS clinic Admin	DCC	1

<b>1st and 4<sup>th</sup> Tuesday/month</b>	9-10	Eureka Place	Red Board & referral triaging	DCC	1
	10-12	Eureka Place	EMAIS & MAS Clinic		
	12-13	Eureka Place	Supervision SAS doctor		
	13-17	Eureka Place	EMAIS & MAS & Review clinic Admin	DCC	1
<b>2nd Tuesday/month HVs</b>					
<b>3<sup>rd</sup> Tuesday/month Ivy Court clinic Tenterden</b>					
<b>Wednesday</b>	9-10	Eureka Place	Red Board & referral triaging	DCC	1
	10.00- 11.00	Eureka Place	Urgent N/P slot		
	11.- 13.00	Eureka Place	O/P N/P, Admin		
	13-17	Eureka Place	O/P clinic, Admin	DCC	1
<b>Thursday</b>	9-10	Remote	Red Board& referral triaging	DCC	0.25
	10-13		CPD/ Audit/ General Meetings		
	13-17	Remote/ Post Grad Centre	CPD/Audit/Research	SPA	0.75
<b>Friday</b>	9-10	Eureka Place	Red Board & referral triaging & complex case discussion	DCC	0.25
	10-13		Team meeting / team CPD/Audit		
	13-14		Supervision SAS doctor/ 12-14.00 Dementia Drop in clinic once monthly	SPA	0.75
	14-17		Urgent work/ admin	DCC	0.25
<b>Unpredictable / emergency on- call work</b>					0.5
<b>Total PAs</b>	Direct clinical care				7.5
	Supporting professional activities				2.5

The expectation is that 1.5 Supporting Activities PA will be used in activities related to CPD, audit/quality improvement activity, appraisal, revalidation and PDP groups and 1 Supporting Activities PA will be used in management or leadership roles with linked SMART objectives (RCPsych CR207 Safe Patients and High Quality Services)

**24. Equality and Diversity**

KMPT has made a commitment to becoming an anti-racist organisation and champions equality of opportunity and freedom from discrimination on grounds of race, age, gender identity, sexual orientation, sex, disability, philosophical and religious beliefs, cultural background, health status and language.

KMPT wants to create an open, non-judgmental, and inclusive NHS organisation that treats all staff with dignity and respect. We welcome applications from underrepresented groups and actively encourage them to bring them whole selves to work as we aim to become a truly diverse organisation.

**25. For further information about the post or to arrange an informal visit, please contact any of the following:**

Dr Aaliya Majeed (Head of Psychiatry) or Dr Anna Andrew (Current Consultant Psychiatrist)

Tel: 01233651886 email: [aaliya.majeed@nhs.net](mailto:aaliya.majeed@nhs.net)

Tel: 01233 658125 e-mail: [anna.andrew1@nhs.net](mailto:anna.andrew1@nhs.net)

Michael Smart (Service Manager)

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For more information about Kent, go to [www.visitkent.co.uk](http://www.visitkent.co.uk)

For information about our services, visit our website: [www.kmpt.nhs.uk](http://www.kmpt.nhs.uk)

**26. Approval of this job description by the Royal College of Psychiatrists**

This job description and person specification was approved by the Royal College of Psychiatrists' regional advisor on 21/02/2024.

## Person Specification / Selection Criteria for Consultant Psychiatrist in Old Age Psychiatry

**Abbreviations for when assessed:** Scr: Screening prior to short-listing

SL: Short-listing from application form

AAC: Advisory Appointments Committee

Ref: References

Pres: Presentation to AAC panel

As an Equal Opportunities employer, the Trust welcomes applications from candidates with lived experience of mental health issues.

	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
QUALIFICATIONS	MB BS or equivalent medical qualification.	Scr	Qualification or higher degree in medical education, clinical research or management.  MRCPsych  Additional clinical qualifications.	SL  Scr  SL
ELIGIBILITY	Fully registered with the GMC with a licence to practise at the time of appointment.  Included on the GMC Specialist Register OR within six months.  Approved clinician status OR able to achieve within 3 months of appointment  Approved under S12 OR able to achieve with 3 months of appointment	Scr  Scr  Scr  Scr	In good standing with GMC with respect to warning and conditions on practice	Scr
TRANSPORT	Holds and will use valid UK driving licence OR provides evidence of proposed alternative.	Scr		

	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
CLINICAL SKILLS, KNOWLEDGE & EXPERIENCE	<p>Excellent knowledge in Old Age Psychiatry</p> <p>Excellent clinical skills using bio-psycho-social perspective and wide medical knowledge</p> <p>Excellent oral and written communication skills in English</p> <p>Able to manage clinical complexity and uncertainty</p> <p>Makes decisions based on evidence and experience including the contribution of others</p> <p>Able to meet duties under MHA and MCA</p>	SL, AAC, Ref  SL, AAC, Ref  SL, AAC, Ref  AAC  AAC  AAC	Wide range of specialist and sub-specialist experience relevant to old age psychiatry post within NHS or comparable service	SL, AAC
ACADEMIC SKILLS & LIFELONG LEARNING	<p>Able to deliver undergraduate or postgraduate teaching and training</p> <p>Ability to work in and lead team</p> <p>Demonstrate commitment to shared leadership &amp; collaborative working to deliver improvement.</p> <p>Participated in continuous professional development</p> <p>Participated in research or service evaluation.</p> <p>Able to use and appraise clinical evidence.</p> <p>Has actively participated in clinical audit and quality improvement programmes</p>	SL, Pres, AAC  SL, AAC  SL, AAC  SL, AAC  SL, AAC  SL, AAC, Pres  SL, AAC, Pres	<p>Able to plan and deliver undergraduate and postgraduate teaching and training relevant to this post</p> <p>Reflected on purpose of CPD undertaken</p> <p>Experienced in clinical research and / or service evaluation.</p> <p>Evidence of achievement in education, research, audit and service improvement: awards, prizes, presentations and publications.</p> <p>Has led clinical audits leading to service change or improved outcomes to patients</p>	SL, AAC  SL, AAC  SL, AAC  SL  SL, AAC