


Consultant Psychiatrist in Old Age Psychiatry

Job Description and Person Specification

Post and specialty:	<p>Consultant Old Age Psychiatrist - Inpatient</p> <p>This is a replacement inpatient post, suitable for an Old Age Psychiatry colleague who will assume responsibility for diagnosis and treatment of patients admitted to Cherry ward (functional inpatient). The post holder will be expected to provide senior medical input to the team, as described elsewhere in the job description. They will also be expected to participate in local leadership meetings and work with local operational leads on service development and the improvement of quality of services locally.</p> <p>*Candidates who wish to work full time are encouraged to apply as there is the option for further PAs within MHSOP.</p>		
Royal College of Psychiatrists approval details:	<p style="text-align: center;">TRENT-CO-NTH-2023-01599</p> <div style="text-align: center;">  </div> <p>It is highly likely that at least one service user or carer will be on the interview panel for this role.</p>		
Base:	<p>Highbury Hospital, Bulwell Nottingham NG6 9DR Telephone:</p>		
Contract:	<p>This is a permanent role at 6 PAs with specific commitments detailed elsewhere in this job description. The salary for the post will be as per the Consultant National Terms and Conditions (2021) England.</p> <p>An RRP of 20% of the minimum point of the National Consultant (2003) contract will be paid at 3, 12 & 24 months for this post.</p>		
	Total PAs: 6*	DCC: 4	SPA: 2
Accountable professionally to:	Dr Sue Elcock, Executive Medical Director		
Accountable operationally to:	Clinical Directors: Rebecca Foxhall and Dr Sujata Das, Clinical Directors Mental Health Services for Older People (MHSOP)		
	Clinical Directors: Rebecca Foxhall and Dr Sujata Das		

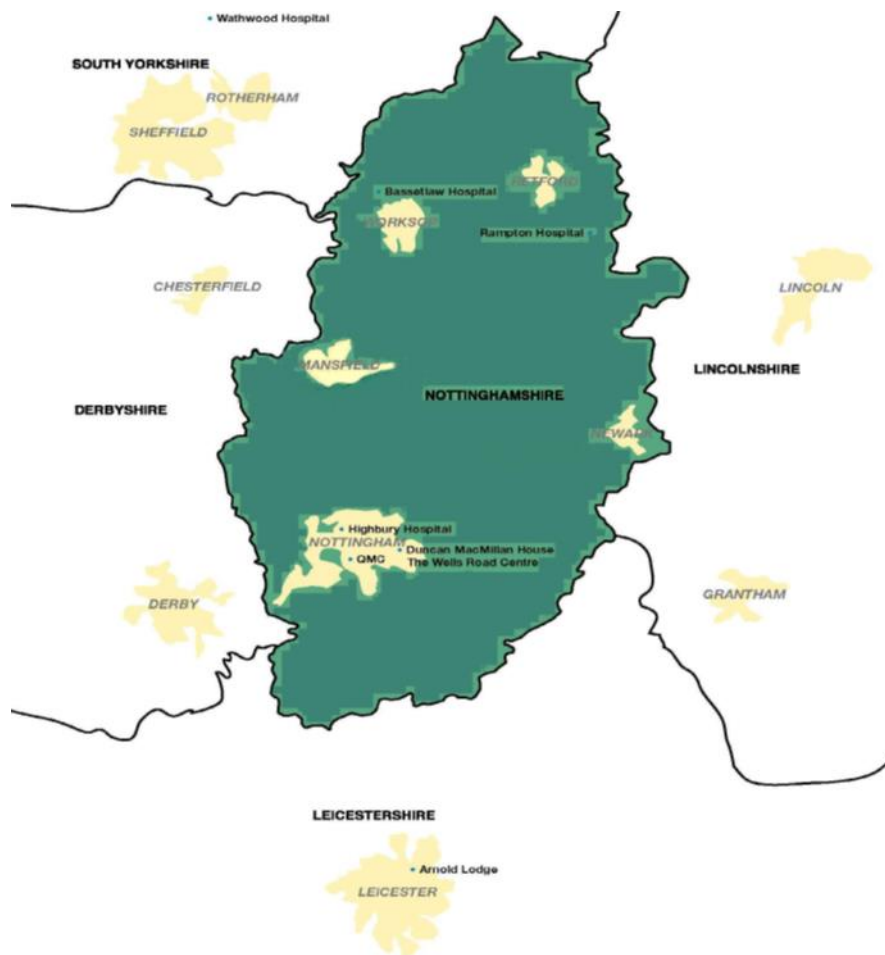
Key working relationships:	<p>Associate Medical Director: Dr Kiran Jeenkeri</p> <p>Medical Director/Responsible Officer: Dr Sue Elcock</p> <p>Lead Consultants (MHSOP): Dr Katie Ward, Dr Sarah Wilson</p> <p>General Manager: Emma Hutton</p> <p>Ward Manager: Ava-Gail Manrage</p> <p>Director of Medical Education: Dr Kehinde Junaid</p> <p>Trust SAS Tutor: Dr Hardev Bhogal</p> <p>General Manager: Emma Hutton</p> <p>Chief Executive: Ifti Majid</p>
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1. Introduction

Nottinghamshire Healthcare is one of the largest mental health trusts in the country, serving a population of over one million people across Nottinghamshire, including the provision of healthcare services from Rampton Hospital, one of the country's three high-secure hospitals. This provides interested trainees with unique training opportunities in forensic psychiatry.

The Trust also has strong academic links with the University of Nottingham and the Institute of Mental Health, home of the Mental Health Research Network hub for East Midlands and South Yorkshire.

The Trust is supporting the Royal College of Psychiatry's campaign to encourage medical students to specialise in psychiatry. You can find out more by visiting the [College's website](#).



2.Trust Details

Nottinghamshire Healthcare provides integrated healthcare services, including mental health, intellectual disability and physical health services. Over 10,000 dedicated staff provide these services in a variety of settings, ranging from the community through to acute wards, as well as secure settings. The Trust manages two medium secure units, Arnold Lodge in Leicester and Wathwood Hospital in Rotherham, and the high secure Rampton Hospital near Retford. It also provides healthcare in prisons across the East Midlands. Its budget for 2023/24 is £628.2 million.

The Trust is committed to a sustainable future and works hard to reduce its carbon footprint and environmental impact across all of its many services.

The core local area the Trust covers is Nottingham and Nottinghamshire with a combined population of around 1.1 million people.

There are large variations in the levels of deprivation across our local area. In 2019, Nottingham City was the 11th most deprived district in the country, life expectancy in the City is below the England average, with approximately three years less for men and two years less for women (Nottingham: 77.0 men; 81.1 women. England: 79.5 men; 83.1 women) JSNA Nottingham and JSNA Nottinghamshire.

Healthy life expectancy for both men and women in Nottingham is also significantly lower than the England average with men living 5.9 years less in good health and women 8.8 years less. In Nottinghamshire, deprivation levels are very varied, with some communities having the highest levels of deprivation in England and some with the lowest. Areas with the highest levels are mainly in Ashfield, Mansfield and Newark and Sherwood.

In the Census 2021, the percentage of people for whom their day-to-day activities were limited a lot due to a long-term health problem or disability was significantly higher in Nottinghamshire (8.5%) compared with the East Midlands (7.7%) or England (7.3%) with the highest levels in Ashfield (10.1%), Bassetlaw (9.1%) and Mansfield (10.3%). The most common long-term conditions are hypertension, common mental health disorders, asthma, chronic kidney disease, diabetes and coronary heart disease.

In Nottinghamshire, our population is predicted to continue to age with the number of 65-84 year olds increasing between 2017-2032 by over 30% and 85+ year olds by over 76% (JSNA Nottinghamshire). Older people are more likely to experience disability and long-term illnesses.

According to the 2021 Census, 42.7% of the City's population are from Black and Minority Ethnic (BME) groups, which are defined as everyone who is not White British. This is an increase from 34.6% in 2021.

In the UK, poor access to mental health services is a real barrier to black adults getting the help they need as they are the least likely ethnic group to report getting medication, therapy or counselling. Black people in the UK are also less likely to have the involvement of GPs leading up to a first episode of psychosis than white patients.

3. Board Level Directors

Chair of the Board:	Paul Devlin (supported by 9 Non-Executive Directors)
Chief Executive	Ifti Majid
Executive Medical Director	Dr Sue Elcock
Chief Operating Officer	Becky Sutton
Executive Director of Nursing, AHPs and Quality	Diane Hull
Executive Director of Finance and Estates	Alison Wyld
Executive Director of People & Culture	Jennifer Guiver
Executive Director of Mental Health	Becky Sutton
Director of Corporate Governance	Nabil Jamshed
Executive Director of Partnerships and Strategy	Jan Sensier

4. Service Details

The Trust covers the whole of the county of Nottinghamshire in the provision of mental health services to children, adults and older people. This is an exciting time to come and join our medical work force and have the opportunity to shape the provision of care to patients within the community.

Services currently provided by the Trust are divided into 3 directorates with sub-specialties featuring within including:

- **Local Mental Health Services**
 - Adult Mental Health Services (AMH)
 - Specialist Services Directorate (SSD)
 - Mental Health Services for Older People (MHSOP) (*this post*)
- **Forensic Services**
- **Community Healthcare**

The following Psychiatric Services serve the Nottingham and Nottinghamshire area:

- Alcohol & Addiction
- Child and Adolescent Mental Health Services
- Forensic Mental Health Services
- Adult Mental Health
- Mental Health Services for Older People
- Psychotherapy
- Perinatal Psychiatry
- Specialist Eating Disorders Service
- Personality Disorders Network
- Specialist Gender Clinic
- Intellectual and Developmental Disabilities Service

- Integrated Offender Healthcare
- Community Healthcare via Health Partnerships and Bassetlaw Health Partnership.

5. About Mental Health Services for Older People (MHSOP)

Nottinghamshire Healthcare is a major provider of specialist mental health services for older people in Nottingham City and the wider county. The service caters to the needs of all people suffering from dementia, regardless of age; and those, aged over 65 years, presenting with severe and enduring mental health illnesses, such as depression.

Services are provided in an in-patient and community basis and comprise of the following teams:

- Intensive Home Treatment Team (IHTT)
- Rapid Response Liaison Psychiatry (RRLP)
- Community Mental Health Teams (CMHT)
- Memory Assessment Services (MAS)
- Young Onset Dementia Service (YOD)
- Dementia Outreach Services (Residential and Nursing Homes) (DOS)
- Psychological Therapies

The Trust has 90 assessment and treatment beds. There are 38 beds at Highbury hospital (20 organic and 18 functional beds). Millbrook Mental health unit currently has 35 beds (15 organic and 20 functional beds) and a further 15 beds on Orchid Ward, Sherwood Oaks. This is following a transfer of bed stock from Bassetlaw to the Millbrook unit.

Millbrook is undergoing an exciting and significant transformation over the next 12 months to create a MHSOP hub with 3 brand new wards designed to meet the needs of older adults with Mental Health Issues.

The MHSOP Directorate upholds the principle of person-centred care in all its services and supports staff to provide dignified and respectful care that meets assessed individual needs, supports choice and enhances wellbeing. All services provide a multidisciplinary team approach including Medical, Nursing, Psychology, Allied Health Care Professionals and Admin.

The Executive Director in Mental Health is Dr Becky Sutton, and the Clinical Directors are Dr Sujata Das and Rebecca Foxhall. There is a well-established countywide professional body of Consultants in Old Age Psychiatry providing expertise and expert opinion across the county.

Mental Health Services for Older People has been successful in developing new community focused specialist services such as the Memory Assessment Service (MAS), Dementia Outreach Service (DOS), Young Onset Dementia service (YOD) and Intensive Home Treatment Team (IHTT).

The Rapid Response Liaison Psychiatry (RRLP) team, provide a comprehensive, multi-disciplinary approach for the management of older people with psychiatric illness in acute hospital. The Liaison teams are based at Kings Mill Hospital, Sutton-in-Ashfield and at Nottingham University Hospitals NHS Trust, Nottingham.

6. MHSOP Medical Staff:

Name	Role	Catchment Area / Ward	Base
Dr Rob Tomlinson	Consultant Psychiatrist	Rapid Response Liaison Psychiatry SFH / Newark & Sherwood CMHT/Orchid Ward	Kings Mill Hospital / Byron House, Newark Hospital
Dr Sujata Das	Clinical Director and Consultant Psychiatrist	Rapid Response Liaison Psychiatry SFH / Silver Birch	Kings Mill Hospital / Highbury Hospital
This post	Consultant Psychiatrist	Cherry Ward	Highbury Hospital
Dr Omar Manzar	Consultant Psychiatrist	Cherry Ward	Highbury Hospital
Dr Laura Davis	Consultant Psychiatrist	Newark and Sherwood CMHT	Byron House, Newark Hospital
Dr Margaret Kuklewicz	Consultant Psychiatrist	Bassetlaw CMHT	Bassetlaw Hospital
Dr Hassenein	Speciality Doctor	Bassetlaw CMHT	Bassetlaw Hospital
Dr Bagheri	Locum Speciality Doctor	Orchid Ward	Bassetlaw Hospital
Dr Katuwawela	Consultant Psychiatrist	Kingsley Ward	Millbrook Mental Health Unit
Dr Rajamani	Consultant Psychiatrist	Amber Ward	Millbrook Mental Health Unit
Dr Holdcroft-Long	Consultant Psychiatrist	Mansfield and Ashfield CMHT	Heather House, Kirkby in Ashfield
Dr Locum	Consultant Psychiatrist	Mansfield and Ashfield CMHT	Heather House, Kirkby in Ashfield
Dr Tarrant	Consultant Psychiatrist	Rapid Response Liaison Psychiatry SFH	Kings Mill Hospital
Dr Catherine Andrews	Consultant Psychiatrist	Gedling & Hucknall CMHT	Hazelwood House, Highbury Hospital
Dr Bipin Ravindran	Consultant Psychiatrist	Gedling & Hucknall CMHT	Hazelwood House, Highbury Hospital
Dr Daisy Wiley	Consultant Psychiatrist	Broxtowe CMHT	Stapleford Care Centre
Dr Erica Bailey	Speciality Doctor	Broxtowe CMHT	Stapleford Care Centre
Dr Ola Junaid	Consultant Psychiatrist	City CMHT	Hazelwood House, Highbury Hospital
Dr Shan Chatterjee	Consultant Psychiatrist	City CMHT	Hazelwood House, Highbury Hospital
Dr Bala Ganesa	Consultant Psychiatrist	Rushcliffe CMHT	Lings Bar Hospital
Dr Kehinde Junaid	Consultant Psychiatrist	Rapid Response Liaison Psychiatry NUH/ YOD	Queens Medical Centre
Dr Sarah Wilson	Consultant Psychiatrist	Rapid Response Liaison Psychiatry NUH	Queens Medical Centre

Dr Manisha Ray	Consultant Psychiatrist	City CMHT & Rapid Response Liaison Psychiatry NUH	Hazelwood House, Highbury Hospital / QMC
Prof Tom Denning	Consultant Psychiatrist	City CMHT	Hazelwood House, Highbury Hospital
Prof Martin Orrell	Consultant Psychiatrist	Rapid Response Liaison Psychiatry NUH	Queens Medical Centre
Dr Katie Ward	Consultant Psychiatrist	City & South County IHTT	Hazelwood House, Highbury Hospital
Dr Akoh	Senior Specialist	MAS City and City South	Lings Bar Hospital
Vacant	Senior Specialist	MAS Mansfield and Ashfield, Newark and Sherwood	Millbrook Mental Health Unit
Vacant	Consultant Psychiatrist	Orchid Ward	Millbrook Mental Health Unit

7. Details of the role

The Trust is eager to support the development of special interest, with the possibility of taking additional PAs in other areas of MHSOP, such as community work. Those interested in Full Time work are also encouraged to apply. This is negotiable either at the time of employment or at the Annual Job Plan Review meeting which takes place with the Clinical Directors/Lead Consultant for MHSOP.

This is a 6 PA post based on Cherry Ward, an 18 bedded mixed sex functional ward. The Consultant Psychiatrist will provide clinical and medical leadership to the MDT and will lead the assessment and treatment of patients under their care. The post holder, alongside an MPAC (multi professional approved clinician) and the other inpatient consultant for Cherry ward, will share the responsibility for the inpatients.

The Multi-professional Approved Clinician (MPAC) Role: An MPAC has 5(2) holding powers, can complete section 17 and 23 forms and apply for a CTO. The exceptions to the MPACs powers are:

- Initial recommendations for detention under sections 2 & 3.
- Management of treatments that the individual is not qualified or competent to oversee, such as medications and depots.

An MPAC may retain the RC role and overall responsibility for a particular service user. The post holder will be expected to work with a well-established, cohesive and enthusiastic MDT to maintain a high standard of clinical care for our patients.

There are foundation, core and GP trainees attached to Cherry ward. The trainees split their time between community posts and inpatients. Supervision is shared with the community consultants and the other inpatient consultant on Cherry ward. The appointee will be the named supervisor for the foundation trainee. The appointee will be responsible for supervising the MPAC on a two weekly basis.

Junior doctors participate in an induction course. They have half day release to attend foundation/MRCPPsych courses. They attend the weekly case presentation / journal club. In addition there is an established psychotherapy training programme. Dynamic psychotherapy training is based in Nottingham. Training in cognitive and behaviour therapy is available.

The ward operates a 'Red, Amber, Green' system for patient management and facilitating discharge. This meeting helps the MDT review the progress and risks of every patient and provides an opportunity for the MDT to discuss treatment plans and allocate any tasks. The Consultant Psychiatrist is expected to attend this meeting wherever possible. They are required to review any new admissions to the ward to determine the holistic treatment strategy and then continue to review these patients regularly to monitor their progress. They are also expected to attend any relevant patient meetings (e.g. Admission/Discharge Planning Meetings, CPAs, etc.) and maintain good relationships with patients families and carers. The Consultant Psychiatrist will also assess and treat their patients in line with evidence based clinical practice, whilst observing the Trust's clinical pathways and governance procedures. The Consultant will model good prescribing practices for this patient group in accordance with national guidance.

The post holder will be expected to have a familiarity with important relevant legislation affecting the care of older people with mental illness. The post-holder is expected share responsibility on the ward for 9 patients. They will undertake any such duties that are specified by the Mental Health Act 1983 and in the accompanying Code of Practice (including, but not limited to working with the SOAD service, and preparing for and attending Mental Health Tribunals). The post-holder is expected to prioritise Mental Health Act Assessments for their own patients during working hours. Occasionally, there may be Section 49 Mental Capacity Act reports to prepare, but these are shared evenly amongst the consultant body and non-medical professionals.

8. Duties and Responsibilities of this Post

The details of the responsibilities are as follows:

- To provide medical leadership for the multi-disciplinary team leadership on Cherry ward
- The provision of medical/psychiatric assessments to inform care planning and risk assessment
- The completion of administrative tasks related to clinical responsibilities
- To maintain good clinical records using Trust's electronic record system
- To maintain a revalidation portfolio and participate in annual appraisal
- Undertake a job plan review with the Clinical Directors annually
- Maintain professional registration with the GMC and approval as an Approved Clinician and Section 12(2) approved doctor
- Attendance at team and governance meetings
- Compliance with Trusts agreed policies and procedures
- Participation in the MHSOP out of hours on call rota
- Clinical supervision of junior medical staff
- Participation in the teaching of undergraduate medical students

9. Commitment to continuing professional development (CPD)

Continuing Professional Development (CPD) is highly valued within the Trust. The post holder is expected to remain in good standing for CPD with the Royal College of Psychiatrists, or if not a member of the Royal College of Psychiatrists' CPD scheme, to have carried out an equivalent amount of CPD (i.e., at least 50 hours of CPD per year, 30 hours of which should be under the clinical domain) and to evidence this at their annual appraisal.

The Trust offers a structured mandatory corporate induction programme to ensure staff feel supported and welcomed into their new role. Local induction will assist to further orientate the post holder to the workplace environment and to their team/service. Mandatory and statutory training is also undertaken as part of the induction process where the post holder will have access to e-learning modules. It is expected that the Consultant will participate fully in this and keep up to date with mandatory and statutory training in line with Trust requirements.

The post holder will be expected to plan their CPD as appropriate, considering his or her own needs and those of the service. Consultants are actively encouraged to take their study leave entitlement in line with Royal College Guidelines and to support the development needs identified in their PDP, Peer Group reviews and appraisal.

The trust has a mentoring scheme for new Consultants and the post holder is encouraged to access a mentor through this scheme.

10. Clinical Leadership and Medical Management

Medical management across the Trust is led by Dr Sue Elcock, Medical Director who is supported by Associate Medical Directors, Clinical Directors, Lead Consultants, and a Chief Pharmacist. There is a trust wide medical management meeting (Mental Health Senior Medical Staff Committee) and the post holder will be encouraged to attend. The post holder will be expected to:

- Be a member of the Directorate of MHSOP and attend relevant management meetings and contribution to medical advice to the Trust.
- Participation in the 1 in 8 on-call rota with Consultant colleagues (middle tier cover is always available).
- Undertake undergraduate teaching duties as required and to take an active part in the post graduate teaching programme. Attendance at the weekly journal club is expected.
- Research is encouraged, and audit activity is required. It is expected that the post holder will be involved in audit and research that is particularly relevant to the services for the elderly.
- To contribute to the running of the department and to ensure that the high quality of the service is maintained.
- The duties of the post are subject to review on an annual basis and in the light of the changing requirements of the service.

The post holder will be encouraged to contribute to other relevant management activities within the Directorate and the Trust. This might include participation in clinical governance activities;

relevant working groups; a leadership post such as medical management; education roles; appraisal roles; mentorship etc.

11. Appraisal, Revalidation and Job Planning

The Trust is committed to ensuring all Trust medical staff are licensed, up to date clinically and fit to practice, in line with national medical revalidation guidance. The revalidation process includes an annual appraisal and the Trust's Revalidation Policy clearly highlights the associated roles and responsibilities.

Medical Appraisal is undertaken annually and administrated by the Medical Workforce department. Support and training will be available through the Trust's Clinical Appraisal Lead, Dr James Ellison. The Consultant will be supported in becoming acquainted with the appraisal process and system.

The Trust uses an electronic platform for Appraisal and Job Planning called SARD. The Medical Director is the named Responsible Officer for the Trust, and all medical staff are expected to participate fully in the process, to support Revalidation with the General Medical Council.

The Trust's Job Planning Policy is based on guidance set out by the BMA and NHS Employers, as well as the relevant sections of the national Terms and Conditions. It emphasizes a partnership approach being taken by the doctor and their manager in this process.

The Consultant will be expected to undertake the annual Job Planning process which is carried out in collaboration with Clinical Directors. They will bring relevant data on workload to the meeting. It is recognised that an interim job plan review may be requested (by the doctor or their manager) if duties, responsibilities, and accountability arrangements have changed or need to change significantly within the year.

The Trust offers a structured mandatory corporate induction programme to ensure staff feel supported and welcomed into their new role. As part of the induction programme, the post holder will have access to e-learning modules. Local induction will assist to further orientate the post holder to the workplace environment and to their team/service. It is expected that the post holder will participate fully in this and keep up to date with mandatory and statutory training in line with Trust requirements.

12. Teaching and training

The Trust has a progressive Medical Education Team that supports high quality patient-centred training across the organisation. The Director of Medical Education is Dr Kehinde Junaid. The Trust runs a weekly postgraduate academic programme, consisting of case presentation and a journal club. The post-holder will be encouraged to attend and participate.

The post holder will be expected to participate in teaching the undergraduate medical students from the University of Nottingham, who attend for their regular old age psychiatry attachments. Medical students are placed regularly for the University of Nottingham Health Care of the Elderly modular teaching. This is a module combining Old Age Psychiatry and Geriatric

Medicine. The students participate in clinical teaching as well as tutorials and other related sessions. There are online resources for the students to access, which are supplemented with direct clinical sessions and opportunities for the students.

Teaching within the directorate, is well established with required support from the medical education admin team. There are opportunities to get involved with taking on more Medical Education based roles as desired also.

Teaching when delivered face to face is in designated locations and on Microsoft Teams, with relevant IT support available. All consultants are expected to participate in teaching, and this is reviewed at appraisal and factored in as part of the job planning process. There are two Clinical Teaching Fellows and a team of non-medical educators to support undergraduate placement.

13. Research



We have close links with the Institute of Mental Health (IMH) and the University of Nottingham. Since its formation in 2006, the Institute has established a track record of success, with achievements in pioneering education provision and innovative, service-facing, inter-disciplinary research.

The IMH currently receives approximately £34 million in external research grants and is one of the UK's prime locations for interdisciplinary research in mental health with 33 full time and associate professors. Particular strengths of the Institute are reflected in its eight Centres of Excellence:

- ADHD and neurodevelopmental disorders across the lifespan – advancing the translation of research into practice
- Dementia – tackling one of the biggest health challenges facing the population
- Education – providing accredited and non-accredited training delivered by experts in their field
- Health and Justice – improving the understanding of and provision for mentally disordered offenders
- Mental Health and Human Rights – officially launched in 2018.
- Mood Disorders – advancing leading edge research into conditions such as depression and bipolar disorder
- Social Futures – transforming how service users, carers and professionals work together in a new community of understanding
- Translational Neuroimaging – building on recent advances in neuroscience, diagnosis and treatment

The Institute also hosts:

- The Cochrane Schizophrenia Group for the evaluation of the prevention, treatment and rehabilitation of people with psychotic illnesses
- MindTech – a National Institute for Health Research (NIHR) Healthcare Technology Co-operative focused on the development of new technology for mental healthcare.

- The NIHR Collaboration for Leadership in Applied Health Research and Care East Midlands (CLAHRC-EM)

There are a number of clinical lecturer posts for anyone intending to pursue a career in academic psychiatry. This post has no specific research responsibilities other than those which are inherent in clinical duties. However, there are opportunities to use SPA time for clinical and other basic research through the University of Nottingham, and the Institute of Mental Health.

14. Mental Health Act and Mental Capacity Act requirements

The post holder would be expected to be approved as a Responsible Clinician and Section 12(2) approved. The post holder will be expected to renew their approval according to agreed procedures.

15. Secretarial Support and Office

The Trust strives to maximise clinical time for doctors by reducing the amount of time they spend on administrative duties as far as possible. As such the service benefits from an established administrative support team and the post holder will have access to administrative support. The Consultant will have administrative support to ensure that letters and reports are typed up and sent out within the time limits agreed.

The Consultant will have access to their own desktop, laptop and mobile phone and any additional software; the functioning of both devices is supported by a centralised IT service. Similarly, they will have designated office space to consider the need for confidentiality, security of information and supervision requirements of the post.

16. Clinical Duties

- Provide medical leadership for the multi-disciplinary team leadership on Cherry ward
- Provision of medical/psychiatric assessments to inform care planning and risk assessment
- Completion of administrative tasks related to clinical responsibilities
- Maintain good clinical records using Trust's electronic record system
- Maintain a revalidation portfolio and participate in annual appraisal
- Undertake a job plan review with the Clinical Directors annually
- Maintain professional registration with the GMC and approval as an Approved Clinician and Section 12(2) approved doctor
- Attendance at team and governance meetings
- Comply with Trusts agreed policies and procedures
- Participation in the MHSOP out of hours on call rota
- Clinical supervision of junior medical staff
- Participation in the teaching of undergraduate medical students

17. Training Duties

An integral part of the post holder's duties will be the supervision of doctors in training and service level roles. There are also medical students placed in the department with opportunities for support and development in this area. There are also opportunities for:

- Trust-wide teaching
- Participation in undergraduate and postgraduate clinical teaching
- Formal appointment to roles such as Clinical Teaching Fellow (CTF)
- Participation in the training of other disciplines
- Providing educational supervision of trainees and other disciplines
- Taking part in continuing medical education within statutory limits

18. Clinical governance and quality improvement

The post holder will contribute to the Trust's delivery of its integrated clinical governance and quality improvement agenda along with the National Service Framework modernisation agendas. Specific responsibilities will be agreed in collaboration with colleagues of the multi-disciplinary community and inpatient teams, the General Manager, Lead Consultant and Clinical Director.

The post holder will be expected to select relevant subjects for audit and achieve data collection targets in line with service objectives and record timely clinical activity data whilst supporting junior medical staff and members of the multi-disciplinary team in undertaking and presenting relevant audit projects.

19. 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.

20. Other Duties

From time to time it may be necessary for the post holder to carry out other duties that 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. Any change to the advertised role would need consultation as well as job plan review to ensure mutual agreement.

21. Work Programme

It is envisaged that the post holder will work 6 programmed activities over 3 days. Following appointment there will be a meeting at no later than three months with the clinical manager to review and revise the job plan and objectives of the post holder. **There will be an opportunity to negotiate additional PAs in an area of special interest and within MHSOP.**

The overall split of the programmed activities is to be devoted to Direct Clinical Care (DCC) is 4 and to Supporting Professional Activities (SPA) is 2 as per the Royal College of Psychiatrists recommendation.

22. Job Plan

The timetable is provision, subject to agreement with the Clinical Director and reviewed after 3 months if necessary.

Day	Time	Location	Work	Category	No of PAs
Monday	AM	Cherry Ward	Ward round	DCC	1
	PM	Highbury	family meetings	DCC	1
Tuesday	AM	Cherry ward	Ward round/ Clinical Admin	DCC	1
	PM	Highbury	MHA related work / Supervision	DCC	1
Wednesday	AM	Highbury Hospital/ flexible venue	Management meetings / CPD activities / Audit	SPA	1
	PM	Highbury Hospital	Management meetings / CPD activities / Admin	SPA	1
Thursday	AM				
	PM				
Friday	AM				
	PM				
Total PAs	Direct clinical care				4
	Supporting professional activities				2

There is an opportunity to work from home half day a week, to be agreed on commencement of the post with the clinical director. Following appointment there will be a meeting at no later than three months with the clinical director to review and revise the job plan and objectives of the post holder.

A formal job plan will be agreed between the post holder and clinical director three months after commencing the post and at least annually thereafter. The timetable is indicative only.

Travel expenses can be claimed for attending courses and academic programme off-site and for home visits to see patients in the community when necessary. If the post-holder does not have a vehicle for use, post holder needs to be able to arrange their own transport by other means.

Note: It must be accepted that the resources available to the Trust are finite and that changes on workload and developments requiring additional resources must have prior agreement through Trust management arrangements.

23. On-call and Cover Arrangements

Consultants share an on-call rota (currently on a 1 in 13 basis) across North Nottinghamshire at night, weekends and public holidays which includes cover for old age psychiatry and adult mental health but not learning disabilities or child and adolescent services. There is a second senior tier of on call rota provided by Specialist Trainees.

Cover for leave will be provided by MHSOP consultants.

24. Leave arrangements

The post holder is entitled to 19.2 days (32 days for full time posts) of annual leave plus bank holidays for the first 7 years of their service and will be eligible for 20.4 days (34 days for full time posts) days plus bank holidays thereafter.

There is an allowance of 30 days study leave over three years (10 days per year) for approved courses for which appropriate expenses up to £1,000 maximum a year are paid with authorisation of the Clinical Director. For less than full time posts, this will be calculated accordingly. Sick leave, compassionate leave and professional leave can be used as per outlined in the Trust policy.

25. 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.

26. Wellbeing

We work hard to support the health and well-being of patients and service users. We believe you should have access to excellent Occupational Health to improve and maintain your health and well-being. The aim of Occupational Health is to work with managers and staff to promote and improve health and well-being of staff. Contact Information and services provided by Occupational Health can be found on the Trust intranet following commencement in post. Or on the internet prior to this point [Staff Health and Wellbeing Service | Recruitment \(nottshc.nhs.uk\)](https://nottshc.nhs.uk/Staff-Health-and-Wellbeing-Service)

Wellbeing support and 1-1s are available and encouraged with the Clinical Directors and with team leads. The trust has a staff wellbeing team and a robust occupational health and staff counselling offer. These services are confidential and are accessible via self-referral or referral from line managers. There is a Freedom to Speak Up Guardian within the Trust.

The service promotes a positive, open, and engaging culture that is supportive and facilitative. There are clear communication channels and escalation processes should support be required. If workload changes in relation to Job Plans this can be discussed, and scheduled job planning meetings can be brought forwards to support these discussions. We recognise the importance of ensuring a healthy work/ life balance in supporting positive well-being and where appropriate to service need flexibility around working hours/ clinic times can be negotiated.

There are monthly medical staff meetings for peer support, supervision and learning. We offer regular mindfulness courses to staff and have regular wellbeing 'pop up' events offering a range of holistic therapies. The Trust also operates a trauma informed way of working and as such offer diffusion and debriefing to staff involved in critical incidents.

A list of our ongoing wellbeing activities across the Trust can be found on the Trust intranet.

27. Equality and Diversity

All members of staff are required to support the Trust's vision of promoting a positive approach to diversity and equality of opportunity, to eliminate discrimination and disadvantage in service delivery and employment, and to manage, support or comply by adhering to the Trust's Equality and Diversity Policy.

28. Visiting Arrangements

Candidates are encouraged to learn more about the Trust [Home | Nottinghamshire Healthcare NHS Foundation Trust](#) and welcome to visit our services and meet the team using the below contact details. Main contacts are.

- Dr Sujata Das, Clinical Director Tel: 0115 9691300 Ext 10659 and Rebecca Foxhall, Clinical Director Tel: 0115 9691300 Ext 10098
- Dr Kiran Jeenkeri, Associate Medical Director Tel 0115 9691300
- Dr Sue Elcock, Medical Director, Tel: 01159691300

Person specification/selection criteria for Consultant

Abbreviations for when assessed: S: Screening prior to short listing A: Short-listing from application form
P: Presentation to formal panel

F: Formal Appointments Committee Interview R:

References

	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
QUALIFICATIONS	MB BS or equivalent medical qualification. MRCPsych with CCT in Old Age Psychiatry (people who are within 6 months of obtaining CCT are eligible to apply as long as CCT in time for post commencement)	S	Qualification or higher degree in medical education, clinical research or management. Additional clinical qualifications.	A S A
ELIGIBILITY	Fully registered with the GMC with a licence to practice 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 within 3 months of appointment.	S S S S	In good standing with GMC with respect to warning and conditions on practice.	S
TRANSPORT	Holds and will use valid UK driving licence OR provides	S		

	evidence of proposed alternative.			
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	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
CLINICAL KNOWLEDGE AND EXPERIENCE	<p>Excellent knowledge in speciality.</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>	<p>A F R</p> <p>A F R</p> <p>A F R</p> <p>F</p> <p>F</p> <p>F</p>	<p>Wide range of specialist and sub-specialist experience relevant to post within NHS or comparable service.</p>	<p>A F</p>
ACADEMIC SKILLS AND LIFELONG LEARNING	<p>Able to deliver undergraduate or postgraduate teaching and training.</p> <p>Participated in continuous professional development.</p>	<p>A P F</p> <p>A F</p> <p>A F</p> <p>A P F</p> <p>A F</p>	<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>A F</p> <p>A F</p> <p>A F</p> <p>A</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.</p>		<p>Experienced in clinical research and / or serviced 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.</p>	A F
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