

Job Description

**Locum Consultant Part-Time
Consultant Psychiatrist
Primary Care Liaison Consultant
1-year fixed contract
5 PAs**

HPFT, Waverley Road St Albans



Job description and person specification

Post and specialty:	Locum Consultant Psychiatrist in General Adult Community Psychiatry
Base:	Waverley Road, St Albans ACMHS hub
Contract:	5 PAs/ Adult Community Mental Health services – 12-month Fixed Term Contract
Accountable professionally to:	Professor Asif Zia, Executive Director of Quality and Medical Leadership
Responsible to:	Dr Giovanni Borghini, Clinical Director planned care services
Key working relationships and lines of responsibility:	Service Manager: Jackie Stonebrook Managing Director: Sarah Damms Director of Service Delivery and Customer Experience: Sandra Brookes Chief Executive: Karen Taylor

Introduction

Hertfordshire Partnership University NHS Foundation Trust (HPFT) is at the forefront of providing integrated health and social care. The Trust specialises in providing services for people with mental health problems and people with a learning disability including those who require specialist or forensic health care.

Trust details

HPFT is one of a handful of mental health trusts in the country to receive a CQC rating of **Outstanding**. The Trust aims “to become the leading provider of Mental Health and Specialist Learning Disability services in the country”.

Hertfordshire Partnership University NHS Foundation Trust (HPFT) was established on 1st April 2001 and achieved Foundation Trust status on 1st of August 2007. In January 2013, the University of Hertfordshire awarded the HPFT University Trust status, making it only the third mental health organisation in the country to be awarded this status. The Trust provides mental health and social care services for Adults of Working Age, Older Adults, Children and Adolescents and Specialist Learning Disabilities services across Hertfordshire. HPFT employs approximately 2800 people working from more than 80 sites.

In recent years the trust has also been successful in acquiring the tender for the provision of specialist Learning disability services in Norfolk, North Essex and Buckinghamshire. The Trust covers a mix of rural and urban area, including the City of St Albans, the large towns of Watford, Welwyn Garden City and Stevenage, and the smaller towns of Hemel Hempstead, Radlett, Berkhamsted, Harpenden, Hertford, Ware, Bishops Stortford, Hitchin and Letchworth. Hertfordshire Social Services have divided the county into four areas. The county has two Clinical Commissioning Groups (CCGs). West Hertfordshire is served by Herts Valleys CCG.

A Single Point of Access was introduced in 2012 to streamline access to mental health and learning disability services in Hertfordshire.

People of working age from Hertfordshire who require an acute psychiatric inpatient admission are currently treated at Kingfisher Court, the 70 bedded Inpatient Unit located near Radlett, opened in June 2014, if a bed is available, otherwise they may be admitted to an inpatient bed elsewhere in the Trust. There is a Crisis Resolution and Home Treatment Team (CRHTT) which acts as the gatekeeper to the Acute Care Pathway and provides home treatment for people experiencing acute episodes of mental ill health. The CRHT Team is supported by an Acute Day Treatment Unit (ADTU) which provides a range of medical nursing and psychological interventions on a day patient basis to an average of 20 patients every day, including weekends, between 9-5.30 pm.

There is an 18 bedded Acute Assessment Unit based at Swift Ward in Kingfisher Court where informal patients can be admitted for a period of up to 10 days inpatient assessment prior to admission to a treatment bed or discharge/transfer to another element of the Acute Care Pathway, as appropriate. This Unit has separate consultant cover and is supported by the NW CRHT Team. There is 10 bedded PICU

in Kingsley Green providing intensive low secure inpatient care which has separate consultant cover.

Thumbswood Mother and Baby Unit is situated in the Kingfisher Court site. A new community perinatal service is being set up.

There is an established mental health liaison team based at Watford General Hospital and Lister Hospital (Stevenage) which is staffed by two consultant psychiatrists, one clinical psychologist and team of experienced nurses provides who support and advice to clinicians and patients in Acute Hospitals in Hertfordshire.

There is an established Early Intervention in Psychosis team called PATH (Prevention, Assessment and Treatment in Early Psychosis) covered by 5 consultant psychiatrists, 1.0 WTE equivalent for each Primary Care Network (PCN) in the trust. The team include psychiatric nurses, psychologists, social worker, support workers and administrative staff. PATH receives internal referrals screened by SPA, acute inpatient and community services and Wellbeing team. PATH looks after all first episode of psychosis who has not received active treatment previously from the age of 16 onwards. Minors will be under the care of CAMHS consultant but care coordinated by the team. The service allocates a mini team of 3 staff members for each service user. All patients are care coordinated by a band 6 nurse or social worker, there is also an associate practitioner band 5 and a support worker band 4 allocated to the same patient. This provides multidisciplinary approach and continuity of care. The caseload for each care coordinator is around 35 service users. The service treat patients for a period up to 3 years, then they are discharged to the GP or transferred to the adult community mental health service. The service provides clozapine, CBT for Psychosis, Family Intervention, carer support and vocational support as advised by the NICE guidelines for schizophrenia and other psychotic disorders.

Hertfordshire represents one of the finest areas in the UK in which to live. It is situated north of London within approximately 30 minutes travelling time to London. The population of Hertfordshire is approximately one million. The area is well known to have some of the best secondary and independent schools in the country. Hertfordshire has two main motorways running through it: the M1 motorway runs north/south through West Hertfordshire and the A1 (M) runs north/south through East Hertfordshire. The towns of Welwyn Garden City and Hemel Hempstead and the City of St Albans are linked by the A414. Watford can be reached by the M1 and the A41. There are good roads and rail links to London about 25 miles to the South. The area has good housing, leisure and educational facilities.

THE TRUST BOARD

The Board

Welcome to Hertfordshire Partnership University NHS Foundation Trust

The Board



HPFT Values and Behaviours

Our values and behaviours have been developed by over 800 service users, carers and members of staff. They describe how we aim to be with service users, carers and each other.

By living our values we will deliver our ambition to be a leading provider for everyone we work with.

- We are **welcoming** so you feel valued as an individual
- We are **kind** so you can feel cared for
- We are **positive** so you can feel supported and included
- We are **respectful** so you can feel listened to and heard
- We are **professional** so you can feel safe and confident

Our values set the tone for:

- The way we plan and make decisions.
- The way we behave with service users and each other.
- The kind of colleagues we recruit.
- The way we induct, appraise and develop our staff.

Service details

The NHS Long Term Plan and the NHS Implementation Plan 2019 – 2024 give indications for developing new and integrated models of care for adults with mental illness across primary and community mental health care. This recognises that placing specialist mental health staff in GP practices to promote early assessment, treatment and/or onward referral, and to be recovery focused, is in the best interests of the patient.

A programme of transformation is underway with specialist mental health staff working in primary care under the Primary Care Mental Health Service (previously GP Plus, ARRS and Enhanced Primary Mental Health Services). This provides opportunities for the reshaping of the delivery of psychiatric interventions by doctors.

This is a new post for the psychiatric liaison component of integrated pathways of care across primary and specialist mental health services. The Primary Care Mental Health Service covers GP Surgeries within the local area. The post-holder will provide specialist mental health support for GP Surgeries so that patients with mental health difficulties can access prompt advice and support in a community setting, resulting in a more integrated approach to care.

The service aims to offer early intervention and prevention of deterioration in mental health. It provides early assessment, treatment and/or onward referral in the community. It supports patients on their recovery journey, to focus on achievable goals and access local community resources. The service promotes a person-centred joint approach to physical and mental health, where social care needs are also considered. Adult Community Mental Health Services can use these Primary Care Mental Health Services to support step down from Specialist Mental Health Services to more localised service provision.

Elements of PCMHS Delivered by HPFT

In addition to IAPT, the PCMHS offered by HPFT consist of 3 elements listed and detailed in paragraphs below:

- i. GP Plus service
- ii. Additional Role Reimbursement Scheme – Mental Health Practitioners
- iii. Enhanced Primary Care Mental Health Services (EPMHS)

i. GP Plus Service

GP Plus staff are registered practitioners (usually nurses, occupational therapists or social workers). The GP Plus practitioner is based in the GP Practices that have been identified as able to provide an appropriate clinical setting. The GP Plus practitioner does not hold a caseload of patients. The GP plus worker works across more than one PCN and across several GP practices.

Patient care and clinical responsibility remains within primary care for patients seen by GP Plus Service. All clinical recording is made within the relevant primary care Electronic Patient Record (EPR). This Service is available for referrals from GPs for service users aged 18 years upwards whom:

- have with a moderate mental health problem
- would otherwise have been sent as a routine referral to secondary care mental health services via the Single Point of Access

- are not already in the care of another mental health service

GP Plus Staff will deliver the following:

- Review referrals, liaise with GPs, telephone triage, face to face brief triage, advice, information, signposting
- Offer telephone triage up to 30 minutes
- Offer face to face assessments as 30-minute appointments
- Liaise with ACMHS/MHSOP/IAPT/CRHTT where needed to ensure the appropriate onward treatment for patients where secondary care intervention is needed
- Subject to local agreement, patients can be seen for follow up appointments as a brief intervention, in line with agreed protocols defining interventions offered, which ensure these interventions are delivered safely.
- The practitioner will identify and support GPs in the management and care of those patients who are frequent mental health users of services.
- The practitioner will support the recovery journey of those patients who are being discharged to primary care from secondary care during the transitional phase.
- Referral to relevant provision such as Mind link workers (where contracted as part of GP Plus), social prescribers, CGL, Wellbeing Team (IAPT), other local community agencies.

GP Plus staff work in partnership with support staff and in some areas these support staff are directly employed by HPFT in the following roles:

Support Workers (employed by VCSFE or directly by HPFT) who may support the recovery journey of those patients who are being discharged to primary care from secondary care during the transitional phase. The workers may also support GPs in the management and care of those patients who are frequent users of services. They may assist in the provision of low intensity psychological interventions in line with agreed protocols defining interventions offered and supervision, which ensure these interventions are delivered safely. They will support service users in achieving personal goals as well as supporting primary care patients to engage in universal resources.

Recovery Coach who supports the recovery journey of those patients who are being discharged to primary care from secondary care during the transitional phase. They can provide individual coaching and group work across secondary and universal resource settings, informed by psychological, occupational and arts therapies models.

ii. Additional Roles Reimbursement Scheme – Mental Health Practitioners

Each worker works as an embedded staff member for one primary care network (PCN). Staff focus on assessing those with mild and moderate mental ill health who tend to remain within primary care. Onward referrals are offered including

nonmedical prescribing where staff are suitably trained. Where relevant, staff will also work with those with serious mental illness that is stabilised, and the patient is only being treated by primary care staff.

The ARRS role is outlined at national level as follows:

The Community Mental Health Provider will implement in agreement with the PCN an effective role for Mental Health Practitioners, so that each Practitioner provides any or all of the following functions, depending on local context, supervision and appropriate clinical governance:

- i) Provide mental health advice, support, consultation, and liaison across the wider local health system
- ii) supporting shared decision-making about self-management
- iii) facilitate onward access to mental and physical health, wellbeing, and biopsychosocial interventions
- iv) providing some brief psychological interventions, where qualified to do so and where appropriate and
- v) work closely with other PCN-based staff, including the PCN multi-disciplinary team to help address the potential range of biopsychosocial needs of Service Users with mental health problems

Regular ARRS worker and IAPT team communication is in place through team meetings and briefings to ensure wherever possible patients suitable for interventions under IAPT are referred to IAPT.

iii. Enhanced Primary Care Mental Health Services

This service is available for those who would benefit from practical or emotional support and/or psychological interventions. These interventions are aimed at those who do not benefit from interventions from Wellbeing Team and whose conditions would not be eligible for treatment by ACMHS.

The Service offers initial conversations framed around Dialog+ avoiding a repeat mental health assessment if this has already been undertaken. Following identification of areas that the patient would like to address, a personalised care and support plan is agreed, and interventions or onward transfer is implemented.

In addition, the EPCMHS provides a time-limited period of transition for those stepping down from secondary care for who have ongoing anxieties about managing their lives without comprehensive support.

The EPCMHS delivers interventions through a group format with associated 1:1 work. The 1:1 intervention aim to help the person mobilise their use of local resources to maximise their wellbeing and potential to maintain the journey of living a life that is meaningful to the individual whilst living with a mental health condition that may resolve or may be long term.

Responsibilities of the role

- The post-holder will provide specialist consultative liaison to Primary Care based staff for advice and guidance (GPs and Primary Care Mental Health Service) for the primary care networks in the North West of Hertfordshire which include St

Albans and Dacorum PCNs. Where necessary a service user may be seen by the primary care liaison psychiatrist for one-off

mental health diagnostic assessment and/ or medication management. Psychiatric consultation slots will be made available for GPs and primary care mental health practitioners for clinical discussion. The psychiatrist and primary care mental health practitioners will agree on the local process to support the booking of slots for primary care consultation with a psychiatrist where required.

- The GP continues to hold overall clinical governance responsibility for patients seen by primary care mental health staff including psychiatrists in primary care. When an HPFT prescriber has made prescribing recommendations to primary care, the GP retains clinical responsibility to consider the recommendations for further action in primary care.
- The Post-holder will ensure clinical outcomes are clearly shared with the GP via primary care Electronic Clinical Record (ECR) e.g., SystmOne/ EMIS, subject to Information Governance arrangements supporting this access.
- The post-holder will ensure a letter is generated within the primary care electronic record, this can be emailed to HPFT single point of access which will save it as additional information to Paris. Consultation in primary care can be sent as a letter to Specialist Mental Health Service or primary care mental health services. This may utilise HPFT primary care administrative support where available.
- The post-holder will provide additional support to the primary and specialist care Multi-Disciplinary Teams (MDT) regarding diagnoses, risk formulation and medications. This will include support to integrated multi-disciplinary or multi system team meetings for mental health case discussion in primary care networks. GPs in the PCN can refer Adults with moderate to severe mental ill health or stable severe mental illness with low risk to self and others.
- Primary Care Mental Health practitioners may discuss patients in the lower (17-18 yrs old) and upper age range (over 65 yrs old) with the post-holder who may offer outpatient appointment, but this will be on case-by-case basis. The service user must be aware of the referral and in agreement with it.
- Based on need, current presentation, and risk, they may be referred on to different community health services, such as secondary community mental health services, CRHTT (Crisis Team), SPA, and First Response Service.
- People are not eligible to access this service if they are at acute risk to self or others; or they meet the threshold for the crisis team; if they are already receiving care from secondary mental health services (unless for supported discharge to community); if they suffer from a first episode of psychosis; if they take medication that requires a shared care protocol such as Clozapine or Lithium.

Consultant Colleagues:

Dr Nada Al-Saadi	Consultant General Adult Psychiatrist in Community, Waverley Road St Albans (1.0 WTE)
Dr Eduardo Cisnosi	Consultant General Adult Psychiatrist in Community, Waverley Road St Albans (0.4 WTE)
Dr Eliada Muntiu	Locum Consultant Adult Psychiatrist in Community, Waverley Road St Albans (1.0 WTE)
Dr Sohan Derasari	Consultant General Adult Psychiatrist in Community, The Marlowes Hemel Hempstead (1.0 WTE)
Dr Catherine Odelola	Locum Consultant Adult Psychiatrist in Community, The Marlowes Hemel Hempstead (1.0 WTE)

Line Management:

Clinical Director for Planned Care	Dr Giovanni Borghini
Medical Lead	Dr Mosun Fapohunda

Continuing professional development (CPD)

The post holder must be registered with the GMC with a Licence to Practice. The Trust expects all HPFT doctors to be in good standing for CPD with the RCPsych and supports them to develop their Personal Development Plans through their Peer Group and the appraisal process.

The Trust provides up to 30 days of study leave over a 3 year period pro rata to facilitate the achievement of agreed external educational objectives and expenses of up to £800 annually. In addition, the Trust provides several opportunities for CPD internally including a monthly CPD course which is held before the Medical Staff Committee and a monthly Medicines Management Training Course. If the post holder agrees to on take extra responsibilities (not currently expected in this job), the Trust will support relevant training if required. The post holder will have the opportunity to join a Peer Group of colleagues of the same grade in the Trust.

Clinical leadership and medical management

The post holder must participate actively in professional, clinical and managerial supervision, and undertake relevant training aligned with the post holder's personal development plan and other relevant professional bodies' guidelines regarding continuing professional development.

They will also be expected to liaise and provide guidance to other members of the multi-disciplinary teams. The post holder will be a member of HPFT Medical Staff Committee which is held monthly in The Colonnades, Hatfield. The Committee plays an important role in exchanging information about Trust strategy and operations and

represents the views of consultants to the Chief Executive and members of the Trust Board. It is also a forum to discuss major developments and challenges in the Trust and to network with colleagues.

The choice of an experienced colleague as mentor is offered to all new consultants to the Trust.

Appraisal and job planning

Annual appraisal will be arranged with one of the trained medical appraisers, usually the relevant Medical Lead. The Trust uses an electronic appraisal system to support revalidation (Premier IT) and subscribes to a software to collate Patient and Colleague 360 Feedback. The Medical Director is the Responsible Officer for the post holder.

The post holder will agree their job plan with the Community Medical Lead before completing their annual appraisal. The Job Plan will be reviewed on an annual basis, or more frequently if changes are required because of service reconfiguration. The views of the post holder are very important to the Trust and will be considered where possible if they do not compromise service provision.

There are no external, additional duties or special responsibilities attached to this post. Any proposed special interest sessions or external duties which may be added to this job plan in the future will be subject to mutual agreement in the job planning process

Teaching and training

The Trust obtained University status in 2012 and has links to the University of Hertfordshire, although is not currently attached to a medical school. Professor Kunle Ashaye, Director of Medical Education, is responsible for co-ordinating the HPFT psychiatric training.

There is a locally co-ordinated MRCPsych course and the post holder will have the opportunity to teaching on that. There are many opportunities for the post holder to contribute to multidisciplinary teaching, including the established monthly Medicines Management Training Course, which is available to all clinical HPFT staff. The post holder is expected to teach trainees in psychiatry. There is a Post Graduate Centre with a Library at the Colonnades in Hatfield which has administrative support for literature search if required.

Secretarial support and office facilities

The post-holder does not have trainee supervision responsibilities for the moment. Secretarial support will be provided through the GP surgeries and Primary Mental Health Services provision as appropriate.

The post holder has allocated storage space at Rosanne house and has access to bookable office space and shared areas in the GP surgeries. The post-holder will be provided with an encrypted laptop computer and VPN, including Wi-Fi around the trust and 3G for use off trust sites.

The Trust uses the electronic record system (EPR) PARIS but the post holder will be expected to use the EPR from the GP network as the primary clinical record and become proficient in using it. Training is provided. IT support is provided 24 hours a day by the ICT Service Desk which supports other NHS organisations in Hertfordshire.

Clinical duties of post holder

Consultation with primary care colleagues	To offer advice and consultation to GPs and primary care MH workers on diagnosis, risk evaluation and treatment for service users with moderate psychiatric problems in primary care
To liaise with secondary MH services and social services	Make decisions in consultation with team members, service users and carers.
One-off psychiatric reviews	To see service users for diagnostic or therapeutic reviews in primary care
Follow Trust Policy	Know Policy relevant to the role, follow it and support other members of the multidisciplinary team to do so.
Provide Clinical Leadership to the Team	Regular or ad hoc supervision on clinical matters with member of the primary care team. Maintain high clinical standards and develop the skills of the team. Lead a culture of delivering high quality clinical care. Explore new innovations in delivering care
Mental Health Act Work	The post-holder can be asked occasionally to be part of MHA assessments for patients acutely unwell in primary care
Supervision	Provide timely clinical and management supervision to medical staff under their direction.
Professional Standards	Maintain CPD and be in good standing with the RCPsych. Fulfil local mandatory training requirements. Complete annual appraisal and job planning process requirements for GMC revalidation.
Maintain the Trust Vision	Support organisational policies and objectives.

Clinical governance and Research

Professor Asif Zia is the Executive Director for Quality and Medical Leadership. The Trust has established systems to ensure that quality and risk are managed in the organisation.

As a minimum the post holder would be expected to complete two audit cycles on clinically important topics over a five year period. This is in keeping with the Royal College of Psychiatrists' standards for revalidation. All audits must be registered with the Practice Audit and Clinical Effectiveness (PACE Department) which actively supports clinicians to complete relevant service led audits. HPFT participates in all relevant national clinical audits, including the POMH-UK audits of prescribing and the National Audit of Schizophrenia. The post holder must remain in good standing with the college for CPD and would be encouraged to pursue CPD topics of relevance to both the consultant and the service. In addition, mandatory training must be attended in relation to such topics as Safeguarding, Risk Assessment, Equality and Diversity and Customer care.

The post requires the highest standards of clinical record keeping including electronic data entry and recording, report writing and the responsible exercise of professional self-governance in accordance with relevant professional codes of practice and Trust policies and procedures.

The post holder would contribute with other Professional, Medical and Service Leads in the development and implementation of best practice in mental health and comply with all the relevant professional codes of conduct.

There is a Research and Development Department which supports consultants who are interested in research. Any research or academic work sessions will be subject to agreement and review by the Clinical Lead and Clinical Director and should not interfere with the clinical work. Programmed activities may be available for such work, which will be subject to annual job planning and appraisal.

General duties

- 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 PCN 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 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.

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.

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.

Work programme

It is envisaged that the post holder will work 10 programmed activities. 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. 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 three months after commencing the post and at least annually thereafter.

On-call and cover arrangements No on-call duties required

Suggested draft timetable:

Day	Time	Location	Work	Category	No. of PAs
Monday	AM	PCN GP Practices/AC MHS Hub	Consultation/liaison work with GPs and PCMHS staff	DCC	1.0
	PM	PCN GP Practices/AC MHS Hub	Outpatient Clinic Clinical admin	DCC	1.0
Tuesday	AM	PCN GP Surgeries/Hu b for ACMHS	PCMHS MDT meeting	DCC	1.0

	PM	PCN GP Surgeries/Secondary Care Hub	Consultation/Liaison work with GPs and PCMHS staff/administrative work	DCC	1.0
Wednesday	AM	Non working time			
	PM	ACMHS	Audit, Clinical	SPA	1.0
		Hub/Colonnades/Home	Governance, Trust-wide Monthly CPD and MSC (2 nd wed every month)/ service development		
Unpredictable / Emergency on-call work					
Total PAs	Direct clinical care				4.0
	Supporting activities				1.0

Academic Background

Membership of the Royal College of Psychiatrists and being in the GMC specialist register for General Adult Psychiatry is desirable. The post holder needs to have significant experience in adult psychiatry and at least 3 years of formal training in it. Section 12 approval and AC status are desirable.

Relevant Experience

It is essential that candidates have a good working understanding of the full range of treatment approaches applied to the breadth of presentations in adult psychiatry. They should be able to assess and manage the risks advising on further management of service users' problems. Candidates will need to display an ability to apply a full range of pharmacological, psychological and physical treatment skills and have gained extensive experience in the differing needs of ethnic minorities.

An enthusiasm coupled with some experience of working within a multi-racial and multi-agency environment would be valuable. Previous experience of developing services in a constantly changing environment and to tight budgetary constraints would be highly regarded. Previous experience of workforce development would also be useful.

Personal Qualities

This role calls for a team-player with the ability to communicate and relate well at all levels, to service users, carers and relatives. An ability to work closely with and build relationships with other agencies and departments is regarded as essential. With all the new service developments the candidate will need to be flexible and willing to contribute their skills to service development. The successful candidate will be expected to have a high degree of both written and verbal communication skills.

Terms and Conditions of Service

- The post is covered by the Terms and Conditions of Service of Consultant 2003 contract or specialist doctor contract.
- The post holder will be indemnified by the Trust for all NHS work undertaken as part of the Contract of Employment but is encouraged to take out adequate indemnity cover as appropriate to cover any work which does not fall within the scope of the indemnity scheme (contract of employment). Personal medical indemnity should be retained for all activity undertaken outside NHS premises; this is not covered by insurance for Category 2 work, i.e. medical reports and “Good Samaritan” acts.
- Please note: Terms and Conditions may alter depending on the outcome of negotiations on the Consultant Contract.

Knowledge and Skills Framework: The post holder will be expected to meet the requirements of the NHS Knowledge and Skills Framework (KSF) appropriate outline for the post.

Special Requirements

The successful candidate will be expected to have a driving licence and live within 45 minutes travelling distance from their base unit.

Remuneration and benefits

Any formal offer of employment will be accompanied by a full statement of terms and conditions. Our Human Resources team will be happy to discuss any of the points raised here.

Relocation Expenses: The post holder will be expected to live within 10 miles or 45 minutes travelling distance of the base. The successful candidate may be eligible to apply for assistance with removal and associated expenses in accordance with the Trust’s Relocation Policy.

Salary: Basic pay is between £88,364 - £119,113 pro rata per annum (dependant on experience).

Annual Leave: Entitlement will be 32 days per annum for full time working, increasing to 34 days on completion of 7 years’ service as a Consultant. In addition, there is entitlement to Public/Bank Holidays. The entitlement for the post-holder will be pro-rata 16 days per annum.

Pension: The NHS offers a superannuation scheme which provides a variety of benefits based on service and final salary. The employers’ contribution covers about two thirds of the cost of benefits paid to NHS Pension Scheme members’ scheme and employee contributions are on a sliding scale. Membership of the scheme is optional and further details are available on appointment.

Infection Control: All Trust staff will:

- Act as a role model and champion for the highest standard of all aspects of infection prevention and control and implementation of all Infection Prevention and Control Trust policies and guidelines.
- Demonstrate respect for the roles and endeavours of others, in implementing good standards of hand hygiene.
- Value and recognise the ideas and contributions of colleagues in their endeavours to reduce the incidence of healthcare associated infection.

Health and Safety

The post holder has a duty of care to themselves and to others with whom they come into contact in the course of their work as laid down in the Health and Safety at Work Act 1974 and any subsequent amendment or legislation.

Equality and Diversity

Hertfordshire Partnership Trust is committed to providing an environment where all staff, service users and carers enjoy equality of opportunities. This includes recognising diversity of staff, service users & carers and not treating anyone less favourably on grounds of age, ethnic origin, religion or belief, gender, gender reassignment, culture, health status, relationship status, disability, sexuality, social background, trade union affiliation or any other unreasonably grounds.

The Trust will strive to eliminate all forms of discrimination. We recognise that this requires not only a commitment to remove discrimination, but also action through positive policies to redress the inequalities produced by past discrimination.

Safeguarding Children

The post holder will be expected to carry out responsibilities in such a way as to minimise risk of harm to children and young people and promote their welfare in accordance with the Children Act (1989) and (2004) and Working Together to Safeguard Children (HM Government 2006).

Confidentiality

All staff must be aware of the Data Protection Act 1984, which is now in force. This means that protection of data about individuals is a requirement of the law and if any employee is found to have permitted unauthorised disclosure, the Trust and the individual may be prosecuted.

Asylum and Immigration Act 1996

In order to comply with the Asylum and Immigration Act 1996, it is Trust policy to check documentation of all applicants in respect of proper immigration status to work in the UK. Employment will not be offered to any applicant or employee who does not have valid leave to remain in the UK or is subject to conditions, which prevent the individual from taking up employment.

Flexible Working: The Trust is committed to assisting employees to achieve a healthy work/life balance and will consider sympathetically requests for flexible working arrangements, taking into account the impact on colleagues and the service.

Training and Development: The Trust is committed to training and development as it is recognised that trained and motivated staffs are crucial to our success. Whether we are inducting new employees to the Trust or meeting new challenges we recognise the importance of training and continuous professional development. There is a study leave allowance for Consultants of 30 days (pro rata) over 3 years.

Interview Expenses: Second-class travelling expenses will be reimbursed to short listed candidates for costs associated with making a pre-interview visit. Subject to the prior agreement of the Trust, short listed candidates who make a second visit may be granted expenses on this occasion also. For candidates travelling from abroad, expenses are payable only from the point of entry into the UK.

References: Any offer of appointment will be subject to the receipt of (three) satisfactory references.

Occupational Health & Disclosure Baring Service Checks: The appointment will be subject to clearance from the Occupational Health Department and the DBS.

Period of Notice: To terminate employment a notice period of 3 months will be required.

The Job Description is neither exclusive nor exhaustive and the duties and responsibilities may vary from time to time in the light of the changing circumstances in consultation with the post holder.

For further information, please contact:

Dr Giovanni Borghini, Clinical director for planned care: 07552213636

Dr Mosun Fapohunda, Medical Lead NW quadrant, 07971958785

Appendix 1: Person specification/selection criteria for Consultant

Abbreviations for when assessed:

S: Screening prior to short-listing Interview
 A: Short-listing from application form
 R: References

P: Presentation to formal panel F: Formal Appointments Committee

	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
QUALIFICATIONS	MB BS or equivalent medical qualification.	S	Qualification or higher degree in medical education, clinical research or management.	A
	Three years of formal postgraduate training in Psychiatry	S	MRCPsych OR MRCPsych equivalent approved by the Royal College of Psychiatrists	A
ELIGIBILITY	Fully registered with the GMC with a licence to practise at the time of appointment.	S	In good standing with GMC with respect to warning and conditions on practice	S
		S	Included on the GMC Specialist Register OR within 3 months of CCT or equivalent in General Adult Psychiatry.	
		S	Included on the GMC Specialist Register OR within 3 months of CCT or equivalent in General Adult Psychiatry.	
CLINICAL SKILLS, KNOWLEDGE & EXPERIENCE	Excellent knowledge in specialty	A F R	Wide range of specialist and subspecialist experience relevant to post within NHS or comparable service	A F
	Excellent clinical skills using bio-psycho-social perspective and wide medical knowledge	A F R	Wide range of specialist and subspecialist experience relevant to post within NHS or comparable service	F

	Excellent oral and written communication	A F R		
--	--	-------	--	--

	skills in English			
	Able to manage clinical complexity and uncertainty	F		
	Makes decisions based on evidence and experience including the contribution of others	F		
	Able to meet duties under MHA and MCA	F		
ACADEMIC SKILLS & LIFELONG LEARNING	Able to deliver undergraduate or postgraduate teaching and training	A P F	Able to plan and deliver undergraduate and postgraduate teaching and training relevant to this post	A F
	Participated in continuous professional development	A F	Reflected on purpose of CPD undertaken	A F
	Participated in research or service evaluation.	A F	Experienced in clinical research and / or service evaluation.	A F
	Able to use and appraise clinical evidence.	A P F	Evidence of achievement in education, research, audit and service improvement: awards, prizes, presentations and publications.	A



	Has actively participated in clinical audit.	A F	Has led clinical audits leading to service change.	A F
TRANSPORT	Car Driver (unless you have a disability as defined by the Disability Discrimination Act 1995)	S		