

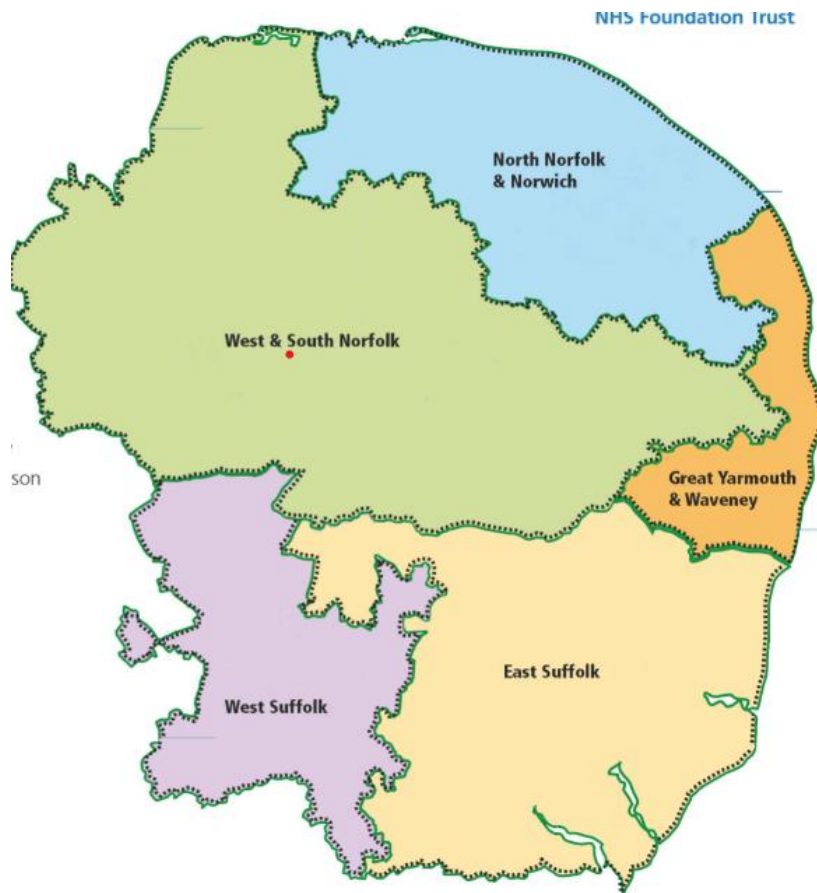
Consultant Psychiatrist

Job Description and Person Specification

Post and specialty:	Consultant Psychiatrist in Primary Care and Community Psychiatry This is a new post in support of the NHS Long Term Plan and Transforming Community-based mental health advice, support and treatment.		
Royal College of Psychiatrists approval details:	<i>Approval details to be completed by RCPsych</i> RCPsych Ref No: XXXXXXXXXX <i>RCPsych to insert Approval Stamp</i>		
Base:	Primary base Great Yarmouth and Waveney		
Contract:	Part time (5PAs) 6 Month Period Salary as per National Terms and Conditions		
	Total PAs: 10	SPA: 7.5	DCC: 2.5
Accountable professionally to:	Chief Medical Officer		
Accountable operationally to:	Clinical Director		
Key working relationships and lines of responsibility:	Line Manager : Appropriate Clinical Director Clinical Directors : Dr Allen Kharbteng & Dr Zeyn Green-Thompson Clinical Lead : Dr Kapil Bakshi Chief Medical Officer : Dr Sohair Abrar & Dr Sarah maxwell Chief Operating Officer: Thandi Matambanadzo Chief Executive : Caroline Donovan		

1 Introduction

Norfolk and Suffolk NHS Foundation Trust was founded in January 2012 coming together from Norfolk & Waveney Mental Health NHS Foundation Trust and Suffolk Mental Health Partnership. The Chief Executive is Caroline Donovan and Chair is Zoe Billingham.



2 Trust Details

Norfolk and Suffolk NHS Foundation Trust is the main provider of specialist mental health services for the counties of Norfolk and Suffolk, serving a population of 1.6 million people.

NSFT is a large organization covering a wide geographical area. These are divided into 'Care Groups', each covering areas previously known as localities. There are also Care Groups supporting children, family and young people's services, and specialist services, including Forensic mental health services.

Each Care Group has its own Leadership team, consisting of a Clinical Director, a Service Director, a Lead Nurse and a People Participation Lead (PPL), with the aim of supporting clinically led decision making locally, to support the needs of people accessing services.

The Trust provides mental health, drug & alcohol and learning disability services across Norfolk & Suffolk*. The Trust believes in Whole life care and understands the importance of good physical health, maintaining relationships and achieving a balance between treatments and continuing an active life.

The Trust has inpatient facilities across both counties with smaller bases in rural locations. Many of the Trust's services are offered in the community, enabling service users to receive the support they need in an environment familiar to them.

The Trust is actively engaged with the local system focused on implementing the vision of the NHS long term plan and the development of the Primary Care Networks, enhancing the current crisis pathways and looking at opportunities to work collaboratively

* Please note that not all services are available in all areas

Our clinical pathways include:

- Child and Adolescent Mental Health Services
- Perinatal Mental Health Community Service
- Youth Services (18 – 25yrs)
- Looked After and Adopted Children services (LAAC) and Compass services
- Perinatal infant mental health teams (PIMHS)
- Perinatal community mental health services
- Early Intervention in Psychosis
- Community Eating Disorder Service
- Neurodevelopmental Disorders
- Community Mental Health Services
- Adult Services including acute and recovery services
- Forensic and secure care
- Dementia and Complexity in Later Life
- Drug and Alcohol Services
- Learning Disability Services
- Wellbeing Service and Psychological Therapies
- Complex Psychosis Rehabilitation

3 Service details

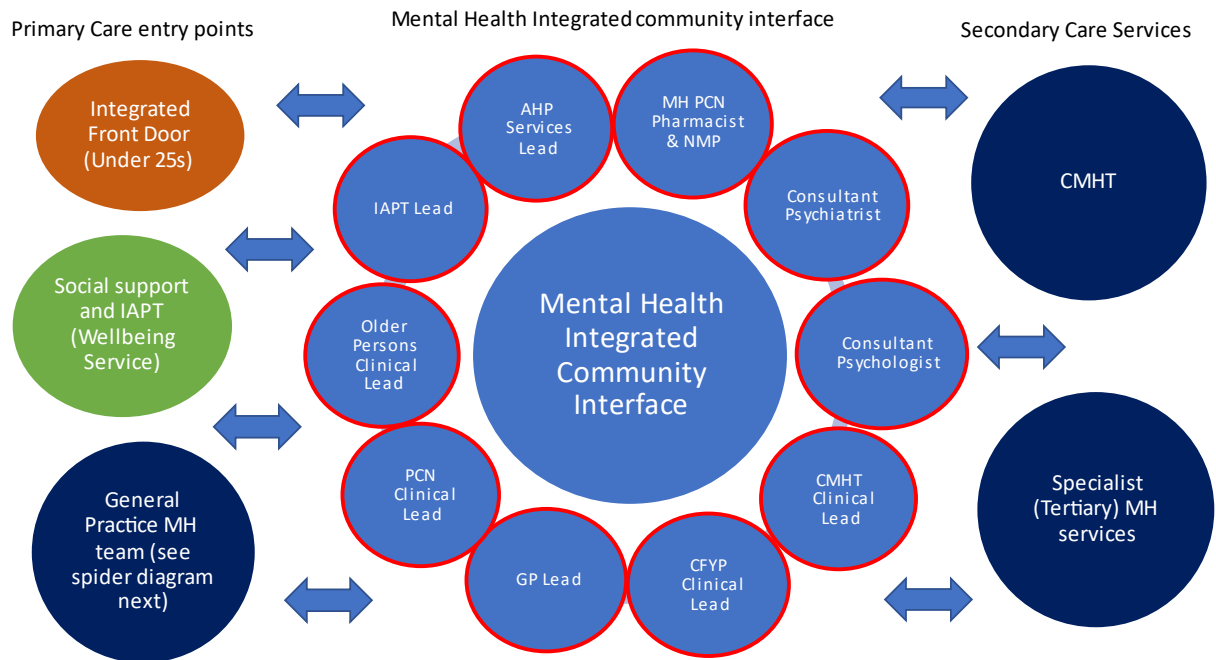
As part of transforming community based mental health services and integrating mental and physical health care, the Norfolk and Waveney System has approved the funding of 2.5 Consultant Psychiatrists to work across Primary Care Networks, providing advice, guidance and clinical expertise to GPs and other clinicians and medical colleagues working in the community to support patients with moderately complex mental health needs.

As part of the NHS Long Term Plan ambitions and the Norfolk and Waveney Mental Health Strategy we are seeking to develop an integrated bio-psycho-social approach to the provision of health care in the community – specifically helping to bridge the current gaps in provision between Primary and Secondary care mental health services, improve patient flow and create clear care pathways for moderately complex MH conditions.

There are a number of new roles being introduced as part of Community Mental Health Transformation that aim to support the management of mental health issues in primary care and locality-based settings (see diagram below). People with moderate to severe mental illnesses will access better quality care across primary and community teams, have greater choice and control over the care they receive, and be supported to lead fulfilling lives in their communities.

The programme also aims to better meet the needs of people with complex care needs but not requiring

Secondary/specialist Care support, in their communities and in partnership with Primary Care services.

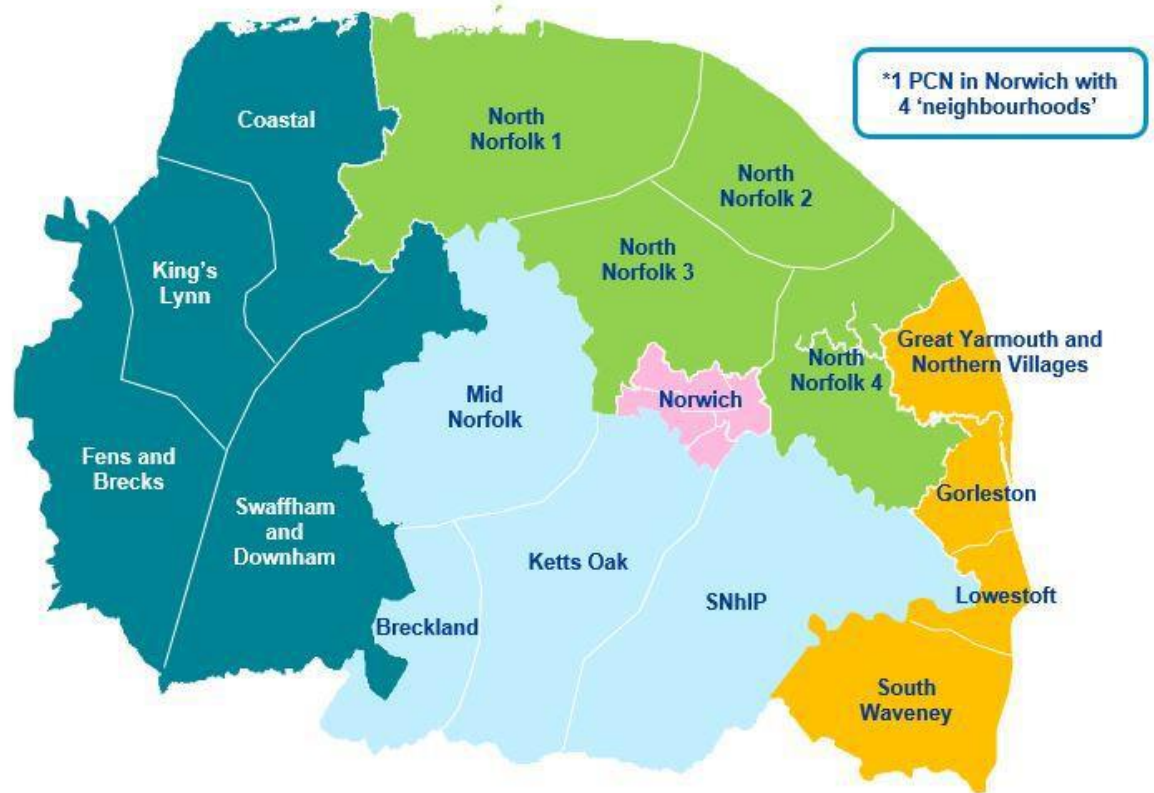


These new and integrated models of primary and community mental health care will support adults and older adults with severe mental illness. The new community-based offer will include improved access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use.

Local areas are being supported to redesign and reorganise core community mental health teams to move towards the new place-based, multidisciplinary service across health and social care aligned with primary care networks. By 2023/24, new models of care, underpinned by improved information sharing, will give adults and older adults greater choice and control over their care, and support them to live well in their communities.

In line with the Community Mental Health Framework, NSFT is establishing multi-disciplinary interfaces to work closely with Primary Care Networks and IAPT services to better meet the needs of service users whose needs currently fall between Primary and Secondary care services. These Community Consultant Psychiatrists roles are a vital link in the chain of disciplines required to deliver this community-based model of care.

As a Community Consultant Psychiatrist you would be part of a team of 2.5 WTE Psychiatrists working to support Norfolk and Waveney service users. This is a provision of 0.5WTE per “locality” which consists of 4 PCNs. N&W Localities (colour coded) and PCNs (four in each) are depicted below.



As an integral member and leader of the multi-disciplinary, primary care facing team, you will be joined by a Consultant Clinical Psychologist, PCN Clinical Lead, a Service Manager, IAPT lead and a PCN Pharmacist. As well as Mental Health nurses, Enhanced recovery workers and wellbeing practitioners aligned to PCNs, as required.

The Consultant will be expected to see Patients stepping up and down from Secondary Care services as well as those too complex for Primary Care services but not meeting the criteria for NSFT's CMHTs. A large part of the Consultant's role will be to support GPs in their Primary Care Networks, providing clinical expertise, advice and guidance for their patients.

Members of Norfolk & Waveney Community Interface (serving 5 localities of 4 PCNs)

POST	WTE	WTE per locality
Consultant	2.5	0.5
Consultant Psychologist	3.0	0.5 + 0.5 in GY&W
Clinical Primary Care Nurse Lead	3.0	0.5 + 0.5 in GY&W
MH Primary Care Pharmacist	5.0	1.0
IAPT Locality Lead	2.0	0.5
NSFT staff in General Practice		
B7 Mental Health Nurses	20	4.0
B6 Mental Health Nurses	26	4.0 (+1 in larger PCNs)
B4 – 8a Mental Health Practitioners	20	4.0

4 Outline of the post

As a new post to the System, we require a qualified and experience psychiatrist that can advise on the most effective approach, scope, deployment, and integration of these roles into the community. The substantive role is seen as critical to the success of the broader ambition which is to create a multi-disciplinary approach to the provision of mental health treatment, care, and support to people whose needs are too complex for Primary Care but do not require the full multidisciplinary, care planned approach provided in Secondary MH Services.

We required a qualified and experienced Psychiatrist to research, advise and propose the most effective implementation of these roles over a four-month period, undertaking the following tasks:

4.1 Tasks and Deliverables

- Explore examples of good practice in other, like, Trusts.
- Research (primary and secondary) and collate insights and opinion from NSFT Clinical Directors and leaders, GPs, MHPs in Primary Care, N&W Talking Therapies leads and Service Users and Carers.
- Attend the N&W Care Pathway Project meetings to ensure medical input into the development of its workstreams (including the creation of a Treatment Collaborative; CMHT re-engineering; single trusted assessment process and other related work).
- Liaise with the Community Transformation Steering Group members specifically Dr Kapil Bakshi as Clinical Lead for NSFT and Dr Alex Lewis as SRO plus Vicky Russ as Head of SD and Transformation for NSFT.
- Review and develop the draft Job Description and Person Specification for a PCN Consultant Psychiatrist (attached to this brief).
- Support the JD submission to the RCoP.
- Lead the Recruitment and Selection process for the substantive posts (with support from Medical Recruitment).
- Draft a proposal for the future development of the role based on your findings.
- Other deliverables as developed and agreed with the CT steering group leads and your Clinical Director, over the course of this consultancy.

5 Local working arrangements

The post holder will work flexibly within Norfolk & Waveney to provide specialist mental health care and leadership to the Primary Care and Community Interface (one per Locality). They will work collaboratively with other organisations, system partners, VCSE sector providers and Primary Care

Networks.

Triage and assessment of patients is conducted by Band 6 and 7 practitioners either in CMHTs or those working in General Practice. These patients are proposed to the locality-based interface (MDT) and discussed with the Consultant Psychiatrist and Psychologist within the team when appropriate.

A proportion of assessments may be conducted by the Consultant Psychiatrists if specialist medical expertise is required, for example advice around medication or management of complex assessment and diagnostic issues. The Consultant is expected to work directly with GPs via the electronic advice and guidance system, providing specialist medical advice to GPs for non-urgent patients under their care. The role can be carried out virtually via MS Teams with occasional need to attend face to face meetings in the localities under the Consultant's remit.

The team applies a multi-disciplinary approach to their work with a strong emphasis on teamwork demonstrating flexibility, creativity and client centered care. All teams use psychosocial models alongside medical models. The team also work hard to ensure that the service user and their carer(s) are central to their care and treatment and any decisions about this.

Alongside direct patient work the post holder will also support the team to manage risk for those with complex disorders and potentially risky behaviour.

The post holder will be expected to have a senior clinical leadership role within the service alongside other disciplinary leads and to take a lead role in the continued development of the Primary Care interface function in conjunction with NSFT's Strategic Change and Transformation leads.

The post holder will work in several settings including Trust facilities, other trust facilities, primary care, Wellbeing Hubs and GP Practices.

The post holder will be expected to work with consultant and management colleagues, service user and stakeholders in the planning, development and management of the service. They will work to achieve agreed performance targets and enhance quality.

As a new function to the trust each locality (4No. PCNs) is expected to generate approximately 40 enquiries per week plus electronic advice and guidance. The interface for each locality (5 No.) is expected to meet weekly to review, care plan and refer as appropriate (streaming the patient into the most appropriate care pathway). Interface members are expected to casehold only by exception and then for a time-limited period only. The Interface function is expected to care plans, identify best pathway and either step up or step-down patient's care to the most appropriate place.

6 Continuing professional development (CPD)

There is an expectation that all Consultants remain in good standing for CPD with the Royal College of Psychiatrists.

There are several local peer groups, and the post holder will be expected to join one.

The post-holder will be entitled to 10 days study leave per annum pro-rata. All requests for study leave, whether funding is requested or not, will be considered by the Study Leave Committee, in keeping with the terms and conditions of service. Applications must be signed off by the appropriate Clinical Director

before submission.

Consultants have access to a study leave budget.

7 Clinical leadership and medical management

The Consultant will report to the Clinical Director for their respective locality or service, with that Clinical Director reporting to the Chief Medical Officer of the Trust. It is anticipated that the 2.5WTE Consultants will form a peer group to develop their effectiveness and support and cover each other's work. All patient activity is required to be recorded accurately and fully on the Trust's Patient Management System, Lorenzo.

The post holder is appointed as a senior professional in order to provide advanced professional expertise and clinical leadership. As such, the post holder is expected at all times to conduct him/herself in such a manner as to be demonstrably helping the Trust to deliver its strategic and business objectives, and to act as an ambassador at the interface with external partners and stakeholders. At no time must the post holder bring the Trust into disrepute.

Additionally, the post-holder, as is expected from the holder of a senior public position, must at all times comply fully with the Nolan Principles and the Standards of Business Conduct.

The post holder is being appointed to a post of clinical leadership and will, therefore, be expected to have, and to demonstrate, leadership qualities as set out in the Medical Leadership Competency Framework (NHS Institute for Innovation and Improvement and the Academy of Medical Royal Colleges). The post holder will be expected to take a lead role in the continued development of the mental health pathway and function.

All the teams apply a multi-disciplinary approach to their work with a strong emphasis on teamwork, mutual respect and demonstrating flexibility, creativity and client centered care. In line with the NHS vision for Community Transformation and improved integration of mental health, the Trust takes a Formulation based approach to patient needs assessment and a biopsychosocial approach to patient care. As such these skills and principles are essential to work effectively within this service.

8 Appraisal and job planning

Job plans are reviewed annually by the post holder and the Clinical Director on behalf of the Chief Medical Officer and Chief Executive.

This job description will form the basis of the initial job plan.

All Consultants have an annual appraisal with an accredited appraiser within the Trust. This will inform the revalidation process for which the Medical Director for Workforce is the designated officer.

The post holder can access mentoring if they are a newly appointed Consultant or wishes to access a mentor.

9 Teaching and training

The post holder will be expected to supervise and train junior medical staff in terms of taking on the role of Clinical and Educational Supervisor for trainees at all levels (FY, GP, CT and ST trainees). There is also a Faculty of Medical Education for which Dr Somayya Kajee is the Director of Medical Education (DME).

The post holder is expected to participate in teaching through contributing to the local postgraduate medical education scheme which meets every Wednesday for medical education as well as teaching to the wider multidisciplinary team and allied health professionals.

In addition, the Trust hosts medical students from the University of East Anglia School of Medicine and the post holder will be expected to contribute to their formal and informal teaching. Students currently spend several days within the service and the post-holder will be expected to have them join clinics as appropriate.

There are opportunities within the Trust to contribute to other aspects of their training which can be discussed with the Clinical Director as part of job planning and professional development.

The Trust also hosts medical students attached to the St George's International School of Medicine based in Grenada who have clinical attachments within NSFT.

10 Research & Audit

The Trust actively promotes research and post holder can be supported in developing their research interests.

There is a Trust research department led by the Research Director and the Head of Research. They have a number of ongoing projects that the post holder can join after discussion with the Clinical Director as part of job planning and professional development.

The post holder will also engage in audit and service evaluation.

11 Mental Health Act and Responsible Clinician approval

The post holder would be expected to be an Approved Clinician or be willing to undertake training to become one. They will be expected to renew this approval according to agreed procedures.

12 Secretarial support and office facilities

The post holder will have access to designated office space and IT equipment and facilities.

The post holder will have access to designated administrative support.

13 Clinical duties of post holder

- To provide consultancy, advice, support and intervention to the team and wider professionals.
- Supporting GPs in managing service-users with mental health problems within the Primary Care setting – including telephone advice and assessment of service-users at GP surgeries.
- To provide specialist assessment in complex cases and provide management strategies.
- To work within the team to manage risk for those patients with complex disorders and risky behaviour.
- Multi-disciplinary team working and liaising with other secondary care services and external stakeholders as required.
- To work closely with the care coordinator or key worker within the team and other relevant teams.
- To involve service users and their carers in decisions about their treatment.

- To work flexibly with other consultant psychiatrists to provide cover for annual leave professional and study leave and sort periods of sickness absence.
- Supporting GPs in managing service-users with mental health problems through education and teaching.

14 Clinical governance and quality assurance

- The post holder will be expected to have a role in relevant Clinical Governance activity.
- The post holder will participate in clinical audit and other local assurance processes.
- The post holder will participate in the service evaluation and the planning of future service developments.

15 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.
- All Consultants are encouraged to use a quality improvement approach to think systemically about complex problems, develop potential change ideas and test these in practice using a systematic QI methodology. The Trust provides regular training in QI methodology that the post holder can access if necessary.
- The Consultant will empower the team to resolve local issues on a daily basis using the tools and method of quality improvement without staff having to seek permission.
- They will promote awareness and understanding of quality improvement, and share learning and successes from quality improvement work.

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 Chief medical officer 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 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 clinical director or clinical

manager three months after commencing the post and at least annually thereafter.

Suggested draft timetable:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	SPA*	DCC Clinic / HVs	DCC Clinic / HVs	DCC Antenatal clinic	SPA*
PM	DCC MDT team meeting	DCC Clinic Clinical admin	DCC 0.5 SPA* 0.5 Clinical Governance	DCC Clinic Clinical admin	DCC Urgent case reviews Consultation to team Supervision

*SPA time can include a number of activities such as Teaching / Training/ Supervision / Governance / Audit / Service development / management / business planning Research/academic

19 On-call and cover arrangements

- The post holder will be expected to participate with the Consultant out of hours rota together with consultant colleagues.
- The rota is currently 1:9 pro rata with prospective cover and remuneration for on-call duties is currently 3% of annual salary.

20 Wellbeing

At NSFT, we promote positive mental health and wellbeing in the workplace. A wide range of resources are available on the Trust intranet which is updated regularly. We provide all team members, an easy access to our Occupational Health service, with confidential referrals open to all. The team is contactable at Workplace Health & Wellbeing Level 1, 20 Rouen Road, Norwich, NR1 1QQ Main reception: 01603 287035 (www.workplacehealthandwellbeing.co.uk).

Our network of Wellbeing Champions is key in supporting staff health and wellbeing around the Trust. Wellbeing Champions let their colleagues know about new health and wellbeing initiatives and can organise wellbeing activities that suit their team.

The trust also organises Wellbeing walks and virtual physical activities for the staff. The trust also has a physiotherapy service for our staff's wellbeing. The team is contactable at the Physiotherapy Team telephone 01603 421321 (extension 6321).

All new doctors are encouraged to work with a mentor for first 6 months. All medical staff will have a clear job plan and it will be reviewed regularly to review the workload and ensure staff wellbeing too.

NSFT is committed to health & wellbeing of its staff and recognises the importance of supporting individuals involved in a traumatic or stressful incident or needing support in general. Staff who have been involved in such an event may be affected both personally and/or professionally are made aware of what support is available to them in the short and longer term, both internally and externally. One such support is TRiM support. TRiM is a peer-led process that seeks to identify, assist, support and, if necessary, signpost people for further help when they may be at risk of psychological injury after experiencing a traumatic incident at work.

Sometimes we can feel overwhelmed, anxious or stressed whether that's caused by work or home issues or a combination of both. At NSFT, there is help and support available if this happens to you. One source of help is our new STRAW (Sustaining Resilience at Work) programme. NSFT also run a Staff Support line from Monday to Friday and that can be accessed by calling confidentially at 0300 123 13335. There is also support available for bereavement and pastoral care for our staff.

We're aware that financial issues can often be a cause of significant anxiety and stress for staff. As part of the wellbeing and benefits support available to staff, we have therefore partnered up with Eastern Savings and Loans. Eastern Savings and Loans is a credit union set up to support individuals requiring financial support without getting into financial difficulty through the high interest rates that many providers offer. In addition to loans, a savings scheme is available if you'd like to, for example, save for Christmas. Additionally, for staff who may not have a bank account, pay as you go debit cards can be offered. Eastern Savings and Loans are part of the Financial Services Compensation Scheme.

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

The post holder will have leave authorised by their manager following discussion. Cross cover will be organized with Community Consultant colleagues.

The post holder is entitled to annual leave, as per national Terms and Conditions – Consultants (England) 2003, the exact annual leave entitlement is according to the seniority of the Consultant.

The post holder will be entitled to national terms and conditions. Although it is usually the responsibility of the doctor to secure cover for absences in an unexpected, or emergency situation requiring the post holder to take sick or compassionate leave, they would not be expected to arrange their own cover.

The post holder will undertake, exceptionally, to perform additional duties in emergencies and unforeseen circumstances and to be available for such irregular commitments outside normal duties as are essential for continuity of patient care.

23 Visiting arrangements (key contacts)

If you would like any further information about this post or to arrange a visit, please contact either:

Dr Zeyn Green-Thompson zeyn.green-thompson@nsft.nhs.uk

Dr Allen Kharbteng allen.kharbteng@nsft.nhs.uk
Dr Kapil Bakshi kapil.bakshi@nsft.nhs.uk

24 Equality and Diversity

“We want everyone to live their hopes, dreams, and aspirations. Whether you’re a new or existing member of staff, a volunteer, or a bank or agency worker, our Trust wants you to feel involved in all aspects of our work and to have amazing opportunities.

We welcome people regardless of age, sex, disability, gender identity and expression, marital status, race, faith or belief, sexual orientation, socioeconomic background, and whether you are a carer, are pregnant or on family leave. Our staff networks are very important to us, and everyone is encouraged to join. They provide peer support and safe spaces, making sure all voices can be heard and that every voice is valued. Our networks include: Ability (for staff with disabilities), Autism Group (a part of the Ability Network), Black and Minority Ethnic (BME), Carers, Faith Spirituality and Belief, Out and Proud (LGBT+), Lived Experience (Mental Health), Women's”

SPECIFIC CLAUSES

TRUST VALUES AND BEHAVIOURS

To promote and adhere to the workplace values of NSFT.

Our values and behaviors were created by 1,300 staff members, service users and carers all working together in the Putting People First project.

They reflect what we all believe makes the most positive difference to the care we offer and to the way we work with one another. By 'living our values' we will develop our Trust, our people, and continue to improve the quality of everything we do.

Our values... Our behaviours... Our future

Working together for better mental health...

Positively...



Be proactive...

Look for solutions, think creatively and focus on what we can do

Take pride...

Always do our best

Take responsibility...

Plan ahead, be realistic and do what we say we will

Support people to set and achieve goals...

And be the best they can

Recognise people...

Their efforts and achievements, and say thank you



Working together
for better mental health

Respectfully...



Value everyone...

Acknowledge people's unique experiences, skills and contribution

Step into other people's shoes...

Notice what's actually happening

Take time to care...

Be welcoming, friendly and support others

Be professional...

Respect people's time and be aware of our impact

Be effective...

Focus on the purpose and keep it as simple as possible

Together...



Involve people...

Make connections and learn from each other

Share...

Knowledge, information and learning

Keep people updated...

With timely, open and honest communication

Have two-way conversations...

Listen and respond

Speak up...

Seek, welcome and give feedback

nsft.nhs.uk

REGISTERED HEALTH PROFESSIONAL

All staff that are members of a professional body must comply with standards of professional practice/conduct. It is the post holder's responsibility to ensure that they are familiar with and adhere to these requirements.

RISK MANAGEMENT/ HEALTH & SAFETY

The post holder has a responsibility to themselves and others in relation to managing risk, health and safety and will be required to work within the policies and procedures as laid down by the Trust. All staff have a responsibility to access occupational health, other staff support services and/or any relevant others in times of need and advice.

RECORDS MANAGEMENT

The post holder has responsibility for timely and accurate record keeping where appropriate and in line with professional guidelines.

The post holder has responsibility for the creation, maintenance and storage of records in accordance with Trust policy, including email documents and with regard to the Data Protection Act, The Freedom of Information Act and other relevant statutory requirements. Training will be provided in appropriate information management for the post.

SUSTAINABILITY

Carbon reduction and sustainable development are issues that impact on the lives of everyone and it is expected that all staff will commit to the principles of carbon reducing behaviors and sustainable development to ensure that resources are used efficiently, our carbon footprint is reduced and health services continue to improve.

SAFEGUARDING

The NSFT expect that all staff will maintain statutory and local compliance to competency based training in relation to Safeguarding Children and Adults as outlined in Children Act 1989/2004, Working Together to Safeguard and Promote the Welfare of Vulnerable Children 2010 and No Secrets 2002.

CONFIDENTIALITY

The post holder is required to maintain confidentiality of information in accordance with professional and Trust policy. The post holder may access information only on a need to know basis in the direct discharge of duties and divulge information only in the proper course of their duties.

TRAVEL

The postholder is expected to be able to travel independently to their usual work base and may also be required to travel between sites. Standard users will claim mileage using the Trust electronic expense system. Those using public transport will be expected to travel at standard rates. Staff who have any special travel requirements owing to disability, should discuss these needs with their line manager so that reasonable adjustments can be made.

This job description and supportive information is not intended to be definitive or restrictive but to give a broad view of the role generally and is subject to change in order to meet needs of the service.

PERSON SPECIFICATION:		
Consultant Psychiatrist		
REQUIREMENT	ESSENTIAL	DESIRABLE
QUALIFICATION/EDUCATION	<p>Full registration with the GMC with licence to practice</p> <p>MRCPsych or equivalent</p> <p>Eligible for inclusion on the Specialist Register or within 3 months of gaining CCT</p> <p>Section 12(2) approval at or following appointment</p> <p>Approved Clinician</p>	<p>Certificate of Completion of Specialist Training (CCST) in Psychiatry of Old Age</p> <p>Postgraduate thesis</p> <p>A postgraduate qualification in Medical Education</p>
EXPERIENCE	<p>Full training that is, or could be, recognised as suitable for approval under Section 12 of the Mental Health Act</p> <p>The diagnosis and treatment of complex mental illness</p> <p>The management of complex mental health needs</p> <p>Knowledge and experience of using the Mental Capacity Act</p>	<p>Three years' supervised training in an appropriate SpR training programme or equivalent.</p> <p>Experience in general medicine or general practice</p> <p>Skills in psychological or social therapies.</p> <p>Experience of implementing service change to enhance the quality of patient care.</p> <p>Experience of leadership and management.</p>
ATTRIBUTES	<p>Ability to work in a team</p> <p>Good interpersonal skills</p> <p>Enquiring, critical approach to work</p>	<p>Demonstration of initiative and perseverance</p>

	<p>Caring attitude to patients</p> <p>Ability to communicate effectively with patients, relatives, GPs, nurses and other agencies</p> <p>Ability to demonstrate an understanding of the context of the service within the wider context of developments in the NHS</p> <p>Knowledge of modern treatment options.</p> <p>The ability to make decisions, take responsibility and work independently.</p> <p>A willingness to develop services</p> <p>Flexibility</p> <p>Optimistic outlook</p>	
CLINICAL GOVERNANCE	<p>A clear understanding of clinical governance</p> <p>A commitment to open review of clinical practice.</p>	Experience of clinical audit.
TEACHING	<p>Experience of supervising junior medical staff.</p> <p>Teaching and presentation skills.</p>	Experience in teaching doctors and other clinical disciplines.
RESEARCH	Evidence of an interest in research.	Published research. Ongoing projects.