


Senior Specialist in Psychiatry

Job Description and Person Specification

Post and specialty:	<p>Senior Specialist in Psychiatry (Adult Mental Health, City Central Locality Mental Health Team based at Highbury Hospital, Bulwell. Nottingham. NG6 9DR)</p> <p>This is an exciting, newly created post within the Trust, to which we are looking to appoint an experienced colleague as a Senior Specialist, to join the medical team. The post holder will be expected to provide senior SAS level input into the City Central LMHT team.</p> <p>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>		
Royal College of Psychiatrists approval details:	<p style="text-align: center;"><i>Approval details to be completed by RCPsych</i></p> <p style="text-align: center;">RCPsych Ref No: ??</p> <div style="text-align: center;">  </div>		
Base:	City Central LMHT – Highbury Hospital, Nottingham		
Contract:	<p>This is a permanent role at 6 PAs with specific commitments detailed elsewhere in this job description. Part time or job share opportunities may be considered. The salary for the post will be as per the Senior Specialist National Terms and Conditions (2021) England.</p> <p>It is highly likely that at least one service user or carer will be on the interview panel for this role.</p>		
	Total PAs: 6–	SPA: 1.5	DCC: 4.5
Accountable professionally to:	Dr Sue Elcock, Executive Medical Director		
Accountable operationally to:	Dr Karthik Thangavelu and Dr Gareth Foote		
Key working relationships and lines of responsibility:	<p>Clinical Directors: Dr Karthik Thangavelu and Dr Gareth Foote</p> <p>Associate Medical Director: Dr Kiran Jeenkeri</p> <p>Director of Medical Education: Dr Kehinde Junaid</p> <p>Trust SAS Tutor: Dr Vaishali Kogje</p>		

	<p>Medical Director: Dr Sue Elcock</p> <p>Responsible Officer: Dr Sue Elcock</p> <p>Locality Manager: Helen Taff</p> <p>General Manager: Andy Latham</p> <p>Operational Manager: Tracey Taylor</p> <p>Chief Executive: Ifti Majid</p>
--	---

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 9000 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 2011, 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 (9.7%) compared with the East Midlands (8.7%) or England (8.3%) with the highest levels in Ashfield (11.2%), Bassetlaw (10.8%) and Mansfield (12.2%). 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 2011 Census, 34.6% 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 19.0% in 2001.

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: Dr Ifti Majid
- Executive Medical Director: Dr Sue Elcock
- Executive Director of Nursing, AHPs and Quality: Dianne Hull
- Executive Director: Finance Alison Wyld
- Executive Director of People & Culture: Jennifer Guiver
- Director of Corporate Affairs: Nabil Jamshed
- Director of Partnerships and Strategy: Jan Sensier
- Chief Operating Officer: Becky Sutton

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.

The city services provision, previously delivered in large city-wide teams, has recently undergone transformation and has divided into 4 locality mental health teams. The teams will be linked to specific GP practices and will serve the population registered within those GP practice catchment areas.

The main focus of this post will be provision of mental health services to the Greater Nottingham area, specifically the City south Locality Mental Health Team, which covers the relevant practices within the catchment area and includes the associated university populations.

The main focus of the role will include the assessment of new patients referred to the service including students from the universities (Trent and Nottingham University), GP liaison work, management of patients within the recovery model, Mental Health Act work (Section 12) when required, day on-call duty rota (this will be based on a pro rata and on average 3 to 4 times a month for emergency work only, it is factored into the sessions and does not impact on work as it is a last resort cover), cover for colleagues when on leave and working within the multidisciplinary team supporting other members of the team. There will be an emphasis on providing leadership and consultancy to the team.

The grade of junior doctors could include GP trainees, CT trainees, F2 and also ST trainees. The allocation will depend on training needs and allocation from the education department. There are no trust grade doctors and juniors will have consultant support at all times.

The Trust manages two medium secure units, Arnold Lodge in Leicester and Wathwood Hospital in Rotherham as well as the high secure Rampton Hospital near Retford.

The following Psychiatric Services serve the Nottingham and Nottinghamshire area:

- Alcohol & Addiction
- Child and Adolescent Mental Health Services
- Forensic Mental Health ServicesAdult 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.

The Trust is seeking a Senior specialist psychiatrist to join the City South LMHT. This vacancy has arisen due to the development of a new SAS Doctor post and the Trust regards this as an opportune moment to develop the functioning of the clinical team.

This post is one example of the commitment of the Trust to not only ensure career development for our SAS workforce but to also develop better provision and capacity for the City South LMHT and the families and carers using the service in challenging times. This post completes the medical establishment of the team providing a minimum of 1.0 whole time equivalent SAS doctor for the team.

5. Local Working Arrangements

Supporting Staff/Services

The locality team will comprise of Service Manager – Sally Ann Summers, Team Leader – Kevin Somerton, Psychiatric Nurses, OT's, Psychologists, peer support workers, Health Care Assistants and there will also be opportunities to supervise both Junior and Senior Trainees.

The central team consists of approximately 2.5 WTE Consultant Psychiatrists, 17.2 WTE CPNs, 1.6 WTE Occupational Therapists, 3.8 WTE Support Workers, 1.0 WTE Employment Specialist, 1.0 WTE Peer Support Worker, 0.6 WTE Clinical Psychologist and a full time Team Leader. It covers the population of Nottingham City including Wollaton, Radford and Meadows. The team will be the single point of access for the locality, CPA is fully implemented. The team has a total of six care pathways including;

- 1) Recovery from Anxiety and Depression (4-7)
- 2) Support for complex Personality Needs (8)
- 3) Early Intervention in Psychosis (10)
- 4) Recovery from Psychosis (11-15)
- 5) Support and engagement for enduring Psychosis (16-17)
- 6) Living well with Neurodevelopmental conditions (0)

Medical

There will be Consultant colleagues (2.2 WTE) and include Dr Bagalkote and Dr Lankappa. The team also has a non-medical prescriber who independently manages a caseload in their clinic and working towards becoming an ACP. The

Specialist is expected to carry a compact caseload of the most complex and unstable cases but will also be available at short notice to provide consultation and advice to other team members, although they are not required to act as care co-ordinator.

The current senior medical case load distribution was around 40 to 50 patients per PA, but this number can vary depending on the pathways and complexity of cases.

The team receives approximately about 20 to 25 referrals per week predominantly from locality GP's but again numbers can vary depending on need and about 80% are seen by services. The initial assessment for the most part is nurse led but there will also be medical assessments (approximately 2 per week, 10%) where such need was identified. The Nottingham service has also now got an agreed service to provide assessment and treatment for ADHD where there are no co-morbidities and no longer falls within LMHT work.

The Community Teams are supported by the Crisis Teams that are well established within these services. There are inpatient areas at Highbury Hospital Bulwell, Millbrook Unit, Mansfield and Bassetlaw Hospital for AMH in addition to long term NHS facilities for patients with chronic mental health disorders and high levels of disability; Bracken House Locked Rehabilitation Unit and Thorneywood Mount Open Rehabilitation. The Trust has a contract with Priory Healthcare of 16 acute beds at Calverton Hill and 5 beds at Nottingham Priory Hospital. In addition, there is a Crisis House, Haven House which contains 6 beds and a step-down unit, Beacon Lodge which contains 12 beds.

6. 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, at least 30 hours of which should be under the clinical domain if the doctor has clinical contact with patients) and to evidence this at their annual appraisal

The post holder will be expected to have a plan for such education as is deemed appropriate, considering his or her own needs and those of the service. Specialists 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 annual study leave entitlement for SAS doctors is £1,000 per year and up to 10 days per year (30 days every 3 years) subject to approval by the Clinical Director. Supporting activity sessions are included in the job plan to support this.

The Specialist will be provided with clinical supervision as required from one of the Consultants in the team which will be supported by the Lead Consultant.

All SAS doctors have a responsibility for ensuring their own continuing professional development and are expected to register for CPD with the Royal College of Psychiatrists. SAS Doctor peer groups are established which the post holder will be expected to join. The post holder can contact the SAS Tutor Dr Hardev Bhogal for more information when they have started in post.

7. 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. The Trust will also be recruiting to the newly created SAS Advocate post, who will promote and improve support for SAS doctors' health and wellbeing across the Trust. Dr Stephanie Sommers is the Lead Consultant for the City Central area. There is a trust wide medical management meeting called the Mental Health Senior Medical Staff Committee that the post holder will be encouraged to attend. The post holder would be expected to engage in the Trust Wide SAS network, including participation in SAS training and engagement events.

The post holder will be expected to demonstrate taking a lead role on the improvement of quality of care within the team along the lines of.

- Develop a clinical leadership role within the multidisciplinary team and across the service as a whole and work with colleagues and management to ensure optimal service delivery.
- Participate in business planning for the locality and, as appropriate, contribution to the broader strategic and planning work of the Trust.
- Lead the improvement of the quality of care within the team and contribute to improving quality across the system.

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, or a future leadership post such as medical management, education roles, appraisal roles, mentor roles etc.

8. Appraisal Revalidation and Job Planning

The Trust is committed to ensuring all Trust medical staff is 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 sets out roles and responsibilities to support this.

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 to help the Specialist become 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 emphasises a partnership approach being taken by the doctor and their manager in this process.

The Specialist 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. 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 Specialist will participate fully in this and keep up to date with mandatory and statutory training in line with Trust requirements.

The Specialist will be encouraged to seek a mentor to support their development in their first year of appointment. The Trust has a trained group of mentors to choose from.

9. Teaching and Training

The Trust has a progressive Medical Education Team that supports high quality patient-centered training across the organisation. We recognise that SAS doctors make significant contributions to the advancement of psychiatry in areas of education, leadership, research, and governance.

Similarly, SAS doctor continuing professional education is underpinned by robust Governance arrangements. Our dedicated SAS Tutor Dr Hardec Bhogal is a member of the Medical Education Team and the first point of contact for all SAS Doctors. The SAS Tutor is there to support and offer advice and guidance on career related issues, education and development and the use of SAS funding at a local level.

All SAS doctors have access to internal and external CPD activities / training programmes as well as study leave time and funding and encompasses 10 days of study leave per year and a study budget of £1,000 over a 3-year cycle.

There will be an expectation in terms of teaching and training. This will be to junior trainees, medical students and also members of the MDT. There is a weekly case conference/journal club every Wednesday morning and there are also opportunities with the medical education department to take up teaching roles.

For allocated trainees there will be opportunities for clinical supervision (CS) and also educational supervisor (ES) roles which are remunerated. It will also be expected that you keep in good standing with the college and keep up the required CPD activity for each year as per college guidelines. SAS doctors also have access to our full range of virtual and in person Library and Knowledge Services.

10. 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.

11. Mental Health Act and Responsible Clinician Approval

The post holder is not immediately expected to be approved as a Responsible Clinician. There may however be deemed eligible to become one following appropriate training, development, and sufficient time in post. The post holder must be either Section 12(2) approved or willing to undertake training to obtain Section 12(2) MHA and will be expected to renew this approval according to agreed procedures.

12. 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 possible and a clear structure for admin support is being developed. As such the service benefits from an established administrative support team and the post holder will have access to administrative support.

The Specialist 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.

Regular clinics, reviews and meetings are block booked in advance by the admin team. The Specialist will have administrative support to ensure that letters and reports are typed up and sent out within the time limits agreed.

13. Clinical Duties

The number of new medical assessment does vary. The locality team receives approximately 25 referrals per week, most taken on by service and most seen by service unless there was a specific medical need as the first assessment. The post holder will be required to.

- Attend team meetings, support the triage function of the team, support the duty workers with urgent clinical situations, undertake new patient reviews, including completing formulations and risk assessments for these patients, be available for clinical discussions with team members about patients on the team caseload, hold follow up reviews of patients on the postholders case load.

- Take a lead in the management of complex cases.
- Provide clinical leadership of team, engagement with MDT and RAMM
- Provide assessments of new patients and formulate treatment/care plans.
- Support the triage functions of the team if requested, with medical expertise.
- To use evidence-based treatment and follow local and national guidelines.
- To work collaboratively and liaison with other teams within the Trust, other NHS organisations and third sector providers
- To use the Mental Health Act, as appropriate, within the course of their duties.
- To work in a collaborative, multi-disciplinary, multi-agency and partnership way.
- To provide medical treatment within a model of multi-disciplinary care
- Attending weekly clinical team meetings and performing medical duties that are decisions of that meeting
- Compiling a patient's history from a number of sources and preparing case summaries and discharge summaries where required.
- Preparing reports for Mental Health Review Tribunals and Managers' Hearings and giving evidence in relation to patients on CTO.
- Liaising with other clinical teams within and outside the Trust
- Liaising with general practitioners and medical specialists with regards the physical health of the patients
- Assessment of patients out of area on rare occasions, this will be in exceptional situations only

14. Training Duties

An integral part of the post holder's duties will be consultation to medical colleagues and teaching and supervision of doctors in both recognised training and unrecognised 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 Senior Tutor, Clinical Teaching Fellow.
- Participation in the training of other disciplines.
- Providing educational supervision of trainees and other disciplines.
- Taking part in continuing medical education within statutory limits.
- Supervising GP and Foundation trainees within the service.

15. 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.

16. External Duties, Roles and Responsibilities

The Trust actively supports the involvement of the SAS Doctor body in regional and national groups subject to discussion and approval with the Medical Director and, as necessary, the Chief Executive Officer.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Non-working Day	RAM, MDT Ad hoc/ urgent reviews (Highbury Hospital) DCC 1.0	SPA, directorate and divisional meetings, CPD, audit, governance, case conference etc (Highbury Hospital/DMH) SPA 1.0	RAM, New Assessments (Highbury Hospital) DCC 1.0	Non-working Day
Afternoon	Non-working Day	OP Clinic, GP Liaison (Highbury Hospital) DCC 1.0	SPA, CPD, audit, governance etc (Highbury Hospital/DMH) SPA 0.5 Flexible clinical time, admin DCC 0.5	Flexible clinical time, admin (Highbury Hospital) DCC 1.0	Non-working Day
Total PAs	Direct Clinical Care				4.5
	Supporting Professional Activities				1.5

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 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.

The overall split of the programmed activities is 4.5 to be devoted to Direct Clinical Care (DCC) and 1.5 to Supporting Professional Activities (SPA) as per the Royal College of Psychiatrists recommendation.

The DCC of the job will entail supporting the MDT, RAM meetings, referrals meeting support, GP liaison work, junior doctor supervision, duty day on-call, mental health act work, home visits and out-patient clinics. There will be an expectation of 2 to 3 outpatient clinics a week with a case load that will vary with an average of 150 patients.

The 1.5 programmed activity for SPA can be used for CPD, audit, teaching, research, courses, management, and service development which will be identified through job planning. Specific programmed activity may be agreed in line with both individual and service need.

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. 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, alternative modes of transport can be arranged with the trust as per guidance in Trust policy.

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.

19. On-call and Cover Arrangements

There is an eventual requirement to be involved in the on-call structure providing cover for consultant colleagues within the team subject to familiarisation with services and obtaining AC status. Similarly, there is opportunity to develop skills and knowledge by participating in the second tier on-call rota for the area (South) which provides 24-hour support. The rota is made up of fellow Higher Specialty Trainees (HST) and other SAS colleagues. On call remuneration would be provided subject to the nature of the work undertaken, e.g., contractual or ad/hoc i.e. locum.

20. Leave arrangements

The post holder is entitled to 19.2 days of annual leave plus bank holidays for the first 7 years of their service and the Trust has agreed locally that SAS Doctors will be eligible for 2 additional days plus bank holidays thereafter, Totalling to 20.4 days for 0.6 WTE.

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. Both annual leave and study leave will be calculated pro-rata for less than full time posts. Sick leave, compassionate leave and professional leave can be used as per outlined in Trust policy.

21. Contract Agreement

The Specialist Grade (2021) national terms and conditions of service available from the NHS Employers website will apply. Any future nationally agreed amendments would also apply. Any local amendments to the nationally agreed terms will be negotiated through the Trust's Local Negotiating Committee (TLNC).

22. 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.

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.

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 needed that is not felt to be forthcoming. 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. Where these changes happen when there isn't a job planning meeting scheduled, we are able to bring these meetings forwards as needed.

There are regular SAS group 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.

The Trust will also be recruiting to the newly created SAS Advocate post, who will promote and improve support for SAS doctors' health and wellbeing. We are also committed to supporting the development of staff and if requested development mechanisms such as mentoring, and coaching can be facilitated in addition to the supportive measures mentioned above. A list of our ongoing wellbeing activities across the Trust can be found on the Trust intranet.

23. 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.

24. Visiting Arrangements

Candidates are encouraged to learn more about the Trust (Website <https://www.nottinghamshirehealthcare.nhs.uk>) and welcome to visit our services and meet the team using the below contact details. Main contacts are.

- Dr Karthik Thangavelu and Gareth Foote, Clinical Directors Tel: 0115 9691300 Ext 14248
- Dr Kiran Jeenkeri, Associate Medical Director Tel: 0115 9691300
- Dr Sue Elcock, Medical Director, Tel: 01777 247301

Person specification/selection criteria for Senior Specialist in Psychiatry

Abbreviations for when assessed: **ScR:** Screening prior to short-listing **SL:** Short-listing from application form **AAC:** Advisory Appointments Committee

Ref: References **Pres:** Presentation to AAC panel

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

	Essential	When assessed	Desirable	When assessed
Qualifications	MB BS or equivalent medical qualification.	ScR	Qualification or higher degree in medical education, clinical research, or management	SL
			MRCPsych or equivalent	SL
			Additional clinical qualifications	SL
Eligibility	Fully registered with the GMC with a licence to practise at the time of appointment.	ScR	Inclusion on the Specialist Register with the GMC at the time of appointment (or intention to undertake via CESR)	ScR
	Completed a minimum of 12 years' medical work (either continuous period or in aggregate) since obtaining a primary medical qualification	ScR	In good standing with GMC with respect to warning and conditions on practice.	ScR
	A minimum of six years should have been in a relevant specialty in the Specialty Doctor and/or closed SAS grades. Equivalent years' experience in a relevant specialty from other medical grades including from overseas will also be accepted.	ScR		
	To be section 12(2) MHA 1983 approved	ScR	Approved Clinician (AC) status/approval and be on the AC register or the ability to obtain within 6 months in post.	SL
Transport	Holds and will use valid UK driving licence OR provides evidence of proposed alternative.	SL		

Domain	Capabilities	Essential	Desirable	Examples of appropriate evidence	To be evidenced at interview
Professional Values and Behaviours, Skills and Knowledge	1.1 Practises with the professional values and behaviours expected of all doctors as set out in GMC Good Medical Practice and the Generic Professional Capabilities Framework (or equivalent for dentists).	X		<ul style="list-style-type: none"> • Participation in annual appraisal • Multi-source feedback • Patient feedback • Mandatory training as set out in UK Core Skills Training Framework • Interview 	X
	1.2 Demonstrates the underpinning subject-specific competences i.e. knowledge, skills and behaviours relevant to the role setting and scope.	X		<ul style="list-style-type: none"> • Work-based evidence using appropriate existing tools e.g., scope of practice & workload as evidenced in job plan, logbooks, audit of personal practice, references from colleagues, evidence collected for annual appraisal and job planning • Knowledge-based evidence e.g., accredited courses, CPD diary, professional or higher qualifications 	X
	1.3 Clinically evaluates and manages a patient, formulating a prioritised differential diagnosis, initiating an appropriate management plan, and reviewing and adjusting this depending on the outcomes of treatment.	X		<ul style="list-style-type: none"> • Multi-source feedback • Patient feedback • Reflective pieces • References from colleagues • Personal clinical audit • Evidence collected for annual appraisal and job planning 	X
	1.4 Manages the difficulties of dealing with complexity and uncertainty in the care of patients; employing expertise and clinical decision-making skills of a senior and independent/ autonomous practitioner.	X		<ul style="list-style-type: none"> • See 1.3 for examples 	X
	1.5 Critically reflects on own competence, understands own limits, and seeks help when required.	X		<ul style="list-style-type: none"> • See 1.3 for examples 	X
	1.6 Communicates effectively and is able to share decision-making with patients, relatives and carers; treats patients as individuals, promoting a person-centred approach to their care, including self-management.	X		<ul style="list-style-type: none"> • See 1.3 for examples 	X

	1.7 Respects patients' dignity ensures confidentiality and appropriate communication where potentially difficult or where barriers exist, e.g. using interpreters and making adjustments for patients with communication difficulties.	X		<ul style="list-style-type: none"> • See 1.3 for examples • EDI training • Unconscious bias training • Interview 	X
	1.8 Demonstrates key generic clinical skills around the areas of consent; ensuring humane interventions, prescribing medicines safely and using medical devices safely.	X		<ul style="list-style-type: none"> • See 1.3 for examples • Relevant courses • Interview 	X
	1.9 Adheres to professional requirements, participating in annual appraisal, job planning and reviews of performance and progression.	X		<ul style="list-style-type: none"> • Evidence of appraisal and addressing objectives 	X
	1.10 Awareness of legal responsibilities relevant to the role, such as around mental capacity and deprivation of liberty; data protection; equality and diversity. The understanding and utilisation of the legal framework provided by both the MHA 1983 and the MCA 2005 is essential. A Specialist Grade postholder in psychiatry would need as a minimum to be section 12(2) MHA 1983 approved, if not have Approved Clinician (AC) status/approval and be on the AC register. (NB: MHA 1983 only pertains to England and Wales. Equivalent in Northern Ireland would be the Mental Health (Northern Ireland) Order 1986 and 2016 Mental Capacity Act.)	X		<ul style="list-style-type: none"> • Interview • Evidence of learning/courses/ qualifications in specific specialties 	X
	1.11 Applies basic principles of public health; including population health, promoting health and wellbeing, work, nutrition, exercise, vaccination, and illness prevention, as relevant to their specialty.	X		<ul style="list-style-type: none"> • Job plan • Interview 	X
Leadership and Teamworking	2.1 Awareness of their leadership responsibilities as a clinician and demonstrates appropriate leadership behaviour; managing situations that are unfamiliar, complex, or unpredictable and seeking to build collaboration with, and confidence in, others.	X		<ul style="list-style-type: none"> • Examples of initiatives taken that have effected change • Examples of involvement in collaborative leadership work • Interview 	X

	2.2 Demonstrates understanding of a range of leadership principles, approaches and techniques so can adapt leadership behaviours to improve engagement and outcomes – appreciates own leadership style and its impact on others.	X		<ul style="list-style-type: none"> • Leadership courses • Evidence of effective leadership 	X
	2.3 Develops effective relationships across teams and contributes to work and success of these teams – promotes and participates in both multidisciplinary and interprofessional team working.	X		<ul style="list-style-type: none"> • Evidence of participation in or leading MDT • Evidence of teamwork • Interview 	X
	2.4 Critically reflects on decision-making processes and explains those decisions to others in an honest and transparent way.	X		<ul style="list-style-type: none"> • Evidence of reflective practice • Interview 	
	2.5 Critically appraises performance of self, colleagues or peers and systems to enhance performance and support development.	X		<ul style="list-style-type: none"> • Examples of successful situations 	X
	2.6 Demonstrates ability to challenge others, escalating concerns when necessary.	X		<ul style="list-style-type: none"> • Interview 	X
	2.7 Develops practice in response to changing population health need, engaging in horizon scanning for future developments.	X		<ul style="list-style-type: none"> • Log book • Outcome data/audit • Interview 	X
Patient Safety and Quality Improvement	3.1 Takes prompt action where there is an issue with the safety or quality of patient care, raises and escalates concerns, through clinical governance systems, where necessary.	X		<ul style="list-style-type: none"> • Reflective practice with examples • Interview 	X
	3.2 Applies basic human factors principles and practice at individual, team, organisation and system levels.	X		<ul style="list-style-type: none"> • Multi-source feedback • Interview • Evidence of attendance at Human Factors course 	X
	3.3 Collaborates with multidisciplinary and interprofessional teams to manage risk and issues across organisations and settings, with respect for and recognition of the roles of other health professionals.	X		<ul style="list-style-type: none"> • Examples of involvement • Multi-source feedback • Interview 	X
	3.4 Advocates for, and contributes to, organisational learning.	X		<ul style="list-style-type: none"> • Interview 	X

	3.5 Seeks feedback and involvement from individuals, families, carers, communities and colleagues in safety and quality service improvements reviews.	X		<ul style="list-style-type: none"> Multi-source feedback Patient feedback 	
	3.6 Leads new practice and service redesign in response to feedback, evaluation and need, promoting best practice.		X	<ul style="list-style-type: none"> Examples of success 	X
	3.7 Evaluates and audits own and others' clinical practice and acts on the findings.	X		<ul style="list-style-type: none"> Examples of successful change Interview 	X
	3.8 Reflects on personal behaviour and practice, responding to learning opportunities.	X		<ul style="list-style-type: none"> Examples of reflective practice Interview 	X
	3.9 Implements quality improvement methods and repeats quality improvement cycles to refine practice; designing projects and evaluating their impact.	X		<ul style="list-style-type: none"> Audits QI projects Attendance at QI training 	X
	3.10 Critically appraises and synthesises the outcomes of audit, inquiries, critical incidents or complaints and implements appropriate changes.		X	<ul style="list-style-type: none"> Examples of involvement Interview 	X
	3.11 Engages with relevant stakeholders to develop and implement robust governance systems and systematic documentation processes.	X		<ul style="list-style-type: none"> Examples of involvement Multi-source feedback 	X
	3.12 Leads new practice and service redesign in response to feedback, evaluation and need, promoting best practice.			<ul style="list-style-type: none"> Examples of involvement Multi-source feedback 	X
Safeguarding Vulnerable Groups	4.1 Recognises and takes responsibility for safeguarding children, young people and adults, using appropriate systems for identifying, sharing information, recording and raising concerns, obtaining advice and taking action.	X		<ul style="list-style-type: none"> Safeguarding courses Interview 	
	4.2 Applies appropriate equality and diversity legislation, including disability discrimination requirements, in the context of patient care.	X		<ul style="list-style-type: none"> EDI training Interview 	X
Education and Training	5.1 Critically assesses own learning needs and ensures a personal development plan reflects both clinical practice and the relevant generic capabilities to lead and develop services.	X		<ul style="list-style-type: none"> Audit Examples of success Interview 	X

	5.2 Promotes and participates in individual and team learning; supporting the educational needs of individuals and teams for uni-professional, multidisciplinary and interprofessional learning.	X		<ul style="list-style-type: none"> Evidence of teaching and training of medical/dental students or trainees or allied health professionals. Examples of involvement Outcomes / audit 	X
	5.3 Identifies and creates safe and supportive working and learning environments.	X		<ul style="list-style-type: none"> Guideline awareness and successful examples 	X
	5.4 Can act as a role model, educator, supervisor, coach or mentor for medical and non-medical practitioners.	X		<ul style="list-style-type: none"> Examples of role 	X
	5.5 Creates effective learning opportunities and provides developmental feedback, both verbally and in writing, to learners and doctors/dentists in training, as required by the role.		X	<ul style="list-style-type: none"> Examples of teaching successes Interview 	X
	5.6 Plans and provides effective teaching and training activities as required by the role.		X	<ul style="list-style-type: none"> Teaching experience examples 	X
	5.7 Understands how to raise concerns about the behaviour or performance of any learner who is under their clinical supervision (leadership).	X		<ul style="list-style-type: none"> Examples of successful interventions Interview 	X
	5.8 Takes part in patient education.	X		<ul style="list-style-type: none"> Examples Patient feedback 	X
Research and Scholarship	6.1 Keeps up-to-date with current research and best practice in the individual's specific area of practice, through appropriate continuing professional development activities and their own independent study and reflection.	X		<ul style="list-style-type: none"> Examples of CPD – diary with reflection 	X
	6.2 Critically appraises and understands the relevance of the literature, conducting literature searches and reviews; disseminates best practice including from quality improvement projects.	X		<ul style="list-style-type: none"> Participation in research training courses or recruitment for NIHR research studies Presentation/publication of conference abstract Reviewer of papers/ conference abstracts Publications, including guideline development Interview 	X
	6.3 Locates and uses clinical guidelines appropriately.	X		<ul style="list-style-type: none"> Examples in clinical practice Interview knowledge of relevant guidelines 	X

	6.4 Communicates and interprets research evidence in a meaningful way for patients to support shared decision-making.	X		<ul style="list-style-type: none"> • Examples of implementation of evidence-based change 	X
	6.5 Works towards identifying the need for further research to strengthen the evidence base or where there are gaps in knowledge, networking with teams within and outside the organisation.		X	<ul style="list-style-type: none"> • Evidence of research activities and knowledge of current limitations in evidence • Interview 	X