

JOB DESCRIPTION

General Adult Consultant Psychiatrist
North West London Regional Mental Health Crisis Assessment Service

St Charles Hospital Mental Health Centre
&
The Lighthouse MHEC (Mental Health Emergency Centre) at St Mary's Hospital.

Substantive, 6 PA's

Please scan here to meet our Team in Westminster 



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| Title | General Adult Consultant Psychiatrist in North West London Regional Mental Health Crisis Assessment Service & the Lighthouse MHEC, St Mary's hospital campus, Paddington, London CNWL NHS Foundation Trust |
| Base & Location | St Charles Hospital Mental Health Centre Exmoor Street, London, W10 6DZ (May relocate to The Gordon Hospital, Bloomsburg Street, London SW1V 2RH) |
| Total No PAs | 6 programmed activities |
| Prime responsibility | To provide clinical leadership to teams as a part of a multi-disciplinary service |
| Accountable to | Professionally accountable to – Clinical Director – Dr Sujaa Mary Rajagopal Arokiadass Medical Director – Dr Gareth Jarvis Chief Medical Officer – Dr Cornelius Kelly Operationally accountable to – Lee Byers, Associate Director for Urgent Care – MHCAS Lucy Cook, Westminster Borough director - The Light house MHEC Ann Sheridan, Divisional Operational Director Graeme Caul, Chief Operating Officer |
| Reports to | Dr Sujaa Rajagopal Arokiadass, Clinical director Lee Byers – Associate director for MHCAS Lucy Cook, Borough Director Westminster for the Light house MHEC |

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|-------------------|---|
| Works with | Works closely with colleague consultant psychiatrists and other members of the MDT Key interfaces are with other community services, inpatient wards, Primary Care Networks, supported accommodation, A & E Liaison, and the police. |
| Key tasks | <ul style="list-style-type: none"> • Provide senior medical responsibility for the patients managed by the team and to support and contain all members of the multidisciplinary team (MDT) • Develop the understanding and capability of the MDT in delivering care informed by evidence • Support recruitment and ensure optimal retention of team members and uphold morale • Ensure good service quality and performance • Ensure GPs and primary care clinicians are supported to provide mental health care • Optimise links with voluntary sector partners to support patient care • Ensure training needs of any psychiatry trainees and medical students are met as well as supporting training of other junior clinical staff |

About CNWL

Central and North West London NHS Foundation Trust (CNWL) specialises in caring for people with a wide range of physical and mental health needs.

Over recent years our catchment area has grown significantly, making the Trust’s population more diverse than ever. The area spans the communities of London, Milton Keynes and wider geographical areas of Buckinghamshire, Surrey, Kent and Hampshire. There are areas of great affluence as well as deprivation, and there are over 100 first-languages spoken in these communities.

We are constantly developing and working in innovative ways to provide modern, dependable services in

- physical and mental health sectors
- primary, secondary and community services
- in health and social care settings for all ages.

We became a Foundation Trust on 1 May 2007.

CNWL provides the following clinical services:

- A wide range of community health services, including adult and child physical and Dental care services in Camden, Hillingdon and Milton Keynes.
- Intermediate physical healthcare, admission and supported discharge
- Palliative Care
- A comprehensive range of mental health services for adults, from early intervention and psychological therapies to inpatient treatment or long-term rehabilitation care.
- Specialist mental health services for children and adolescents, including family therapy and IAPT Services
- Dedicated mental health services for older people, from early diagnosis, memory services and on-going treatment options.
- Substance misuse services for drugs, alcohol and the new group of 'club drugs', provided in the community
- Specialist addiction services available nationally for problems with gambling and compulsive behaviours.
- Inpatient, outpatient and day patient eating disorders services, available to clients nationally.
- Inpatient and outpatient learning disability services, available to clients nationally.
- Mental health, addictions and primary health care services in many HM Prisons and YOI in London, Kent, Surrey, Hampshire and Buckinghamshire.
- Sexual and reproductive health services, including walk-in services, in central London and Hillingdon.

The Trust has completed a move to a Divisional Structure with a Borough management structure for most mental health services.

This post sits within the management of Jameson Division, which holds mental health services within the inner London boroughs of Westminster and Kensington & Chelsea, and the outer boroughs of Brent and Harrow.

Alongside these we have Service Lines of:

- Child and Adolescent Mental Health Services and Eating Disorders,

- Offender Care and Addictions,
- Learning Disabilities,
- Mental Health Rehabilitation, and
- Sexual Health.

Our vision

We work in partnership with local people to improve their health and wellbeing. Together we look at ways of improving an individual's quality of life, through high quality healthcare and personal support.

Our values

Compassion: Our staff will be led by compassion and embody the values of care outlined in our Staff Charter.

Respect: We will respect and value the diversity of our patients, service users and staff, to create a respectful and inclusive environment, which recognises the uniqueness of each individual.

Empowerment: We will involve, inform and empower our patients, service users, carers and their families to take an active role in the management of their illness and adopt recovery principles. We will ensure our staff receive appropriate direction and support, to enable them to develop and grow.

Partnership: We will work closely with our many partners to ensure that our combined efforts are focused on achieving the best possible outcomes for the people we serve.

Our Strategic Objectives

CNWL's vision and values are underpinned by the Trust's strategic objectives:

- Providing integrated, high quality, timely services based on the needs of the individual.
- Engaging meaningfully with service users, carers and the local community to improve and align our services to meet needs and to ensure effective local accountability to the population we serve.
- Improving and maintaining to a high standard the physical environments in which we are providing services.
- Recruiting, retaining and developing a skilled and motivated workforce that is proud to work for the Trust and that the Trust is proud to employ.

- Providing a financial base that is robust for the future development of the Trust and providing economic and efficient services
- Improving Trust information systems to support improvement in patient care and performance management.

Management of the Trust

Trust Board:

The Trust is led by the Board of Directors, consisting of the following people:

Non-executive directors:

- Tom Kibasi, Chair
- Paul Streets, OBE
- Richard Cartwright
- Meenakshi Anand
- Rashda Rana
- Ian Mansfield
- Dr Mo Ali

Executive directors:

- Claire Murdoch, Chief Executive (CBE)
- Graeme Caul, Chief Operating Officer
- Tom Shearer, Chief Finance Officer (starting February 2020)
- Dr Cornelius Kelly, Chief Medical Officer
- Maria O'Brien, Chief Nurse
- Nick Green, Executive Director of Organisational Development and People.
- Ross Graves, Executive Director of Partnerships and Commercial Development

Clinical leadership and medical management

- The Chief Medical Officer is supported by three Divisional Medical Directors.

- Each Divisional medical director is supported by clinical directors - This post is managed by Dr Sujaa Arokiadass, Clinical director for Westminster and NWL MHCAS and the Associate director for Urgent care is Lee Byers.
- The Senior Management Team in each borough usually consists of the borough and clinical director, in-patient/urgent care and community service managers, lead nurse, heads of professions and with variable issue-based involvement of other MDT staff.

Catchment Area

Residents in North west London including London boroughs of Westminster, Kensington & Chelsea, Brent, Harrow, Hillingdon and other parts of North west London can utilise the MHCAS which is currently at St Charles hospital site. A patient does not need to be a CNWL resident to receive care at MHCAS. They are accepted by MHCAS if they meet the referral criteria and would have otherwise presented at Chelsea and Westminster, St Marys, Northwick Park or Hillingdon Hospital Emergency Departments.

The catchment area therefore has a mix of affluent and deprived populations including a substantial disadvantaged multi-ethnic population with resultant high demand on mental health services.

The Light house MHEC accepts patients presenting to St Mary's hospital A&E with mental health needs.

Purpose of the Mental Health Crisis Assessment Service

The MHCAS is a 24/7, 365 days service situated at the St Charles' Hospital site in Central London. It is staffed by a dedicated team with clinical and non-clinical staff including a lead consultant, junior doctor, assessment nurses, drug and alcohol workers, access to psychology, therapy, the voluntary sector and integrated discharge team. There are 8 private cubicles and an open lounge area in the unit.

The aim of the MHCAS is to provide a therapeutic supplement and alternative to attending an emergency department (ED) for those experiencing a Mental Health crisis. The MHCAS offers a range of therapeutic interventions in an appropriate space and provide people with mental health needs the opportunity to access a more prolonged and informed assessment of needs and/or risks.

Once a patient is transferred to the MHCAS, their time in the MHCAS begins and their Length of Stay (LoS) should ideally be less than 12 hours and 24 hours maximum. The escalation protocol will be triggered when someone has stayed in the MHCAS for longer than 12 hours. The MHCAS identifies the right community support to meet patients' needs, where feasible it aims to:

- Provide a positive patient experience in a supportive and welcoming environment
- Deliver a high standard of clinical care
- Provide a less restrictive option of care to meet patients' needs
- Reduce admission (mainly informal) and occupied bed days
- Reduce 0-7 days admissions.
- Reduce demand in ED
- Reduce breaches of ED wait times owing to delay in mental health assessments and bed availability

A patient does not need to be a CNWL resident to receive care at MHCAS. They are accepted by MHCAS if they meet the referral criteria and would have otherwise presented at Chelsea and Westminster, St Marys, Northwick Park or Hillingdon Hospital Emergency Departments.

Crisis and Acute Pathway

The MHCAS fits into CNWL's crisis and acute pathway as an alternative to inpatient admission along with Divert to Admit, Home Treatment and Crisis House teams. The MHCAS will be accessible following an assessment by the Liaison Psychiatry Service or via SPA or via HTT/community mental health teams.

Patients have access to a reclining chair in a private cubicle in MHCAS. There is also a lounge area for patients waiting to be assessed or discharged. Patients are welcome to attend with a family member, friend or carer.

Patients also have access to a hot drink, water and meals whilst on site. There are two shared shower and bathroom facilities on site.

The following have been implemented to address any potential clinical risks and safety issues associated to being physically away from ED:

- Panic alarm for on-site staff
- 24/7 CCTV within and at site entrance
- Response from the St Charles rapid response team if needed
- In the event of a medical emergency (physical health) LAS will be called

- Any incidents are recorded on CNWL DATIX systems and addressed through CNWL governance processes.

Patient Offer

All patients experiencing a mental health crisis are to receive a mental health assessment from a highly trained Mental Health clinician or doctor within one hour of an emergency presentation to MHCAS. The service is provided 24 hours per day, every day of the year.

Patients expect holistic and therapeutic psychiatric evaluation by a diverse and highly skilled mental health team in the MHCAS.

Target patient group

- Age 18 or over
- No identified need for urgent or emergency physical health assessment or treatment, or this has already been completed
- An urgent or emergency mental health need
- Where a patient is already under the care of a mental health service, that service is unable to meet that need
- In one of the following locations:
 - Patients who are attending an ED in the CNWL London area and referred for transfer by liaison psychiatry, regardless of where they usually live:
 - Hillingdon Hospital
 - Northwick Park Hospital
 - St Mary's Hospital
 - Chelsea and Westminster Hospital
 - Patients who are currently in the London boroughs served by CNWL mental health services, and are referred via the SNWL Single Point of Access (SPA – this could initially be via self-referral, GP, 111, 999, ambulance or police), regardless of where they usually live:
 - Hillingdon
 - Harrow
 - Brent
 - Westminster

- Kensington and Chelsea
 - Patients who usually reside in one of the CNWL London boroughs, who have been seen by a liaison psychiatry practitioner at an ED outside the CNWL area and have been referred for either voluntary hospital admission or crisis mental health care
- Patients who are attending voluntarily and can consent to transfer
- Patients for whom an application has been made for admission under section 2 or 4 of the Mental Health Act 1983 (MHA)

Exclusion criteria

- Under the age of 18
- Patients who do not have an urgent or emergency mental health need
- Need for urgent or emergency physical health assessment or treatment, including, but not limited to:
 - overdose and self-injury
 - suspected delirium
 - Intoxication with alcohol or other drugs to the extent that medical assessment or treatment is needed
- Primary need is medically-assisted alcohol or opiate detoxification without a co-occurring mental health need
- Patients who do not have decision-making capacity to consent to voluntary transfer from ED or voluntary conveyance by ambulance
- Primary diagnosis is intellectual disability and no associated urgent or emergency mental health need
- Patients detained under Sec 135 or Sec136 MHA, or community treatment order recall under s 17E

Patients who do not clearly meet the inclusion/exclusion criteria, however still deemed as possibly suitable for MHCAS, will be reviewed by the senior team on a case-by-case basis before transfer is agreed.

Staffing and capacity

The service has a capacity of up to 8 patients in private cubicles and up to 4 more in the lounge area at any one time. While the majority are for voluntary attendance ('informal' patients), the MHCAS currently has capacity for four beds to receive patients detained under the MHA, for clinical assessment and treatment planning.

A dedicated team will have oversight of the MHCAS. To promote a safe and therapeutic environment, the service will be staffed by a mixture of clinical and non-clinical staff, employed by CNWL and third sector. Third sector staff will be overseen by the MHCAS Team Manager Lewis Webster.

Staffing is as follows:

| Role | Shift | No. per shift | Days |
|--|----------------------------|---------------|-----------|
| MHCAS consultant | 0900 – 1700 | 1 | Mon - Fri |
| Junior medical staff | 0900 – 1700 | 1 | Mon – Fri |
| Team Manager | 0900 - 1700 | 1 | Mon – Fri |
| RMN | 0730 – 2000 1930 - 0800 | 3 | Mon - Sun |
| HCA/support worker | 0730 – 2000 1930 - 0800 | 2 | Mon - Sun |
| REST workers | 0900 - 2200 | 1 | Mon - Sun |
| Psychologist | 0900 - 1300 | 1 | Mon - Fri |
| Voluntary care sector workers (British Red Cross and/or Cove workers) | 0900 - 2200 | 1 | Mon - Fri |

On call arrangements:

At present the out of hours on-call medical junior shift and consultant shifts are being covered by paid locum shifts.

- CNWL on call protocol should be followed and any incidents should be reported as per policy
- Senior nurse, Senior manager and Director on call protocol should be followed for any relevant issues

Referral process

There are three referral routes into MHCAS. Through Liaison Psychiatry Services within the local EDs, through SPA, or via Central Flow Hub (CFH) for patients admitted under the Mental Health Act.

Between January and August 2023, the MHCAS received around 875 referrals approximately. The predominant source of referrals is A&E (about 85%). St Mary’s A&E referred about 275 patients to MHCAS during this time period. The inner London boroughs of Westminster, Kensington & Chelsea and the outer London borough of Brent are the major users of the Service. Referrals from the S.P.A (Single point of access) to MHCAS is around 3% of the total referrals. The community teams and home treatment teams also refer directly to the MHCAS. MHCAS does not accept Sec 136 patients and there is a separate pathway for these patients.

Main key relationships:

1. A&E psychiatric Liaison Services:
 1. Hillingdon Hospital
 2. Northwick Park Hospital
 3. St Mary's Hospital
 4. Chelsea and Westminster Hospital
2. Central Patient flow hub – located at the Gordon hospital
3. Community mental health teams
4. Home Treatment Teams
5. CNWL in-patient units
6. Relevant GP Practices

The Light house Mental Health Emergency Centre (MHEC):

The MHEC is a 4 space unit and operates from 8 am to 9 pm 7 days a week. It is managed by the psychiatric liaison team manager at St Mary's hospital. The MDT support for the MHEC is provided by the St Mary's psychiatric liaison team. The MHEC does not accept patients under the mental health act including Sec 136 patients. Patients are first seen in the psychiatric liaison unit at St Mary's hospital and then transferred to the MHEC to provide a calm therapeutic environment and further assessments. It also enables community connectivity in discharge planning and progressing patients safely along the community care pathway.

The Post

This is a 6 PA newly created substantive consultant psychiatrist post in the Mental Health Crisis Assessment Service (MHCAS). The post holder also provides consultant cover and input as needed (mostly telephone advice and if needed face to face clinical reviews) throughout the week to the 4 space Lighthouse Mental Health Emergency Centre in St Mary's hospital, Paddington, London.

The MHCAS is currently based at the St Charles hospital site in the London Borough of Kensington and Chelsea. In the future it may be relocated to the Gordon Hospital in the London Borough of Westminster and there may be an expansion in bay or bed capacity as permitted by estates and as indicated by system patient

needs. The MHCAS was implemented in November 2022 as a winter pressure initiative. It made significant positive impacts on system patient flow and patient experience widening the crisis alternatives service offer to patients including from diverse catchment areas. It has now received continued funding enabling substantive medical recruitment. There is a full time junior medical post alongside the consultant post in the team and this could be developed into a core trainee post (subject to agreement with HEE) or a staff grade post in the future as allowed by funding.

The post holder will have consultant and RC responsibility for service users under the care of the team. Admin supported is provided through a dedicated team administrator. Office space is provided at the St Charles hospital site. He/she will be accountable to the Westminster Clinical Director Dr Sujaa Arokiadass and will carry out the duties listed below.

Principal Clinical duties of post holder in MHCAS and the Lighthouse MHEC:

1. Provide senior clinical advice and support to the daily triage, assessment of patients, MDT zoning meetings, discharge planning, other regular clinical team meetings including professionals meetings and weekly team clinical reflection meetings in MHCAS.
2. Provide consultant clinical advice, cover and support to the Light house MHEC as needed.
3. Ensure in partnership with the team manager that all referrals are triaged daily and responded to in a timely way.
4. Assessment of new patients and clinical supervision of assessments carried out by other team members as required.
5. Ensure community connectivity for patients where relevant as part of discharge planning.
6. Build and maintain good relationships with other teams and consultants along the pathway.
7. Review complex needs patients to ensure appropriate care packages are put in place.
8. Mental Health Act related work as indicated.

9. Ensure that patients' physical health needs are addressed.
10. Ensure high quality documentation in the team including clear documentation related to mental capacity assessments and physical health assessments, discharge summaries.
11. Ensure safe handover across interfaces when patients are discharged.
12. Develop working relationships with relevant local voluntary sector services who can support and promote recovery where possible preventing readmissions.
13. Follow the cross-cover protocol that has been agreed with another team or colleague which will ensure appropriate consultant cover is in place during absences.

Leadership responsibilities:

1. Carry out leadership role in the quality agenda: identify areas for improvement and demonstrate active engagement with QI.
2. Lead the development and understanding of how service processes and pathways would need to be adapted to meet evolving patient needs.
3. Meet regularly with the team manager and local service manager to ensure quality, finance and performance targets are met.
4. Support recruitment and ensure optimal retention of team members.
5. Line management and clinical supervision of any junior trainee/specialty doctor in the team.
6. Teaching of medical students if placed in the team.
7. Engage in service development, attend the care quality meetings and local expert advisory group meetings.

Teaching and training

To include:

1. An active role in the local KCW postgraduate teaching programme, which consists of a local academic meeting on Wednesday lunchtime. This meeting includes a Journal Club and case presentations. This takes place online and in due course will occur in St Charles Hospital Inpatient site face to face.
2. To actively contribute to the training of all team members as relevant to enable good quality care for patients.
3. Teaching/training of medical students, trainee/specialty doctors who may be placed in the team in the future.

General duties

1. To manage, appraise and provide professional supervision to junior medical staff as agreed between consultant colleagues and the medical director and in accordance with the Trust's personnel, policies and procedures.
2. To ensure that junior medical staff working with the post holder, operate within the parameters of the New Deal and are Working Time Directive compliant.
3. To undertake administrative duties associated with the care of patients.
4. To record clinical activity accurately, comprehensively and in a timely manner, and submit this promptly through the trusts clinical information systems.
5. To participate in service and business planning activity as appropriate.
6. To participate in annual appraisal for consultants.
7. To keep up to date with mandatory training

8. To attend and participate in the academic program of the Trust, including lectures and seminars as part of the internal CPD program.
9. To maintain professional registration with the General Medical Council, Mental Health Act Section 12(2) approval, AC approval and to abide by professional codes of conduct.
10. 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. This includes annual appraisal of up to 5 colleagues (consultants and/or specialty doctors) and attendance in Westminster Borough's monthly Care Quality meetings as well as CQM meetings for the urgent care and crisis pathway.
11. 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 clinical and medical directors as well as other managers in preparing plans for services.

Continuing Professional Development

As CPD is also an important element of Revalidation, the Trust is committed to supporting the post-holder's participation in Continuing Professional Development (CPD) and in developing a Personal Development Plan (PDP). The Trust has a central budget (up to £1000/- per consultant per year) to support CPD that is held by the Medical Director and the post-holder is required to be in good standing for CPD with the Royal College of Psychiatrists.

Consultant Psychiatrists are entitled to 30 days paid study leave on a pro-rata basis within any three-year period, and requests for study leave will be considered in line with both the post holder's and the Trust's needs. Study Leave requests are signed off by the Clinical Director before being approved by the Medical Directorate.

The post holder will be a member of the South Westminster consultant PDP peer group which meets fortnightly.

Leave (Annual, study , sickness , compassionate)

Annual leave allowance is 32 working days per annum pro rata, rising to 34 days per annum/pro rata after 7 years in the service.

Sickness and compassionate leave are detailed in the Trust's Sickness and Absence policy (available on request).

For study leave - see above.

The post holder will be expected to liaise with any other medical staff and the Service Manager when planning annual or study leave to ensure continuing cover for the service. Appropriate named consultant cross-cover arrangements must be agreed and needs to be in place before going on leave. Leave days and cover arrangements must be communicated to the CD and the CD's secretary by the post holder for recording, monitoring and business continuity purposes.

Travel

There is very limited parking on site and public transport is the most frequent method of staff accessing St Charles and the Gordon hospitals. There are secure cycle locking facilities.

When travel is required for the purpose of work (besides travel to and from work) this cost can be reclaimed as a travel expense. Public transport is the usual means of carrying this out.

QI and Research

Although this post is not within a specifically designated research service, active participation in academic research is encouraged and the post holder's own research projects will be encouraged. CNWL is one of the leading trusts in the country in mental health research and research and development is headed by Prof Richard Watts. We work closely with Universities both locally and nationally, in particular with Imperial College London. Follow this link for details of our research office [Home | Noclor](#).

Supervision of QI projects undertaken by junior or senior trainees is expected. CNWL's main academic link is with Imperial College.

The postholder will share responsibility for clinical audit /QI of the service with the team Manager, and will work with him/her and the service manager on this, in line with recommendations of the Royal College of Psychiatrists and local Clinical Governance agreements as agreed with the Westminster Clinical director.

Mental Health Act and Responsible Clinician approval

- The post holder would be expected to be accredited as an Approved Clinician or achieve this within 3 months of commencement in role. The post holder would be expected to renew this approval when indicated according to agreed procedures.
- The post-holder would be expected to be approved under Section 12(2) MHA and will be expected to renew this approval when indicated according to agreed procedures.

Secretarial support and office facilities

- On-site administrative support is available for consultants.
- Dedicated office space is available on site. The post-holder will be provided with a laptop or desk PC based on need and preference. The Trust has excellent IT support services which the post holder can use as needed.

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 Clinical and 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.

Revalidation and Appraisal

Every CNWL Consultant is expected to participate in the annual appraisal process. The Trust is now using a system called Premier IT for this. The Consultant will be appraised by another Consultant who is a trained appraiser. The successful candidate will undergo 360 degree appraisal at least once every 5 years.

The Chief Medical Officer is the Responsible Officer for the purposes of Revalidation. The process of revalidation is carried out along nationally approved lines in keeping with guidance from the GMC and NHS England. Dr Farrukh Alam is the Director of Revalidation and Professional Governance.

Job plans are reviewed and discussed at the beginning of the contract and then annually with the Clinical and Borough Director with input from the local Service Manager

Job planning and Work Program

A formal job plan will be agreed between the appointee and their Clinical Director, on behalf of the Medical Director.

The job plan will be based on the provisional timetable shown below and will be a prospective agreement that sets out the postholders duties, responsibilities and objectives for the term of the appointment. It should cover all aspects of a consultant's professional practice, including clinical work, teaching, research, education and managerial responsibilities. It should provide a clear schedule of commitments, both internal and external. It is envisaged that the post holder will work 6 programmed activities over 3 days. The overall split of the programmed activities is 4 to be devoted to Direct Clinical Care (DCC) and 2 to Supporting Professional Activities (SPA) (as per the Royal College of Psychiatrists recommendation). The proposed timetable is indicative only.

On-call Commitment

1. The post-holder is expected to participate in out of hours on-call rota including for St Charles Hospital (general adult, older adult, PICUs, HbPoS, Seclusion, rehab wards) and A&E Services (Chelwest A&E) currently 1:14 pro-rata divided into weekends Friday –Sunday and other week days. Banding is Category B, mainly telephone advice, medium intensity, attracting 1% pro-rata supplement to salary.
2. ST4-6 doctors provide second on-call cover on a rota basis. Consultants provide clinical supervision for doctors in training grades on-call on an “*as required*” basis. Supervision for broader training issues arising out of on-call work is normally raised with the trainee's designated educational supervisor.

3. First on-call cover is provide by Core, GPVTS and FY2 trainees

Wellbeing

The post holder will have access to the Occupational Health (OH) Department (Ground Floor, South Wing, St Pancras Hospital, 4 St Pancras Way, London NW1 0PE, Phone: 020 3317 3350, Email: cnwl.occupationalhealth@nhs.net).

The OH team has access to a physiotherapist and psychologist, and the post holder may self-refer or be referred through their manager if required. The post holder will have access to the 24-hour Health Assured service, which provides free counselling, including face-to-face, and well as legal and financial support where indicated, online CBT and wellbeing resources. Information about Occupational Health and Health Assured will be disseminated at the induction and regularly when in post to ensure the post holder has timely access to the details if help seeking is necessary.

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

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

The trust has several initiatives to support wellbeing that the post holder is encouraged to participate in. These currently include flexible working, flexible retirement, season ticket scheme, lease vehicle scheme, cycle scheme, retail and restaurant discounts, eye test scheme, free health checks, menopause support, gym discounts, wellbeing events, mindfulness courses, wellbeing walks and jogs, and parenting workshops. The post holder will form part of a consultant peer group which meets regularly.

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.

The appointment is subject to the Terms and Conditions of Service for Consultants (England) 2003.

The post is subject to the provisions of the NHS Pension Scheme.

The post holder must have Full Registration with the General Medical Council. It is the post holder's responsibility to ensure his/her General Medical Council registration does not lapse. The post holder must hold a Licence to Practise with the General Medical Council.

The Consultant appointed will have a continuing responsibility for the care of patients in his/her charge and for the proper functioning of his/her department. H/she will also undertake the administrative duties associated with the care of his/her patients and the running of the department.

The Consultant will be indemnified by the Trust for all NHS work undertaken as part of his/her conditions of employment. However, in certain circumstances (especially regarding services for which the post holder receives a separate fee), the Consultant may not be covered by the indemnity. Consultants are therefore advised to maintain membership of a medical defence organisation.

The appointment is offered subject to a satisfactory Occupational Health clearance. A satisfactory medical examination is a condition for employment for medical and dental staff in the NHS. Therefore, the successful candidate may be required to undergo such an examination.

Further Information & Arrangements to visit

Dr Sujaa Mary Rajagopal Arokiadass, Clinical Director: 07593 45 86 42 sujaa.arokiadass1@nhs.net

Lee Byers, Associate director for Urgent Care : lee.byers@nhs.net

TIMETABLE – Proposed for MHCAS and the Light house MHEC.

The job plan is for 6 Programmed Activities (4 DCC and 2 SPA). The timetable is subject to change according to service demands and the clinical preferences of the post holder, following discussion at the job planning meeting and appraisal. The Light house MHEC cover is mostly through telephone contact (but may also need face to face reviews) and is therefore flexible throughout the week as per needs of patients and the team and is to be accommodated as such in the job plan.

| Day | Time | Location | Work | Category | No. of PAs |
|----------------|------|---------------------------------------|---|----------|------------|
| | | | The post holder provides consultant input to the Light house MHEC as needed throughout the week. | | |
| Monday | AM | St Charles/new location in the future | Clinical – team meeting Patient reviews | DCC | 1 |
| | PM | St Charles/new location in the future | Clinical admin | DCC | 1 |
| Tuesday | AM | St Charles/new location in the future | Clinical – team meeting Patient reviews | DCC | 1 |
| | PM | St Charles/new location in the future | Team clinical reflective session (1 hr) Clinical admin | DCC | 1 |

| | | | | | |
|------------------|------------------------------------|---------------------------------------|--|------------|------------|
| Wednesday | AM | St Charles/new location in the future | Clinical – team meeting Patient reviews | DCC | 1 |
| | PM | St Charles/new location in the future | CPD, academic meeting, peer group | SPA | 1 |
| Thursday | AM | St Charles/new location in the future | Clinical – team meeting Patient reviews, clinical admin | DCC | 1 |
| | PM | St Charles/new location in the future | QI/Service development, monthly EAG attendance | SPA | 1 |
| Friday | AM | St Charles/new location in the future | Clinical - team meeting, Patient reviews | DCC | 1 |
| | PM | St Charles/new location in the future | Clinical admin Supervision | DCC SPA | 0.5 0.5 |
| Total PAs | Direct clinical care | | | | 7.5 |
| | Supporting professional activities | | | | 2.5 |

Appendix 1: P specification/selection criteria for vacancy

Abbreviations for when assessed:

I- Interview

A- application

S- Screening prior to application

| | ESSENTIAL | WHEN ASSESSED | DESIRABLE | WHEN ASSESSED |
|----------------|---|---------------|--|---------------|
| QUALIFICATIONS | MB BS or equivalent medical qualification. MRCPsych OR MRCPsych equivalent approved by the Royal College of Psychiatrists. | I | Qualification or higher degree in medical education, clinical research or management. Additional clinical qualifications. | A |
| ELIGIBILITY | Fully registered with the GMC with a licence to practise at the time of appointment. Included on the GMC Specialist Register OR within six months. | I I | In good standing with GMC with respect to warning and conditions on practice | S S |

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|--|---|---------|--|---------|
| | <p>Approved clinician status OR able to achieve within 3 months of appointment</p> <p>Approved under S12 (2) of MHA</p> | I | | |
| <p>CLINICAL SKILLS, KNOWLEDGE & EXPERIENCE</p> | <p>Excellent knowledge in specialty</p> <p>Excellent clinical skills using bio-psycho-social perspective and wide medical knowledge</p> <p>Excellent oral and written communication skills in English</p> <p>Able to manage clinical complexity and uncertainty</p> <p>Makes decisions based on evidence and experience including the contribution of others</p> <p>Able to meet duties under MHA and MCA</p> | A, I, S | <p>Wide range of specialist and sub-specialist experience relevant to post within NHS or comparable service</p> | A, I, S |
| <p>ACADEMIC SKILLS & LIFELONG LEARNING</p> | <p>Able to deliver undergraduate or postgraduate teaching and training</p> <p>Participated in continuous professional development</p> | I, A, S | <p>Able to plan and deliver undergraduate and postgraduate teaching and training relevant to this post</p> <p>Reflected on purpose of CPD undertaken</p> | I, A, S |

| | | | | |
|-----------|---|-----|--|--|
| | <p>Participated in research or service evaluation.</p> <p>Able to use and appraise clinical evidence.</p> <p>Has actively participated in clinical audit.</p> | | <p>Experienced in clinical research and / or service evaluation.</p> <p>Evidence of achievement in education, research, audit and service improvement: awards, prizes, presentations and publications.</p> <p>Has led clinical audits leading to service change.</p> | |
| TRANSPORT | <p>Holds and will use valid UK driving licence OR willing to use public transport for travel during work</p> | I/A | | |