

## Consultant Psychiatrist Job Description and Person Specification

Post and specialty:	<p><b>Consultant Psychiatrist in Community Rehabilitation Psychiatry</b></p> <p>This is a new post that has been created following the development of the West Kent and North Kent Community Rehabilitation Service. It covers West and North Kent community rehabilitation teams.</p> <p>The Rehabilitation service was rated outstanding by CQC in March 2017 and retained this rating in March 2019.</p>			
Royal College of Psychiatrists approval details:	<p><b>RCPsych Ref No: SED-KSS-CO-STH-2022-00543 (Approved)</b></p> 			
Base:	TBC			
Contract:	<p>Permanent</p> <p>10 programmed activities: 7.5 DCC, 2.5 SPA</p> <p>0.5 PA oncall and 3 % band for on-call work at 1 in 9 or less frequently</p> <table border="1" data-bbox="632 1260 1360 1289"> <tr> <td>Total PAs: 10.5</td><td>SPA: 2.5</td><td>DCC: 7.5</td></tr> </table>	Total PAs: 10.5	SPA: 2.5	DCC: 7.5
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Accountable professionally to:	Dr Afifa Qazi, Chief Medical Officer			
Accountable operationally to:	Dr Amanda Fuller Clinical Director & John Lavelle			
Key working relationships and lines of responsibility:	<p><b>Service</b></p> <p>Line Manager: TBC</p> <p>Team Leader: TBC</p> <p>Service Manager: Justine Barry</p> <p><b>Trust</b></p> <p>Head of Psychiatry: Dr Chidi Uwadoka</p> <p>Clinical Director West Kent: Dr Amanda Fuller</p> <p>Deputy Medical Officer (Clinical Quality &amp; Safety): Dr Valsraj</p> <p>Deputy Medical Officer (Workforce): Dr Mohan Bhat</p> <p>Director of Medical Education: Dr Rachel Daly</p> <p>Chief Operating Officer: Donna Haywood Sussex</p> <p>Chief Medical Officer &amp; Responsible Officer: Dr Afifa Qazi</p> <p>Chief Executive: Sheila Stenson</p>			

## **1. Introduction**

Kent and Medway NHS and Social Care Partnership Trust (KMPT) provides a range of mental health, learning disability, and substance misuse services for approximately 1.8 million people living in Kent and Medway.



## **2. Trust details**

At KMPT, we pride ourselves on providing high quality clinical services, innovation, and partnership working.

We are one of the larger NHS Trusts, covering an area of 1,450 square miles, employing over 3,600 staff, and operating from over 170 buildings across Kent and Medway. The Trust's income is £210 million/yr.

The range of services offered by KMPT offers unique opportunities for professional development. We are committed to delivering integrated, community-based health and social care services; and our strategy is underpinned by a 'recovery and wellbeing model' delivered in partnership with service users, their families, and a wide range of organisational stakeholders.

### **Trust Vision**

To provide brilliant care through brilliant people.

### **Trust Values**

We take pride in our services – which are underpinned by our values:

Respect  
Openness  
Accountability  
Working together  
Innovation  
Excellence

## **Kent – The Garden of England**

Kent is steeped in history and heritage and is also rightly renowned throughout the world as The Garden of England. Its extensive coastline boasts an enviable array of blue flag, award-winning beaches and thrilling water sports activities.

Kent is a family friendly place, with excellent state and independent schools and more affordable housing than most other areas in the south east.

Kent has excellent links to London, just thirty-five minutes from central London on Southeastern's high-speed rail link, and access to the continent via the Eurostar. The Channel Tunnel and the ferry ports link us to France and beyond. Even the weather is nice, as Kent is likely to be warmer and sunnier than elsewhere in the UK.

For more information about Kent, go to [www.visitkent.co.uk](http://www.visitkent.co.uk)

### **Types of Services Provided**

There is one CCG across Kent and Medway which commissions the majority of the services that the Trust provides.

#### ***Mental Health Services for Younger Adults***

These services are available for those aged under 65. Assessment and treatment are provided as close as possible to the client's home, through local, multi-disciplinary community teams; these are supported by Crisis Resolution Home Treatment teams and inpatient facilities and day services where required.

#### ***Mental Health Services for Older People***

These services are available for those aged over 65. Assessment and treatment are provided as close as possible to the client's home, through multi-disciplinary community teams as well as day services and inpatient facilities where required.

#### ***Early Intervention in Psychosis Service***

This service treats patients in the age range 14 – 65, who are experiencing early onset or the first episode of psychosis, using a bio-psycho-social approach.

#### ***Forensic Psychiatry Service***

The Trust provides the Kent Forensic Psychiatric Service, offering specialised mental health services for the courts, maximum secure specialist hospitals, the Probation Service, and the police. The work of the service involves all aspects of assessment and treatment of adult, mentally disordered offenders, including those who require treatment under conditions of medium and low security. The forensic service also manages two units for people with mental health and learning disabilities.

#### ***Perinatal Mental Health Services***

A small, specialised service across Kent is delivered by consultant psychiatrists and specialised community mental health nurses. The service has extensive links with a wide range of community agencies, support groups, and self-help forums and counselling services; and works closely with all statutory agencies. An eight-bedded Mother and Baby Unit based on the Littlebrook Hospital site provides a regional inpatient service.

### ***Specialist Personality Disorders Service***

The Trust offers a multi-disciplinary service that provides an intensive Day Therapeutic Community Treatment programme based in Maidstone and East Kent. These services are suitable for people with a severe personality disorder who are unlikely to benefit from weekly psychotherapy, perhaps because a greater level of containment is needed.

### ***Rehabilitation and Continuing Care Services***

This is a Trust-wide service which is delivered through consultant-led, multi-disciplinary teams, specialising in the care of those clients with Enhanced Care Programme Approach (CPA) needs and who clearly also have rehabilitation needs. The service provides three inpatient Rehabilitation Units and developing outreach rehabilitation services.

Continuing Care and Residential Care requirements are managed in partnership with rehabilitation services; and provision includes some accommodation for people with complex mental health needs, provided from staffed houses across the Kent and Medway area.

The range of services offered by KMPT offers unique opportunities for professional development. We are committed to delivering integrated, community-based health and social care services and our strategy is underpinned by a 'recovery and wellbeing model' delivered in partnership with service users, their families and a wide range of organisational stakeholders.

For information about our services, visit our website: [www.kmpt.nhs.uk](http://www.kmpt.nhs.uk)

### **3. Service details**

People who use mental health rehabilitation services are a 'low-volume, high-need' group, predominantly categorized as Clusters 13, 12, 11, 16 and 17. The community rehabilitation service will adopt a modern approach to community rehabilitation will transform care for people viewed to be 'treatment resistant', 'difficult to engage' with high levels of disability that require intensive, frequent support in the home environment or high supported accommodation. It will minimise the need for restrictive inpatient care providing high quality, timely access to interventions through an enhanced partnership approach with other agencies, ensuring a bio-psycho-social care model of care is delivered effectively.

The Kent and Medway Community Rehabilitation Service will specialise in working with people whose long-term complex needs (predominantly complex psychosis with co-morbidities like substance misuse, learning difficulties / autistic spectrum disorders) cannot be met by a general adult mental health service. This includes people who have recurrent admissions, extended inpatient stays locally or out-of-area (OOA) and experience supported accommodation placement breakdowns. The Community Rehabilitation Service will:

- Provide specialist assessment, formulation, treatment, interventions and support to help people recover from complex severe mental illness (SMI) and (re)gain skills and confidence to live successfully in the community;
- Work in partnership with people who use services and their carers, adopting a recovery orientation that places collaboration at the centre of all activities;  
Ensure collaborative working with the Voluntary, Community and Social Enterprise (VCSE); Housing; Social Care, Health and other agencies that support a person's mental health recovery and social inclusion.

The Getting It Right First Time (GIRFT) programme indicated a high-need for an efficient pathway, to

minimise need for OOA and offer stepdown at the earliest opportunity. The Community Rehabilitation Service will enable new care packages with supported housing providers to ensure personalised care that is sustainable and meaningful for the people who use services, and their carers, in the local community.

The Community Rehabilitation Service will be offered to residents of Kent and Medway, who are over the age of 18 years and presenting with:

- ✓ Complex psychosis;
- ✓ Treatment-resistant symptoms of psychosis / schizophrenia
- ✓ Social and functional impairment.

One or more of the following may be present:

- ✓ Cognitive impairments associated with their psychosis;
- ✓ Co-existing mental health conditions (including substance misuse), pre-existing neurodevelopmental disorders, such as autism spectrum disorder (ASD) or attention deficit hyperactivity disorder (ADHD);
- ✓ Physical health problems, such as diabetes, cardiovascular disease or pulmonary conditions<sup>1</sup>.

People utilising the Community Rehabilitation Service, can do so irrespective of where that person is living: community settings, supported accommodation (including Horizons in East Kent) and residential accommodation, independent and own home, and the homeless cohort, will be considered eligible to receive a Community Rehabilitation offer on the basis of the presence of complex psychosis.

The West Kent Community Rehabilitation Service will comprise of two locality teams, respectively covering

- Maidstone, Tonbridge and Malling
- Tunbridge Wells and Sevenoaks

The Community Rehabilitation Service will work closely with Care Agencies within their localities, for example, Pippin Court, and with Housing Providers and District and Borough Councils.

A multi-agency and professional ‘front door’ pre-referral consultation clinic will be offered if required. The team will be composed of nursing staff and healthcare assistants, occupational therapists, psychologists, peer support workers, and volunteers. There is no trainee or specialty doctor in the proposed team at present.

There will be access to a formal online referral form and following receipt the referral pathway will be followed (referral to assessment timeframe two weeks).

There are currently two consultant psychiatrists in KMPT Inpatient Rehabilitation Service: Dr Fuller’s post serving West Kent and Medway and Dr Margaret Nolan’s post covering East Kent. Each works at three inpatient, community-based, open rehabilitation units as part of multidisciplinary teams comprising nursing staff and healthcare assistants, occupational therapists, psychologists, peer support workers, and volunteers. The three units in West Kent each has 0.5 WTE specialty doctor input.

The consultants provide clinical leadership to the teams with a service lead: Linda Hardy in the East and

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<sup>1</sup> (2022) The King's Fund '*The connection between mental and physical health*' states "people with severe mental illnesses also have significantly higher rates of physical illness – with a dramatic effect on life-expectancy." <https://www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-mental-physical-health>

Justine Barry in the West. Dr Meena McGill is Lead Psychologist across the whole service.

Referrals to the Community Rehabilitation Team will be mainly, but not exclusively, received from the Acute Care Group, MHT or Complex Interventions team in the MHT+ (currently known as Community Mental Health Team (CMHT) / Active Review), forensic services, Social Care / Housing / District and Borough Councils (Rough Sleepers Initiative) / Care Agencies / Voluntary Community and Social Enterprise (VCSE), Out of Area Treatment providers of high-dependency rehabilitation services, EIS and KMPT West Kent and Medway Community Mental Health Teams. Joint assessments are completed by two members of the Rehabilitation Service and a report produced within two weeks of referral either accepting the patient or offering advice to the referrer. There will be a caseload of patients who are subject to Community Treatment Orders.

The consultant will join a weekly multidisciplinary clinical review meeting in each team, working with the team to ensure thorough assessment, gathering of information, involvement of patients and their carers, and excellent treatment. We apply a recovery model within a biopsychosocial approach and a patient-centered philosophy. The consultant will be part of reflective practice in the teams, case discussions and team learning, and will be a member of each team's Business Meeting.

Each team will have a monthly staff Business Meeting and the county-wide service has a monthly Operational Meeting which the post-holder will be part of.

The post-holder will liaise with the acute wards for West Kent and Medway at Priority House, Maidstone and Little Brook Hospital, Dartford to encourage referrals and promote optimal use of the Rehabilitation Service.

While primarily responsible for delivering a quality clinical service, the consultant psychiatrist is also expected to be actively involved in the development of the team and broader services, being involved with the team manager and locality manager in helping to steer the development of the service in line with the strategic direction of the organisation.

The teams work with local providers of residential and supported accommodation to meet patients' needs at discharge. Patients are care-coordinated by community psychiatric nurses from the CMHTs in West Kent and Medway social work input is from Kent County Council or Medway Council employees. The CMHTs have access to a Vocational Rehabilitation Service to which our patients can be referred.

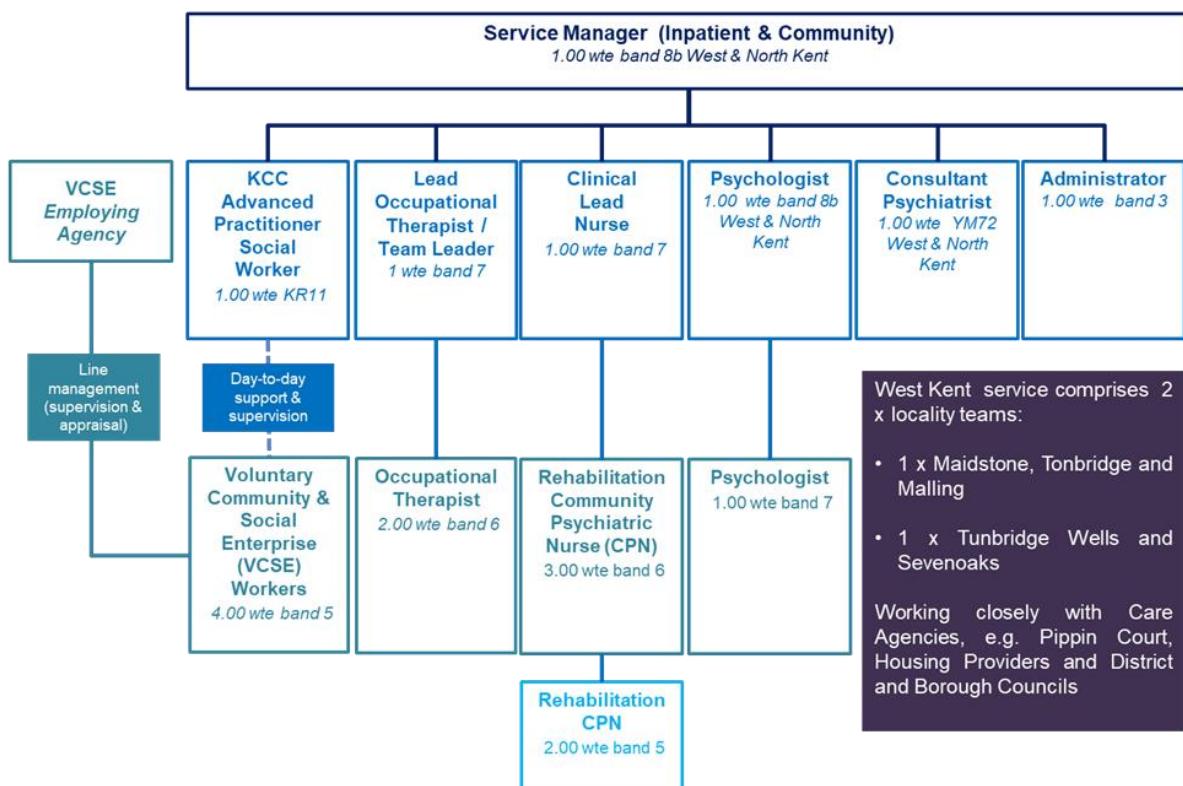
Where a KMPT Rehabilitation team cannot manage risks caused by a patient's condition referral to the Acute service is via the Crisis Resolution Home Treatment (CRHT) team.

When patients need high-dependency rehabilitation this is purchased by their CCG from an independent provider.

The post-holder will be the Responsible Clinician for patients under their care who are subject to Community Treatment Orders (CTO). They will have the opportunity to be on the Maidstone daytime S136 doctor rota that covers the provision of the first doctor for MHA assessments at the West Kent Place of Safety at Priority House.

The post-holder will be on call out of hours on a rota covering West Kent. This attracts 3% salary enhancement as it is at a frequency of 1 in 9 or less frequent. There are two tiers of on call doctor with the postholder: a junior doctor on site at Priority House and a SAS or Higher Specialist Trainee.

## Multi-Agency Multi-Disciplinary Community Rehabilitation Team – West Kent



### 4. Local working arrangements

KMPT Rehabilitation service works with people with long-term, complex, severe mental illness, usually with a main diagnosis of a psychotic disorder. Referral will be triggered by them being unable to care for themselves adequately if discharged home from an acute admission and their needs cannot be met by CMHT services. They may suffer from a treatment-resistant condition, have cognitive impairment, significant negative symptoms or co-existing problems arising from substance misuse, mild intellectual disability, or autism. We commonly have patients with significant physical ill-health. Patients will be registered with GPs local and encouraged to use Primary Care Services in the usual way, including for screening programmes, as part of their rehabilitation.

Rehabilitation Services assess impairment and intervene by optimising biological treatments, addressing physical health problems; through psychological work, often at a level of symptom recognition and management and psychoeducation with anxiety and stress-management strategies; through activity-based intervention such as work on the activities of daily living, attending resources for patients in the community, and seeking voluntary or paid work. Carers are involved wherever possible and appropriate.

As well as the Mental Health Act, the Mental Capacity Act is often applicable to protecting our patients, as are the use of safeguarding provisions and the Court of Protection.

At discharge we take care to ensure there is accommodation and support that meets the patient's needs, and to thoroughly hand over the patient's care to the CMHT and care providers.

## **5. Continuing professional development (CPD)**

- The postholder will be expected to remain in good standing for CPD with the Royal College of Psychiatrists.
- There is a system of peer review groups in operation within the Trust. Within these the postholder will be expected to devise a PDP in liaison with colleagues
- There is a regular programme of weekly CPD activities organized at 3 sites across Kent and Medway. The postholder can access any or all of these.
- The post-holder will be entitled to up to 10 days per year of study leave with a study leave budget of £800 per year.

## **6. Clinical leadership and medical management**

- In 2021 we have implemented a new Clinical Leadership and Medical Management structure as outlined below.



- The postholder will be expected to attend their own managerial supervision at least every six weeks with their line manager (normally the clinical lead).
- To provide professional leadership including clinical supervision to the medical team and to provide clinical leadership to the wider MDT
- Attendance at local governance meetings will form an opportunity to contribute towards business planning for the locality and, as appropriate, contributing to the broader strategic and planning work of the trust.
- The postholder will be expected to lead on the improvement of the quality of care within the team and contribute to improving quality across the system.

## **7. Appraisal and job planning**

- KMPT is fully committed to the implementation of annual consultant appraisals and the postholder will be appraised by an assigned appraiser (independent to their line manager) on an annual basis.
- The appraisal will be part of the Revalidation and Relicensing process as guided by the GMC. The trust is currently using the online SARD platform for appraisals, job planning and annual leave
- Annual job planning will be undertaken by the Clinical Lead. There will be a review of job plans during every service restructuring; if there is a change in the needs of the post or at the postholders request
- Dr Afifa Qazi is the Responsible Officer and there is an Appraisal and Revalidation team for support
- KMPT has a robust internal induction programme for all new starters and a mentoring programme is available for all new Consultants and Consultants new to the Trust

## **8. Teaching and training**

- The post-holder will be expected to take part in the regular teaching of junior doctors. Medical students also are placed in the area and there are opportunities to be involved in their teaching. This is supported by the medical education team comprising of a Clinical tutor, Foundation Trainee Lead and a Director of Medical Education who are regularly engaged with Consultants
- The teaching is coordinated and managed by the Medical Education Manager and their team.
- There are opportunities for teaching FY trainees, GP trainees and Core Trainees on the Kent, Surrey and Sussex rotation who work within the trust. There is a well organised whole day fortnightly teaching program for GP trainees and Core trainees as well as SAS doctors.
- With the new Canterbury based Kent and Medway Medical School taking its first students in 2020 this is a unique opportunity to get involved with the organisation and development of local medical education.

## **9. Research**

- The Trust encourages research, particularly where this is relevant to the morbidity of the local population.
- The post holder will be encouraged to collaborate with academic departments in areas of research related to the post holder's duties. Research projects, which entail financial implications for the Trust, should be discussed initially with the Chief Executive and Medical Director.
- The Trust has academic links with universities in Canterbury – Kent University and Canterbury Christchurch University, as well as University of Brighton.
- The Research & Development team regularly coordinate the Trust participation in local, national and international research projects.

## **10. Mental Health Act and Responsible Clinician approval**

- The post holder would be expected to be approved as a Responsible Clinician or be willing to undertake training to obtain Section 12(2) MHA and will be expected to renew this approval according to agreed procedures.

## **11. Secretarial support and office facilities**

- Each Consultant will have named administrative support and also access to a secretarial pool for preparation of letters and reports etc.
- The Consultant will have a computer with access to the internet/Rio patient data base and a dedicated work space within the team with the availability of bookable private rooms for the purpose of supervision and confidential work. The Trust uses digital dictation BigHand to enable timely completion of typing activities.
- A laptop is provided and wifi or cloud access is available. A mobile phone is provided which accesses email and has BigHand for dictation. The postholder will want to be able to travel between the units, Albion Place and other KMPT bases to complete their work effectively
- IT support is available through the trust intranet

## **12. Clinical duties of post holder**

The job of a consultant psychiatrist can be seen as various leadership roles:

As a clinical leader in the team in each locality the post-holder will be in overall charge of patients' care. They will delegate to other team members and seek to support the development of individual team members in the pursuit of excellent clinical care. The post-holder will have expert knowledge of options for the use of psychotropic medication and of the monitoring and treatment of physical illnesses including when to refer patients to their GPs or specialists. They will have good working knowledge of the use of MHA, MCA, safeguarding procedures and the Court of Protection.

The clinical leader will be accessible and supportive to team members.

As a senior member of the service, the post-holder will attend unit Business Meetings chaired by the team managers, and the Operational Meeting, chaired by the service lead. The post-holder will form effective working relationships with staff, team managers, service managers, the service lead, and the professional leads in the Rehabilitation Service.

The post-holder will be expected to contribute to service development, including quality assurance, innovation, learning from untoward incidents, near misses, compliments and complaints. This clinical governance and quality agenda appears at the Business and Operational Meetings. The post-holder will support the process of team 'debrief' and learning after untoward incidents and complaints.

As a leader of patients and their carers the post-holder will be able to form relationships, and communicate effectively, with a diverse group of patients, carers and staff. In rehabilitation the need is to work in a patient-centred way wherever possible, acting in the patient's best interests. The patient's views and those of their family/carers, as well as those of the clinical team will influence the consultant's decisions. Positive risk-taking is supported, to promote independence and reduce unnecessary restriction.

As an educator and trainer the post-holder will be able to lead to create a learning environment for all team members and will take opportunities to offer teaching to the rehabilitation teams, partner services and organisations, and to patients and carers. As a trainer of doctors the post-holder will offer an hour's one-to-one supervision to trainees on their team every week, and to specialty doctors at least once a month..

The post-holder will attend to their own development as a leader. Following appointment, mentoring for leadership will be offered to start this ongoing process.

## **13. Clinical governance and quality assurance**

- The post holder would be expected to actively participate in service/team evaluation and the planning of future service developments
- The post holder, with all staff members, will be expected to comply with the Trust's Clinical Governance policy. The Trust Clinical Audit Committee is operational and the post holder will be expected to participate in the Trust's audit activities.

## **14. Quality improvement**

- The postholder will lead and manage the team in a way that supports the development of a culture of continuous improvement and learning.

- Utilising a quality improvement approach to think systemically about complex problems, develop potential change ideas and test these in practice using a systematic QI methodology.
- Empowers the team to resolve local issues on a daily basis using the tools and method of quality improvement without staff having to seek permission.
- Promotes awareness and understanding of quality improvement, and shares learning and successes from quality improvement work.
- Work with the Quality Improvement team to support all of these activities.

## **15. General duties**

- To manage, appraise and give 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. This may include assessing competences under the Modernising Medical Careers framework.
- 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
- To undertake the administrative duties associated with the care of patients.
- To record clinical activity accurately and comprehensively, and submit this promptly to the Information Department.
- To participate in service and business planning activity for the locality and, as appropriate, for the whole mental health service.
- To participate in annual appraisal for consultants.
- To attend and participate in the academic programme of the Trust, including lectures and seminars as part of the internal CPD programme.
- To maintain professional registration with the General Medical Council, Mental Health Act Section 12(2) approval, and to abide by professional codes of conduct.
- To participate annually in a job plan review with the clinical manager, which will include consultation with a relevant manager in order to ensure that the post is developed to take into account changes in service configuration and delivery associated with modernisation.
- To work with local managers and professional colleagues in ensuring the efficient running of services, and share with consultant colleagues in the medical contribution to management.
- To comply with the Trust's agreed policies, procedures, standing orders and financial instructions, and to take an active role in the financial management of the service and support the medical director and other managers in preparing plans for services.

## **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 medical director 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 6 weeks with the clinical manager to review and revise the job plan and objectives of the post holder.

The overall split of the programmed activities is 7.5 to be devoted to direct clinical care and 2.5 to supporting professional activities (as per the Royal College of Psychiatrists recommendation). The timetable is indicative only. A formal job plan will be agreed between the post holder and associate medical director or clinical manager six weeks after commencing the post and at least annually thereafter.

## **19. On-call and cover arrangements**

- The postholder will join the Consultant on-call rota. This is currently **1:30 (non residential)** and is remunerated with category A supplement and 0.5 PA in addition to 10 PA sessions.
- The on-call responsibilities includes supporting junior doctors and providing RC responsibilities.
- Section 136 and mental health act assessments in the community or local police stations/A&E departments are completed by the middle grade doctor rota available during the on-call duties. On call responsibility will cover both adult and older adult psychiatry wards.
- All leave must be agreed with the Clinical Lead and cross cover arrangements will need to be agreed between the local Consultants.

## **20. Wellbeing**

Within KMPT we are committed to the wellbeing of our staff and offer a range of support services:

- **Effective occupational health support.**

The post-holder will have access to Optima Health occupational health services. The post-holder's manager can make a referral using the online portal. They will complete a short referral form and submit to Optima. All referrals received will be triaged by a clinician and the appropriate consultation booked, this will either be a face to face or telephone consultation with an Occupational Health Advisor or for complex cases an Occupational Health Physician. After the consultation is completed if the post-holder has consented then a report will be sent to the line manager and HR (if requested on the referral) and a copy sent to the post-holder for review.

- **Optimise Health.**

The post –holder will have access to Optimise Health. This is a tool that helps people take control of their health, designed to highlight any risk factors and encourage small but sustainable changes to help maintain fitness, health and personal resilience. Increasing sedentary workforces, obesity, psychological ill-health and less sleep are all having a negative impact on our health. Optimise is a set of comprehensive wellbeing assessments, with personalised wellbeing content tailored to your responses and an extensive library of wellbeing information for the post-holder to access, at any time

- **Staff Care Services (SCS).**

The post-holder will have access to SCS which is an independent professional counselling service provided for staff as part of the Trust's commitment to staff care. The support line provides free, confidential information, support and counselling away from the workplace.

- **Proactive local organisational systems to support doctors' wellbeing following serious incidents.**

Supporting the wellbeing of the post holder after serious incidents that involve patients in their care (eg. 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 line manager.

- **Timely job planning reviews when there are changes in regard to the pre-agreed workload.**

If there are changes to the pre-agreed workload (eg. 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 of a new working arrangement is to proceed.

- **Availability of local initiatives/resources that promote workforce wellbeing.**

KMPT offer a range of ongoing initiatives to support wellbeing that the post holder is encouraged to participate in. These currently include:

- Flexible working including remote working
  - Flexible retirement
  - Trust-wide awards event recognising staff and volunteers
  - Annual flu vaccine
  - Varied learning and development courses (e-learning and face-to-face)
  - Staff MOTs supporting your physical and mental health with health advice and monitoring
  - Easy access to information with 'MyKMPT,' our on-the-go phone app for staff
  - Regular listening events with open access to senior management
  - Car lease scheme
  - National and local NHS discounts for staff and families
  - Relocation packages (dependent on post)
  - The post holder will form part of a peer group who meet regularly.
- **KMPT has in house Mental Health First Aiders on hand to support and sign post for anyone struggling with their mental wellbeing.**

KMPT runs many more wellbeing initiatives through the year, supported by a team of Health and Wellbeing Advocates, including support for giving up smoking, opportunities to take part in physical or mental wellbeing challenges and access to free tools and resources, all information can be found on our intranet iconnect under health and wellbeing.

## **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 is entitled to a minimum of 32 days annual leave per year dependent on length of service as detailed in the consultant contract. The post-holder will also be entitled to up to 10 days per year of study leave.

**23. Suggested draft timetable:**

Day	Time	Location	Work	Category	No. of PAs
<b>Monday</b>	AM	flexible	Referrals, assessments, Admin	DCC	1
	PM	Community/hub	Clinical reviews, domiciliary visit	DCC	1
<b>Tuesday</b>	AM	Community/hub	Tunbridge Wells and Sevenoaks Clinical Review meeting	DCC	1
	PM	flexible	Audit/Quality improvement, operational business meetings	SPA	1
<b>Wednesday</b>	AM	Community/hub	Maidstone, Malling and Tonbridge Clinical review meeting	DCC	1
	PM	Community/hub	Interface meeting with acute wards, assessments and MHA work	DCC	1
<b>Thursday</b>	AM	Flexible/hub	CPD/teaching/revalidation	SPA	1
	PM	Community / hub	Clinical work, MCA work CPD/Peer group/appraisal	DCC SPA	0.5 0.5
<b>Friday</b>	AM	Hub	Clinical work, domiciliary visits, reflective practice and case discussions	DCC	1
	PM	flexible	Clinical admin	DCC	1
<b>Unpredictable / emergency on-call work</b>	Non residential oncall		Out of hours on call		0.5
<b>Total PAs</b>	Direct clinical care				7.5
	Supporting professional activities				2.5

The expectation is that 1.5 Supporting Activities PA will be used in activities related to CPD, audit/quality improvement activity, appraisal, revalidation and PDP groups and 1 Supporting Activities PA will be used in management or leadership roles with linked SMART objectives (RCPsych CR207 Safe Patients and High Quality Services).

**24. Equality and Diversity**

KMPT has made a commitment to becoming an anti-racist organisation and champions equality of opportunity and freedom from discrimination on grounds of race, age, gender identity, sexual orientation, sex, disability, philosophical and religious beliefs, cultural background, health status and language.

KMPT wants to create an open, non-judgmental, and inclusive NHS organisation that treats all staff with dignity and respect. We welcome applications from underrepresented groups and actively encourage them to bring them whole selves to work as we aim to become a truly diverse organisation.

**25. For further information about the post or to arrange an informal visit, please contact any of the following:**

Dr Margot Nolan (Clinical Lead)

Tel: 01843 263780                    e-mail: [margaret.nolan1@nhs.net](mailto:margaret.nolan1@nhs.net)

Justine Barry (Service Manager)

Tel: 01622 766923    email: [justine.barry1@nhs.net](mailto:justine.barry1@nhs.net)

For more information about Kent, go to [www.visitkent.co.uk](http://www.visitkent.co.uk)

For information about our services, visit our website: [www.kmpt.nhs.uk](http://www.kmpt.nhs.uk)

**26. Approval of this job description by the Royal College of Psychiatrists**

This job description and person specification was approved by the Royal College of Psychiatrists' regional advisor on 28/10/2022.

## Appendix 1: Sample person specification/selection criteria for consultant

**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	MBBS or equivalent medical qualification.	Scr	Qualification or higher degree in medical education, clinical research or management.  MRCPsych  Additional clinical qualifications.	SL  Scr  SL
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.  Approved clinician status OR able to achieve within 3 months of appointment  Approved under S12 OR able to achieve with 3 months of appointment	Scr  Scr  Scr  Scr	In good standing with GMC with respect to warning and conditions on practice	Scr
TRANSPORT	Holds and will use valid UK driving licence OR provides evidence of proposed alternative.	Scr		

	ESSENTIAL	WHEN ASSESSED	DESIRABLE	WHEN ASSESSED
CLINICAL SKILLS, KNOWLEDGE & EXPERIENCE	<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>	SL, AAC, Ref  SL, AAC, Ref  SL, AAC, Ref  AAC  AAC  AAC	Wide range of specialist and sub-specialist experience relevant to post within NHS or comparable service	SL, AAC
ACADEMIC SKILLS & LIFELONG LEARNING	<p>Able to deliver undergraduate or postgraduate teaching and training</p> <p>Ability to work in and lead team</p> <p>Demonstrate commitment to shared leadership &amp; collaborative working to deliver improvement.</p> <p>Participated in continuous professional development</p> <p>Participated in research or service evaluation.</p> <p>Able to use and appraise clinical evidence.</p> <p>Has actively participated in clinical audit and quality improvement programmes</p>	SL, Pres, AAC  SL, AAC  SL, AAC  SL, AAC  SL, AAC  SL, AAC, Pres  SL, AAC, Pres	<p>Able to plan and deliver undergraduate and postgraduate teaching and training relevant to this post</p> <p>Reflected on purpose of CPD undertaken</p> <p>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 or improved outcomes to patients</p>	SL, AAC  SL, AAC  SL, AAC  SL, AAC  SL  SL, AAC