

**Adults of Working Age Oxfordshire Consultant Psychiatrist Post (1.0 WTE)  
North and West Adult Mental Health Team  
Job Description and Person Specification**

**POST**

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|---------------------------------------|--|
| <b>1. Employing Trust</b>             | Oxford Health NHS Foundation Trust.  |
| <b>2. Job Title</b>                   | <b>Consultant Psychiatrist in Adult Mental Health (Community)</b>  |
| <b>3. Specialty</b>                   | Adults of Working Age (AWA)  |
| <b>4. Type of Post</b>                | Full Time, Substantive, Consultant Post.   |
| <b>5. Programmed Activities (PAs)</b> | <p>10 PA Consultant post. Part-time applicants will be considered.<br/>DCC: SPA split = 7.5/2.5.</p> <p>Allocation of programmed activities (PAs) will be in accordance with Royal College of Psychiatrists, Department of Health, NHS, and trust guidelines. The appointee should recognise that the style of delivery of mental health services is subject to revision in response to national policy guidance, and local commissioning decisions.</p> |
| <b>6. Rationale for Development</b>   | Vacancy due to an internal move.   |
| <b>7. Salary Range</b>                | National Terms and Conditions, as amended by local agreement.  |
| <b>8. Reporting to</b>                | <p>The post holder will be <b>professionally accountable</b> to the Medical Director, Dr Karl Marlowe, Kezia Lange, Deputy Medical Director and Associate Medical Director, Dr Vivek Khosla, for such matters as professional conduct and revalidation. The post holder will be <b>operationally accountable</b> to the Clinical Director, Dr Lola Martos and Service Director, Katrina Anderson.</p>  |
| <b>9. Base</b>                        | The post holder will be based at Welch Way, Witney, OX28 6JQ. They will have access to office space, iPad, phone, computer, and internet access.   |
| <b>10. Secretarial Support</b>        | <p>Consultants have dedicated 0.6 WTE secretarial support per 1WTE consultant. This is to meet the needs of the post, manage diaries, arrange ward rounds, and provide support with making appointments and typing.</p>  |
| <b>12. Terms and Conditions</b>       | The post is governed by Medical and Dental Terms and Conditions of Service, as amended by local agreement.   |

### 13. INTRODUCTION TO THE TRUST

Oxford Health NHS Foundation Trust (OHFT) was established in April 2006 through the integration of the Oxfordshire and Buckinghamshire Mental Health NHS Trusts and licensed by Monitor as a Foundation Trust from the 1 April 2011. More recently the Trust has merged with Community Health Oxfordshire and integrated services in Wiltshire, Swindon, and North Somerset. Website details are: <https://www.oxfordhealth.nhs.uk>.

The total population served by OHFT in Oxfordshire is about 630,000. Oxfordshire is regarded as prosperous with relatively low socio-economic deprivation and associated morbidity indices. However, there are significant pockets of deprivation and associated psychiatric morbidity in the urban centres of Banbury, Bicester, Didcot, and Oxford in Oxfordshire. In each of these urban centres are populations characterised by relative socio-economic deprivation and higher psychiatric morbidity. These include significant numbers of refugees in some settings.

OHFT provides a **comprehensive range of mental health services and community health services** to Oxfordshire, mental health services and some community services to Buckinghamshire, and a number of specialised services (e.g., Forensic, Eating Disorders and CAHMS) to adjacent counties and beyond. The Trust also provides CAMHS and Eating Disorder services to Swindon, Wiltshire, Bath, and Northeast Somerset (BaNES, collectively 'BSW') and NHS Dental Services in Oxfordshire.

The Trust's services are organised and managed on the basis of **four clinical directorates**: two all-age Mental Health Directorates (Buckinghamshire and Oxfordshire/BSW), a Community Services Directorate, and a Specialised Services Directorate (including forensic mental health, dentistry, learning disability and pharmacy). All clinical services are developed in line with national policy guidance. The service models adopted by the Trust support a strong focus on flexible community provision by comprehensive multi-disciplinary services backed up by inpatient facilities.

The Trust headquarters is at Littlemore Hospital, Oxford. The Board of Directors includes the Chair, seven Non-Executive Directors, the Chief Executive and eight Executive Directors, who make decisions about the operational management of the Trust and set the overall strategic direction of the Trust within the context of NHS priorities. The Chief Executive is Dr Grant Macdonald, Chairman is David Walker, Medical Director is Dr Karl Marlowe, Chief Nurse is Britta Klink. Further details can be found at <https://www.oxfordhealth.nhs.uk/about-us/governance/>.

#### **Oxfordshire Population and Demographics**

The population of Oxfordshire is relatively prosperous, with low levels of unemployment and socio-economic deprivation. Morbidity indices in general are low, although there are significant areas of increased morbidity and deprivation across the county.

There were 698,604 people registered with Oxfordshire GPs in 2013. This has increased by 4% since 2010. The number of people registered with GPs has increased by 15% in the South East Locality over the same period. The Joint needs assessment report for 2014 informs that over the next 15 years, Oxfordshire's total population is forecast to grow by 93,000 (14%), from 655,000 residents in 2011, to 748,000 in 2026. According to the 2015 Index of Multiple Deprivations, Oxfordshire ranks as the 11th least deprived upper tier local authority in the country. However, 15 Oxfordshire neighbourhoods (Lower Super Output Areas – LSOAs) rank among the 20% most deprived in England. These areas experience significantly poorer outcomes in terms of health, education, income and employment, and include a number of areas of South East Oxford, Abingdon, and Banbury.

**Ethnicity:** The ethnic composition of Oxfordshire has changed since the 2001 Census. All of the county's black or minority ethnic communities have grown, and now account for 9.2% of the population, just under double the 2001 figure of 4.9% (Census 2011 table: KS201EW). There has been

a growth in people from White backgrounds other than British or Irish, who now account for 6.3% of the population (up from 4% in 2001). Much of this increase is explained by a movement of people from the countries which joined the EU in 2004 and 2007. In 2011, 13,000 residents in Oxfordshire were born in these countries, with more than half born in Poland (7,500 people, 2,700 resident in Oxford and 2,300 in Banbury). People from White Gypsy or Irish Traveller backgrounds make up 0.1% of the county, and this is the same proportion across all the districts aside from West Oxfordshire, where 0.2% of the population classify themselves as such. 4.8% of the population are from Asian backgrounds, twice the 2001 figure of 2.4%. People from Asian communities form the largest minority ethnic group in the county, and most come from Indian or Pakistani backgrounds (2.45%). The proportion from all Black backgrounds has more than doubled, from 0.8% to 1.75% of the county's population. People from mixed ethnic backgrounds account for 2% of the population (up from 1.2% in 2001). West Oxfordshire is the only district where there has been a reduction in the proportion of people from BME communities since the 2001 census.

**Religion:** 60% of the county's population are Christian, whilst 28% do not have any religion. The county's Muslims make up 2.4% of the populace. The proportion of Hindus in Oxfordshire in 2011 was 0.6%. The size of the county's Jewish population is 0.3%. The growth and size of county's Buddhist population (0.5%) is in line with the regional and national figures.

**Armed Forces Personnel:** At the time of the 2011 census Oxfordshire was home to 5470 armed forces personnel, of whom 33% lived in communal establishments. The remaining 67% live in households. 31% of armed forces personnel in the county live in Vale of White Horse, with a further 30% in West Oxfordshire.

**Employment:** In June 2013, there were 427,800 people aged between 16-64 (this is classed as the working aged population) in Oxfordshire. There are a total of 342,600 working aged people in employment, which equates to 77.1%. This compares with 74.7% for the South East and 71.1% for Great Britain. In June 2013 the unemployment rate was 6.3% which equates to 23,000 people, compared with 6.2% for the South East and 7.8% for Great Britain. In August 2013 1.3% of working aged people in Oxfordshire people claimed Job Seekers Allowance (JSA), compared with 2.1% for the South East and 3.3% for Great Britain. Oxford City had a higher rate than the county at 1.9% of the population but remained below the regional average.

## **14. ADULT MENTAL HEALTH SERVICES**

### **A. Adults of Working Age (AWA) Inpatient Services- Oxfordshire:**

Acute Inpatient pathway in Oxfordshire includes 4 acute wards and 3 Health Based Places of Safety (HBPOS). All inpatient wards are AIMS accredited. They are:

- Warneford Hospital, Headington, Oxford: Vaughan Thomas (Male), Allen (Female) and Wintle (Female).
- Littlemore Mental Health Centre, Littlemore Oxford: Phoenix Ward (Male), Ashurst Psychiatric Intensive Care Unit (Male).
- Health Based Place of Safety (HBPOS) - one each on Ashurst ward, Phoenix ward and Vaughan Thomas Ward.

### **B. AWA Community Mental Health Services- Oxfordshire**

#### **a. Adult Mental Health Teams (AMHTs)**

There are 3 AMHTs across the whole of Oxfordshire. They are based in North and West (bases in Banbury and Witney), Oxford City and North East (based in Oxford City) and South (bases in Abingdon, Didcot, Wantage and Wallingford in Oxfordshire), with satellite clinics based throughout the county in market towns.

AMHTs in South, and North and West work 7 days per week, 7 am to 9pm. Consultants work 9 to 5 Monday to Friday and provide senior leadership to the team alongside the Operational Manager and non-medical Clinical Lead of each team. Staff within the AMHTs work around Consultants and catchment areas that correspond as much as possible to specific geographical areas and GP surgeries. This enables maximum familiarity with these patients and better links with the corresponding GPs in their Primary Care Networks (PCN).

The AMHT's work closely with primary care, from where they receive most of their referrals. Our new Primary Care Hubs receive most routine referrals and AMHTs triage the remainder of referrals and allocate patients for assessments, following which, patients may be taken on by members of the AMHT for acute or longer-term treatment or signposted to other services or agencies as appropriate.

To enhance the current community Mental Health pathway our service has developed Primary Care Mental Health Teams (PCMHTs) in the last 18 months in line with the Community Mental Health Framework and Long Term Plan for MH. The aim is for care to be closer to home. This Framework locates community mental health services in the centre of the community, as the central pillar of mental health care, allowing all other services in the mental health care system to function more effectively, it also challenges MH providers to make it easier for the public to access MH advice and support. Alongside this is the Health on the High Street agenda which puts health service provision on the high street in vacant properties to increase accessibility of these services.

Alongside the PCMHT the offer includes a single point of access to other services which are important to maintain mental health – housing, benefits, drug & Alcohol services, CAB, health and wellbeing services – so these services could run clinics from the Hubs making these a one stop shop. The PCMHTs are based within the Keystone Hubs and will have space to provide 1:1 and group interventions, as well as having capacity to support any self-referrals walking into the Hubs. Our aim for the Hubs is that they become a welcoming and non-stigmatised venue on the high street, used by the public, community groups and those in need of MH support.

There is a dedicated night team who work from 9pm to 8am with reduced staffing numbers. This is provided by up to 5 staff based in Oxford City, who work closely with staff on the inpatient wards, out of hours GPs and colleagues from the emergency services to support patients. All telephone contacts with the service out of the normal working hours are received by the Out of Hours Co-ordination Centre, which facilitates swift access to the appropriate area or signposting for the caller as indicated.

#### **b. Community based Specialist Teams:**

- i. **Psychological Therapies Services are integrated with AMHTs and** provide a range of individual and group therapy interventions for patients who require longer and specialist types of psychological therapy. This service is integrated with community AMHT services.
- ii. **Crisis home treatment team** which currently covers the Oxford City and North East Team patients with plans to cover Oxfordshire county in the future.
- iii. A county wide **Complex Needs service, (CNS)** which is a daytime partial therapeutic Community Psychological Therapy Service, for people with severe Personality Disorder and complex emotional needs.
- iv. **Emergency Department Psychiatric Service (EDPS):** Liaison services covering the emergency department of the John Radcliffe Hospital, Oxford and Horton General Hospital, Banbury.

- v. **Eating Disorder service (EDS)**, which offers intensive support in the community for individuals with eating disorders. Inpatient services for the whole Trust are based at Cotswold House in Oxford.
- vi. **Early Intervention in Psychosis (EIS)** service which offers intensive support to patients presenting for the first time with psychosis. These patients are managed for up to 3 years within this service. It is a service that provides early detection, assessment, and intervention for 14–60-year-olds who are experiencing a first episode of psychosis.
- vii. **Oxford Community Psychological Medicine Service (OCPMS)**: offers assessment, treatment and expert advice to colleagues and patients suffering from medically unexplained symptoms and those who suffer a physical illness with concomitant psychological problems.
- viii. There is an **Interventional Psychiatry Clinic** which has a **ketamine clinic**, **rTMS** and an **ECT suite** based at the Warneford Hospital.

## 15. INTRODUCTION TO THE POST

This is an exciting opportunity to join an established Community Psychiatric Team serving adults of working age in Witney and surrounding area. This substantive consultant post has become available due to the post holder moving to a new post. The new post holder will work alongside Dr Rebecca Sheriff (0.5 WTE) and Dr Haseeb Chaudhry (0.7 WTE) who are well-established consultants in the team. Each Consultant has linked GP practices.

The North and West Adult Mental Health Community Team (AMHT) has two main bases, in Banbury and in Witney. The Witney Team covers the market towns of Witney and Chipping Norton as well as surrounding town and villages. working with the. It currently receives an average of 88 referrals per month and has a caseload of 137 patients accessing longer term treatment. The rate of referrals is expected to decrease over the coming months as the PCMHT develops to take on routine referrals.

The Service is delivered by a multi-professional, multidisciplinary team, in line with CR197 recommendations. The post-holder will provide clinical leadership to the multidisciplinary team along with the team manager, deputy team managers and service manager and will assume consultant responsibility for patients under the care of the team.

### Current Team Leadership:

Name	Role
Dr Rebecca Sheriff	Consultant Psychiatrist
Dr Haseeb Chaudry	Consultant Psychiatrist
Erin Booth,	Team Manager
Sarah Cellan-Jones	Deputy Team Manager
Dr Tom Barker	Consultant Psychologist
Laura Thorneycroft	Lead Social Worker
Marta Kepska	Office Manager
Jenny Guest	Service Manager

## 16. TEAM STRUCTURE OF WITNEY MHT

The team establishment is as follows:

Staffing	WTE
Consultant Psychiatrist	2.2
Community Team Manager	1
Community Deputy Team Manager	0.8

Key Workers (RMN/OT)	10
Psychologist	2
CBT Therapist	0
Psychology Wellbeing Practitioner	1
Pharmacist	0
Community Nursery Nurses	0
Team Admin	2.4
Med Secretary	1.2
Peer Support Workers	Vacant
MIND Mental Health Worker	1
Office Manager	0.5
IPS worker	1
Social Workers	3
Social Work Lead	0.5

Medical support: Trainees are allocated depending on the training status of the consultant appointed. Senior trainees select post that they would like to work in on rotation and consultants are encouraged to train as trainers for senior trainees and provide one-year placements.

#### 17. DETAILS OF BASE AND ADMIN SUPPORT

The post is based at the Nuffield Health Centre, Welch Way, Witney, OX28 6JQ. The post holder will have dedicated access to 0.6 WTE administrative support from a Band 4 administrator in the team to meet the needs of the post for example manage diaries, arrange CPAs, liaison and typing. The consultant will have an office each for their own use and a networked computer and mobile phone. This is in keeping with the Royal College of Psychiatrists' Guidance on Accommodation and Administrative support.

#### 18. JOB PLAN

Provisional Example plan - to be negotiated and agreed with the successful applicant during the job planning process:

	Morning (09.00 - 1.00)	Afternoon (1.00 - 5.00)	DCC	SPA
Monday	Assessment	CTM/Follow-ups x1/SPA	1.5	0.5
Tuesday	SPA	SPA	0	2
Wednesday	Assessment	Follow-ups x3	2	0
Thursday	Assessment	Follow-ups x3	2	0
Friday	Assessment	Follow-ups x3	2	0
			7.5	2.5

SPA split: 7.5 DCC: Direct Clinical Care- 2.5 SPAS: Supporting Professional Activities

There are 7.5 PAs allocated to core clinical work including administration time, 2.5 PAs allocated to CPD, Audit, Trainee supervision and any special interest session. This will be agreed with the Clinical Director and AMD via job planning. Oxford Health is an ambitious Trust dedicated to innovating, evaluating, and implementing new treatments, procedures and services. As such we particularly

welcome applications from clinicians who would like to negotiate dedicated PAs for clinical leadership, research, training, or other areas of special interest.

The post-holder's job plan and personal development plan will be reviewed on an annual basis with the AMD through formal appraisal. There will be bilateral consultation and negotiation in the event of any change in the job plan.

## **19. RESPONSIBILITIES OF THE POST**

- A. Provide senior medical input and clinical leadership to AMHT. The post holder will have responsibility for those patients seen by himself/herself, together with those patients seen by medical staff directly supervised by the post holder such as trainees.
- B. Work alongside the team manager, service manager and the other Consultant Psychiatrists in the service to ensure the effective functioning and development of the service.
- C. Provide direct clinical supervision and line management to the trainees and speciality doctor and any senior trainee placed with the team. This will include 1 hour per week psychiatry supervision for each trainee in an accredited training post. In addition, clinical supervision needs to be available and ensured daily for medical trainees and a pro rata equivalent level of supervision needs to be provided for speciality doctors.
- D. Provide direct clinical care and ensure medical involvement in the CPA process and weekly multidisciplinary ward rounds. Family meetings, professionals' meetings, further ad hoc patient reviews and seclusion reviews are expected as part of this role. The consultant will be expected to adhere to good clinical practice based on research evidence.
- E. The post holder will contribute to referral management with the team manager and leadership team. The post holder will jointly review care plans with care coordinators, attend daily FACT meetings.
- F. The Consultant will provide senior medical input and clinical leadership to the team. Medical responsibility for patients usually remains with the GP, except where a medical member of the team takes a patient on for continuing treatment. The post holder will have responsibility for those patients seen by himself/herself, together with those patients seen by medical staff directly supervised by the post holder. The post-holder will be required to undertake MHA assessments and undertake RC responsibility for patients as required.
- G. Expected to be eligible for Section 12(2) approval under the Mental Health Act. The Trust will support obtaining Section 12 approval and Approved Clinician status if required. Health based place of safety assessments on the two Littlemore site are a core part of the job.
- H. The post holder will fulfil the requirements for Mental Health Act work for patients under their care. This specifically relates to the preparation of reports for Tribunals and Managers meetings, as the Responsible Clinician. Appropriate transfer processes should be adhered to for accepting and discharging patients from inpatient wards under the MHA act.
- I. Provide timely written correspondence to relevant professionals, including letters to GPs, other professionals, MHA Tribunal reports documenting assessments, on-going management, progress, and eventual discharge using Trust IT and clinical records system – training will be provided where needed.
- J. Work collaboratively with other agencies, in particular liaison with staff from other teams, AMHTs, primary care mental health teams, crisis and home treatment teams, etc.

- K. Contribute to developing and delivering improved clinical services as outlined in the National Service Framework for Mental Health.
- L. Provide Consultant cross-cover to other Consultant regularly within the team for annual leave, study leave, unplanned leave, and brief periods of sickness absence.
- M. Participate in the Oxfordshire Adult **on-call consultant Rota** (Currently approximately 1 in 26 Oxfordshire, category A, banded at 3%). There are usually two specialist registrars ST1-3 trainees, on call, who take first line responsibility for referrals from the community. The ST4- ST6 trainees also provide second line support to ST1 to ST3 trainees on shift duty at the main hospital sites.
- N. Participate in a no Fixed Abode rota (NFA) which all consultants are rostered on for newly presented patients who have no fixed address in Oxfordshire but require allocation to a team.

## 21. LEAVE

- A. The post-holder is entitled to 33-35 days of **annual leave** per year, depending on their years of NHS Consultant service.
- B. The appointee will be entitled to **study leave** (up to 30 days over 3 years/average 10 days per year) and paid expenses according to the Trust's policy (currently £1800 over 3 years), in line with national terms and conditions of service.
- C. **Sick leave:** The trust's sickness policy and the consultant terms and conditions of service should be consulted for the full information relating to sickness absence. A consultant absent from work will be entitled to paid sick leave which is determined by their length of service with the trust.
- D. **Other leave:** The full details of compassionate and other types of special leave are held within the trust's "other leave policy". The full policy is available on the trust intranet.

## 22. APPRAISAL, JOB PLANNING, REVALIDATION

The post holder will have an **annual job plan review** with the Associate Medical Director, Dr Vivek Khosla, in discussion with the team manager and other consultants.

The Trust Appraisal and Revalidation Lead is Dr Kezia Lange, Deputy Medical Director. Upon commencement the post holder will be allocated an **appraiser** and allocated to one quarter of the year during which he/she will organise appraisal. Consultant Psychiatrists are enrolled in multi-source feedback at the appropriate time, so that the results of a 360-degree appraisal can be provided for the purposes of revalidation.

The **Responsible Officer for revalidation** is Dr Karl Marlowe, and the Trust has comprehensive guidance and support for the revalidation process.

## 23. QUALITY IMPROVEMENT, LEADERSHIP AND MANAGEMENT

- A. The post holder will attend all relevant Trust and local inductions, and mandatory training.
- B. The post holder will contribute to the Trust's delivery of its **clinical governance** agenda, the National Service Framework modernisation and Quality, Innovation, Productivity & Prevention (QIPP) and CQUIN agendas.
- C. Governance – all services are expected to maintain effective governance including measuring and reporting performance. This is based on national standards and local contracts. Consultants provide a



lead in the team in reviewing performance and governance. Key quality and outcome measures are embedded in the care packages aligned to each care cluster.

- D. The post holder will attend regular directorate managerial meetings, particularly the monthly Consultant meetings chaired by Dr Stephen Merson, and the six-monthly Medical Staffing Committee Meetings (MSC) meeting chaired by Dr Hasanen Al-Taïar.
- E. Within recognised constraints of time, the consultant will be encouraged to contribute to other relevant management activities within the Directorate, the Trust, or appropriate external duties. This might include participation in relevant working groups, chairing MSC, a medical management post and contributing to Royal College of Psychiatrists work, at divisional and national level.
- F. Subject to resources and job planning, the post holder will be encouraged to contribute more widely to the NHS by working with recognised external bodies.

#### **24. CLINICAL SUPERVISION, CPD AND QUALITY IMPROVEMENT**

- A. **Mentoring:** All new consultants are required to access mentorship. The Clinical Director/Associate Medical Director will approve the mentorship arrangements and can make recommendation of a mentor if necessary.
- B. **Continuing Professional Development (CPD):** Consultants are expected to maintain their own Programme of training and CPD accreditation. Each consultant has a duty to remain in good standing with the Royal College of Psychiatrists for CPD, and to ensure that they are able to fulfil the GMC's requirements for Revalidation. Consultants are encouraged to meet in regular CPD peer groups.
- C. **Supervision:** All consultants have a duty to engage in supervision, in line with the Trust's supervision policy. Inpatient consultants meet for group peer supervision.
- G. **Clinical audit and Quality Improvement:** Consultants are expected to participate actively in clinical audit and Quality Improvement Projects, selecting relevant subjects for audit and supporting junior medical staff and members of the multidisciplinary team in undertaking and presenting relevant audit and quality improvement projects. It is expected that audit will be done within clinical or SPA time. The consultant will be expected to contribute to the collection of data as required by the Trust and other relevant agencies. This includes the timely recording of clinical activity data, and participation in clinical audit with appropriate administrative support.

#### **25. TEACHING AND TRAINING**

OHFT is committed to high quality teaching and training for medical students, post graduate trainees in psychiatry, specialty doctors, and students and staff of other professions. Consultants are actively involved in formal and informal teaching and training. The appointee will be expected to play an active role in teaching medical undergraduates and postgraduates.

Dr Alastair Reid is currently the Director of Medical Education and college tutor is Dr Kathleen Kelly. Dr Kate Saunders takes the lead for medical student clinical attachments.

The appointee will be expected to provide:

- A. Education and training for Foundation year trainees, GP, and psychiatric trainees (ST1-6) placed with the team, including educational (ES), psychiatry (PS) and clinical supervision (CS).
- B. Teaching for Oxford University medical students either placed in your team or through other avenues e.g., examining, lectures, ARCP is expected. Oxford has a track record of encouraging medical

students to pursue psychiatry as a career, with 7% of graduates citing psychiatry as their first-choice career, highest of any UK medical school.

- C. Learning opportunities for colleagues or students of other disciplines who are working within the service. OHFT hosts nursing students from Oxford Brookes University.
- D. Training and support to staff of other relevant agencies, including primary health care teams, education services, and the voluntary sector.

## **26. RESEARCH**

OHFT has strong links with Oxford University Department of Psychiatry. It hosts and collaborates with a wide range of research infrastructure including NIHR BRC, NIHR Oxford CLAHRC, AND NIHR Clinical Research Network. All consultants are expected to contribute to the Trust's research and development programme by supporting studies and projects, for example, by recruiting patients to relevant studies being carried out. Oxford University and OHFT also provides an excellent environment for the development of personal research interests and the Trust is keen to support consultants in undertaking high quality research as a principal investigator.

## **27. WELLBEING**

The trust is committed to staff wellbeing and supporting its staff. There is an executive lead for Staff Wellbeing and each team has its own Wellbeing lead.

Proactive local organisational systems are in place to support doctors' wellbeing following complaints and serious investigations and safety huddles provide clinicians a safe space to discuss serious events and reflect on their involvement and wellbeing. Excellent pastoral support is provided by our Spiritual and Pastoral Services. Schwartz Rounds are held regularly.

The trust is committed to 'Just culture' principles and staff and HR have received formal and informal training. Timely job plan review will take place with the AMD when there are proposed workload changes to support safe working and identify the need for any additional support.

Additional resources are opportunity for flexible working, lease vehicle scheme, cycle scheme, Wellbeing events, Mindfulness courses and retreats.

The Occupational Health department is based at Littlemore Hospital, Oxford (contact [occupational.health@oxfordhealth.nhs.uk](mailto:occupational.health@oxfordhealth.nhs.uk) or 01865 902504). They offer self-referral appointments both face to face or telephone. These appointments are a confidential discussion to offer verbal guidance. Details about Occupational Health are disseminated at induction and regularly when in post.

## **28. GENERAL**

- A. The successful applicant will be required to maintain registration with the General Medical Council.
- B. The appointment will be covered by the Oxford Health Trust terms and conditions. The Trust has adopted the National Terms and Conditions for Medical and Dental Staff (England and Wales).
- C. Three referees are required, one of whom should be the Clinical or Medical Director related to the applicant's current appointment. The Trust reserves the right to seek a reference from any former employer.

## **29. EQUAL OPPORTUNITIES**

Oxford Health NHS Foundation Trust is committed to the promotion of Equality of Opportunity and by its Equal Opportunities policies aims to ensure that no applicant or employee receives less favourable treatment on the grounds of gender, race, marital status, disability or any other unjustifiable criteria throughout the recruitment process and in training and promotion. Embedding inclusive practice into our recruitment and selection policies and procedures is a key organisational priority towards achieving a diverse workforce that is best placed to meet the needs of the communities we serve.

## **30. ENQUIRIES AND INFORMAL VISITS**

Appropriately qualified applicants interested in this post are encouraged to contact:

Dr Vivek Khosla, Associate Medical Director / Consultant Psychiatrist **Tel:** 01865 904191 option 3

**Email:** [Vivek.Khosla@oxfordhealth.nhs.uk](mailto:Vivek.Khosla@oxfordhealth.nhs.uk)

## **31. APPROVAL OF THIS JOB DESCRIPTION BY THE ROYAL COLLEGE OF PSYCHIATRISTS**

This post is in the process of Royal College Approval

**PERSON SPECIFICATION/ SELECTION CRITERIA**  
**CONSULTANT IN AMHT- OXFORD HEALTH NHS FOUNDATION TRUST**

REQUIREMENTS	ESSENTIAL	DESIRABLE
<b>Qualifications</b>	<ul style="list-style-type: none"> <li>• Membership or Fellowship of the Royal College of Psychiatrists, or equivalent qualification (in accordance with Royal College of Psychiatrist's Guidelines)</li> <li>• Eligibility for Section 12 (Mental Health Act) Approval</li> <li>• Approved Clinician status or Eligibility</li> </ul>	<ul style="list-style-type: none"> <li>• Higher degree or equivalent in relevant field of medical, psychology, or other studies</li> </ul>
<b>Training</b>	<ul style="list-style-type: none"> <li>• Higher specialist training in psychiatry in approved training post for a minimum of three years, equivalent training in another country, or previous consultant experience relevant to this post.</li> <li>• CCT in Psychiatry; OR Inclusion on the GMC Specialist Register in psychiatry; OR within six months of achieving CCT at the time of interview.</li> </ul>	<ul style="list-style-type: none"> <li>• Sub-speciality or other specialist clinical training relevant to post such as working in in-patient and PICU settings as a specialist trainee or Consultant.</li> </ul>
<b>Clinical Experience</b>	<ul style="list-style-type: none"> <li>• Experience of the full range of clinical responsibilities expected of a consultant in this specialty.</li> <li>• Experience of close collaborative work with social care and other agencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Application of evidence-based practice and interest in clinical and policy developments for this care group</li> <li>• Development of close collaboration with primary care services</li> </ul>
<b>Ability</b>	<ul style="list-style-type: none"> <li>• Ability to undertake full range of consultant responsibilities</li> </ul>	
<b>Skills and Knowledge</b>  1) Leadership skills  2) Organisation and management skills	<ul style="list-style-type: none"> <li>• Ability to work within a collaborative multidisciplinary framework, and to share leadership responsibilities with senior colleagues of other professions.</li> <li>• Ability to understand how organisations work most effectively.</li> <li>• Commitment to active clinical governance</li> <li>• Ability to promote effective team working.</li> <li>• Capacity to prioritise workload.</li> <li>• Active participation in clinical audit</li> <li>• Commitment to interagency partnership working.</li> </ul>	<ul style="list-style-type: none"> <li>• Relevant experience of the administrative, management and leadership roles of senior medical staff</li> <li>• Inter-agency partnership working and development.</li> </ul>

3) Communication skills	<ul style="list-style-type: none"> <li>• Must have good skills in communication with patients, relatives, colleagues, and staff of other organisations. Good spoken and written English.</li> </ul>	<ul style="list-style-type: none"> <li>• Consultant Appraiser</li> </ul>
4) Professional approach	<ul style="list-style-type: none"> <li>• Work collaboratively and effectively with a range of professionals.</li> </ul>	
5) Personal skills	<ul style="list-style-type: none"> <li>• Must have interest in and commitment to people with mental health problems, and their carers.</li> </ul>	
6) Teaching experience	<ul style="list-style-type: none"> <li>• Experience in supervising and teaching core psychiatric trainees</li> <li>• Application of research evidence to clinical practice</li> </ul>	<ul style="list-style-type: none"> <li>• Undergraduate and postgraduate medical teaching.</li> <li>• Supervision of advanced level trainees</li> <li>• Research experience and skills</li> </ul>
<b>Other requirements</b>		
1) GMC registration	<ul style="list-style-type: none"> <li>• Full</li> <li>• Meet specifications set out in GMC Guidance: Duties of doctor.</li> </ul>	<ul style="list-style-type: none"> <li>• Specialist Register</li> </ul>
2) Transport	<ul style="list-style-type: none"> <li>• Mobility as required for the post.</li> </ul>	<ul style="list-style-type: none"> <li>• Valid driving licence</li> <li>• Own vehicle</li> </ul>
3) IT skills	<ul style="list-style-type: none"> <li>• Good IT skills</li> </ul>	